

INSURER'S SUBSEQUENT INJURY CHECKLIST

Notice to Insurer: This form must be completed and provided with all supporting documentation for claims submitted for reimbursement from the Subsequent Injury Account.

PART ONE

INJURED EMPLOYEE [REDACTED] DATE OF INJURY 11/18/19
CLAIM NUMBER 19C51J140409 INSURER City of North Las Vegas
THIRD-PARTY ADMINISTRATOR CCMSI EMPLOYER City of North Las Vegas
SUBMITTED BY K. McCourtney - CCMSI ASSOCIATION ADMINISTRATOR N/A
INITIAL REQUEST _____ SUPPLEMENTAL REQUEST 1st - 04/22/25

Please check and complete applicable blanks. All supporting documentation must be submitted in chronological order, oldest information on top. This information must be bound in a file folder and sectioned according to this form.

Check one: Private Insurer ☐ Self-insured Employer ☒ Self-insured Association ☐

PART TWO

X Letter of application to the Subsequent Injury Account specifying the statute pertinent to this application.

PART THREE

N/A Medical documentation specifically showing that compensation for disability is substantially greater due to the combined effects of the preexisting impairment than that which would have resulted from the subsequent injury alone.

Doctor(s) providing medical documentation. Dr. Jay Betz

N/A Medical documentation of the preexisting permanent physical impairment of 6% or greater, including prior PPD evaluation, if available.

Percentage	<u>6%</u>	Body Part	<u>Lumbar</u>
Percentage	_____	Body Part	_____
Percentage	_____	Body Part	_____

N/A Verification of the employer's knowledge of impairment at the time of hire or retention in employment after obtaining knowledge of impairment.

Date of hire 03/06/07
Date of employer's knowledge of impairment 12/11/14
Date of retention in employment 11/07/14

N/A Notification of a possible claim against the Subsequent Injury Account, submitted within 100 weeks of the date of injury.

Time lag _____ weeks.

DIR USE ONLY VERIFICATION

NRS 616B.557, 616B.578
OR 616B.587

Lagtime _____ weeks.

received
04/22/25

PART THREE (continued)

- b. N/A Verification of false representation at the time of hire

Date insurer became aware of the false representation. _____

- N/A Notification of a possible claim against the Subsequent Injury Account submitted within 60 days of the date of the subsequent injury, or date the insurer learned of the false representation

Time lag _____ days.

DIR USE ONLY

NRS 616B.557, 616B.578
OR 616B.587

Lagtime _____ days.

PART FOUR

Supporting Documentation

- X Employer's Report of Injury (Form C-3)
X Employee's Claim for Compensation/Initial Report of Treatment (Form C-4)
N/A False representation (NRS 616B.560, 616B.581 or 616B.590 only)

PART FIVE

- X Medical reporting regarding subsequent injury claim
 Medical documentation regarding preexisting impairment
X Permanent partial disability evaluation and calculation, subsequent injury claim

PART SIX

- X Wage verification and calculation
- X Total expenditure documentation: Please provide calculator tapes for expenses requested. Printouts, log sheets, checks, etc., must be matched to the bill, explanation of benefits and/or rationale for payment in chronological order, oldest information on top.

Computer printout(s) N/A Payment log sheet(s) X
Copies of check(s) N/A Copies of medical bills X
Explanation of benefits (EOB) N/A

- N/A Travel reimbursement, which must include copies of receipts and/or orders or requests for payments which specify the method of transportation; destination; mileage allowed; date(s) of travel; and per diem and/or lodging allowed. If any payment is made other than that shown, justification must be given.

- N/A Other (specify) _____

PART SEVEN

Other Pertinent Documentation

- N/A Insurer determinations and all documents from HO, AO, or District Court
- N/A All vocational rehabilitation information
- N/A Subrogation information
- N/A Permanent Total information

TOTAL EXPENDITURES OF CLAIM

Medical Treatment:	<u>\$990.00</u>
Travel associated with medical care:	<u>\$0.00</u>
Other (Specify) _____	<u>\$0.00</u>

Total Medical: \$990.00

Temporary Total Disability:	<u>\$11,215.68</u>
Temporary Partial Disability:	<u>\$0.00</u>
Permanent Partial Disability:	<u>\$0.00</u>
Other (Specify)	<u>\$0.00</u>

Total Compensation: \$11,215.68

Maintenance:	\$0.00
Schooling and/or Supplies:	\$0.00
Counselor Services:	\$0.00
Travel:	\$0.00
Other (Specify)	\$0.00

Total Rehabilitation: \$0.00

[illegible]

-	Total Other:	\$0.00
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GRAND TOTAL EXPENDITURES: \$12,205.68

D-37(3) rev. 12-03



1st Supplemental Application

April 22, 2025

Department of Business and Industry
Division of Industrial Relations
Workers' Compensation Section
Attn: Blanca Villarreal-Rodriguez
2300 W. Sahara Ave. #300
Las Vegas, NV 89102

Claimant: [REDACTED]
Claim No: 19C51J140409
Injury Date: 11/18/19
Insurer: City of North Las Vegas
Employer: City of North Las Vegas

Dear Ms. Villarreal-Rodriguez:

Pursuant to NRS 616C.557 Cannon Cochran Management Services, Inc. (CCMSI), Third Party Administrator for City of North Las Vegas, is supplying additional documentation for some of the disallowed items in the initial application.

Index of Documents:

Items #1 and #5: Coast2Coast Medical Network billing.

Items #13-18: Temporary total disability benefits paid August 18, 2020 through October 29, 2020.

Billing from Coast2Coast medical was paid at a contracted rate, as outlined on the HCFA form, and did not require repricing or an EOB. We're requesting you reconsider these two bills for reimbursement. Post-operative TTD payments were previously submitted for reimbursement and included D6 forms. The claimant was off work from the date of surgery 08/18/20 through his release with light duty restrictions on October 23, 2020. He confirmed with the nurse case manager that he was able to return to work in a light duty position on October 29, 2020. NRS 616C.475 (6) allows for a D6 form to be requested from the claimant, but does not require it to process TTD benefits. We ask that you reconsider these payments for reimbursement as the medical reporting provided established the off work and unaccommodated light duty status for the requested period of time.

If you have any questions please feel free to contact me at 702-933-4812.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kasey McCourtney'.

Kasey McCourtney
Recovery Specialist

CC: File



Claim Notes for [REDACTED]

(19C51J140409 DOL: 11/18/2019)

- Need More Information (Please specify what is needed)
- This Is Not My Claim (Please advise who is handling the claim)

If any of the information above is incorrect or needs to be updated, advise us as soon as possible. You can email us at concentraauth@onecallcm.com or call 855-854-6025 with any questions.

Thank you.

Nestor Mancia
Concentra DX Dedicated Team
9:30AM - 6:30PM EST

Concentra
P 855-854-6025
F 571-446-2060
concentraauth@onecallcm.com

SUBSEQUENT INJURY REIMBURSEMENT WORKSHEET

Injured Employee: [REDACTED]	Claim Number: <u>19C51J140409</u>
Insurer/Association: <u>City of North Las Vegas</u>	Employer: <u>City of North Las Vegas</u>
Third-Party Admin: <u>CCMSI</u>	Date of Injury: <u>11/18/2019</u>
Submitted By: <u>M. McCourtney</u>	Date Received: <u>4/22/2025</u>

REQUESTED REIMBURSEMENT

MEDICAL

Medical Treatment: \$ 990.00
 Travel associated with medical care: _____
 Other (Specify): _____

COMPENSATION

TTD: \$ 11,215.68
 TPD: _____
 PPD: _____
 Other (Specify): _____
 \$ 208,461.74

VOCATIONAL REHABILITATION

Maintenance: _____
 Schooling and/or Supplies: _____
 Counselor Services: _____
 Travel: _____
 Other (Specify): _____

Other (Specify)

Other (Specify): _____
 subrogation recovery _____
 Other (Specify): _____
 Other (Specify): _____

Total Amount of Request: \$ 12,205.68

VERIFIED EXPENSES

Medical Treatment: _____
 Travel associated with medical care: _____
 Other (Specify): _____

TTD: _____
 TPD: _____
 PPD: _____
 Other (Specify): _____

Maintenance: _____
 Schooling and/or Supplies: _____
 Counselor Services: _____
 Travel: _____
 Other (Specify): _____

Other (Specify): _____
 Other (Specify): _____
 Other (Specify): _____

Total Amount of Request: _____
 Disallowances: _____
 Total Amount of Recommendation: _____

COMMENTS: _____

Expenditures Verified By: _____ Date: _____
 Calculations Verified By: _____ Date: _____



Claim Notes for [REDACTED] (19C51J140409 DOL: 11/18/2019 ,

Service From	Service Through	Note Type	Created	Last Modified
12/10/2019	12/10/2019	MEDICAL	12/10/2019 by ALISA BIRD	12/10/2019 by ALISA BIRD

From: Alisa Bird
Sent: Tuesday, December 10, 2019 3:35 PM
To: 'concentraauth@onecallcm.com'; weborders@c2cdiagnostics.net
Cc: Christine Guerrero; 'HR Workers Comp'
Subject: Claim# 19C51J140409 [REDACTED] MRI Lumbar Spine W/O APPROVED!

MRI Lumbar Spine W/O APPROVED!

C2C will schedule the patient.

Thank you!

Alisa Bird | Claims Associate | CCMSI
P.O. Box 35350
Las Vegas, NV 89133
702-933-4827 phone
702-933-4861
abird@ccmsi.com
ccmsisecure

From: concentraauth@onecallcm.com [mailto:concentraauth@onecallcm.com]
Sent: Tuesday, December 10, 2019 7:45 AM
To: Alisa Bird
Subject: [EXTERNAL] Authorization request for [REDACTED] Claim# 19C51J140409

Good day.

We are contacting you to request authorization for the following Worker's Compensation patient:

*** IF YOUR AUTHORIZATION DECISION IS BEING SENT VIA FAX, PLEASE FAX YOUR DETERMINATION OR PRE-CERT/UR DECISION TO 571-446-2060 ***

Patient Name: [REDACTED]
Claim Number: 19C51J140409
Date of Injury: 11/18/2019
Service(s) Prescribed: MRI Lumbar Spine without contrast
Doctor Name: Ingrid Hoden
Phone: (702)399-6545
Fax: (702)642-1767

In order to ensure prompt patient care, please respond to this email with one of the following:

- Authorized
- Not Authorized (Please provide the reason)
- Other:
- Needs Utilization Review Approval

If Utilization Review is required, please provide the fax and/or email address to the UR Department

**Pueblo Medical Imaging**

8551 W. Lake Mead Blvd., Suite 150, Las Vegas, NV 89128
2628 W. Charleston Blvd., Suite B, Las Vegas, NV 89102
100 N Green Valley Pkwy, Suite 130, Henderson, NV 89074
5495 S. Rainbow Blvd Suite 101 Las Vegas, NV 89118
(702) 228-0031 • Fax (702) 228-7253 • www.pmiiv.com

Patient: [REDACTED]
X-Ray #: 432100
DOB: [REDACTED]
Referring Doctor: INGRID HODEN MD

Exam Date: 12/17/2019
Exam Time: 11:30 AM
Accession #: 1766289

PROCEDURE: MRI L-SPINE WITHOUT CONTRAST

EXAM: MRI L-SPINE WITHOUT CONTRAST 12/17/2019 9:30 AM PST

COMPARISON: MRI lumbar spine 6/25/2014.

HISTORY: Spine injury lifting weights.

TECHNIQUE: Multiplanar, multisequential noncontrast sequencing of the lumbar spine.

FINDINGS: For the purposes of this report, there are considered to be 5 lumbar type vertebra, with the L5-S1 junction identified morphologically. Conus is at the L1 level. Height and alignment of the vertebral bodies is within normal limits. No evidence of fracture.

Specifically:

At L1-L2: Disc signal and morphology is within normal limits. No evidence of central or neuroforaminal stenosis.

At L2-L3: Disc signal and morphology is within normal limits. No evidence of central or neuroforaminal stenosis.

At L3-L4: There is a small symmetric disc bulge that narrows the lateral recesses without neural foraminal narrowing. There is borderline mild central canal stenosis, with AP canal diameter measuring 9 mm.

At L4-L5: There is a 3 mm broad-based disc extrusion that also extends 3 mm below the disc level. Annular fissure is visualized. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing. There is severe narrowing of the lateral recesses. The disc extrusion has mild compression on the bilateral descending L5 nerve roots. Overall morphology appears similar to the 2014 study.

At L5-S1: Disc signal and morphology is within normal limits. No evidence of central or neuroforaminal stenosis.

IMPRESSION:

1. Overall findings appear similar to the 2014 study. Most notable is a 3 mm broad-based disc extrusion at L4-L5 that has mild compression on the bilateral descending L5 nerve roots, as further detailed above. No new acute abnormality is evident.

Dictated By: Micah Nielsen M.D. at 2019-12-17 14:40:35

Electronically Signed By: Micah Nielsen M.D. at 2019-12-17 14:52:01

Workstation: C29WQD2



Claim Notes for



(19C51J140409 DOL: 11/18/2019)

Service From	Service Through	Note Type	Created	Last Modified
06/09/2020	06/09/2020	MEDICAL	06/09/2020 by ARTURO SIERRA	06/09/2020 by ARTURO SIERRA



Claim Notes for [REDACTED] (19C51J140409 DOL: 11/18/2019)

From: Arturo Sierra
Sent: Tuesday, June 9, 2020 7:02 AM
To: glopez@dodiv.com
Subject: Fw: [EXTERNAL] 06/08/20,05:59:22 PM,6,100,17028693542,2174776864

Good morning,
Please be advised that the MRI requested for [REDACTED] lumbar spine is authorized.
Please coordinate it to be done through Coast2Coast - seems that is requested not to be done at SimonMed, please advise this specific request to the scheduling staff.
Thank you

Arturo Sierra
Claims Representative
CCMSI
Tel (702) 933-4835
Fax (217) 477-3064

From: Kathleen O'Rourke
Sent: Tuesday, June 9, 2020 6:37 AM
To: Arturo Sierra
Subject: FW: [EXTERNAL] 06/08/20,05:59:22 PM,6,100,17028693542,2174776864

Auth request 19C51J140409
Sincerely,

Kathleen

Kathleen O'Rourke | CCMSI
Executive Assistant
CCMSI
PO BOX 35350
Las Vegas, NV 89133
702-933-4803
korourke@ccmsi.com
www.ccmsi.com

From: Fax2Mail <fax-3251102@reply.fax2mail.com>
Sent: Monday, June 8, 2020 3:59 PM
To: Las Vegas <lasvegasfax@ccmsi.com>
Subject: [EXTERNAL] 06/08/20,05:59:22 PM,6,100,17028693542,2174776864

You have received a document.
Sender's Name:
Sender's Caller ID: 17028693542
Date/Time: June 8, 2020 05:59:22 PM CDT
Number of Pages: 6



Claim Notes for [REDACTED] (19C51J140409 DOL: 11/18/2019)

Service From	Service Through	Note Type	Created	Last Modified
06/09/2020	06/09/2020	MEDICAL	06/09/2020 by ARTURO SIERRA	06/09/2020 by ARTURO SIERRA
06/09/20 Dr Garber - PPR (2nd opinion) F/U on 07/07/20 - after Dx tests = CT scan + X-rays (flex/extension) Tx plan - pain management for epidurals @ L4-5				
		MEDICAL	06/09/2020 by ARTURO SIERRA	06/09/2020 by ARTURO SIERRA
called Edith @ Dr Garber - will coordinate CT scan & X-rays (lumbar) to be done through Coast2Coast				
		MEDICAL CASE MGMT	06/10/2020 by ARTURO SIERRA	06/10/2020 by ARTURO SIERRA

From: Giron, Marlene <marlene.giron@paradigmcorp.com>
Sent: Tuesday, June 9, 2020 4:08 PM
To: Arturo Sierra
Subject: [EXTERNAL] RE: [REDACTED] clm 19C51J140409. visit 6.8.20 with Dr. Daniel Lee

Dear Art,

Outcome of Appointment with Dr. Daniel Lee on Monday 6/8/20.

Per IW: IW arrived for appointment with Dr. Lee, oriented x 3, very pleasant and cooperative. NCM introduced myself and explained my role as case manager and received his approval for case management services. Completed initial interview with client while waiting. Dr. Lee was delayed in arrival due to emergency in the hospital. Client states his last lumbar injection done on 5/15/20 made him feel worse. He has more pressure now. Pain radiates down right leg. Client had prior W/C injury to L4-L5 Spine in 2014, with conservative treatment, Cage with fusion C4-6, metal implant 3/10/10. Left knee replacement, Orthopedic implant 1/15/19 non industrial related.

Per Dr. Daniel Lee: Dr. Lee reviewed the MRI again with client and thought he had op clearance done. Explained client has second opinion with Dr. Jason Garber scheduled for tomorrow. Dr. Lee wants to move forward with plans for surgery as soon as possible. Plans for right L4-5 Decompression surgery were explained in great detail by Dr. Lee in prior visit and client was comfortable with plan of treatment.

Dr. Lee wants client to move ahead after second opinion with op clearance and said he will need another MRI before surgery because last one is over 6 months. Dr. Lee will see him back shortly.

Treatment Plan:

2nd Opinion with Dr. Jason Garber

Lumbar Spine MRI without contrast not to be done at Simon Med.

Pre Op Clearance when ready.

Work Status: RTW Full Duty 6/8/2020

Follow up appointment: Thursday 7/9/2020 @ 8:30 AM @ Centennial location

Request approval for repeat MRI L Spine without contrast, not at Simon Med.

Respectfully submitted.

Marlene

Marlene Giron RN, BSN
Nurse Case Manager
Complex Care Solutions
Paradigm
Office (218) 336-4898
Mobile (702) 596-1416
Fax (844) 700-2072
marlene.giron@paradigmcorp.com



Pueblo Medical Imaging
 8551 W. Lake Mead Blvd., Suite 150, Las Vegas, NV 89128
 2628 W. Charleston Blvd., Suite B, Las Vegas, NV 89102
 100 N Green Valley Pkwy, Suite 130, Henderson, NV 89074
 5495 S. Rainbow Blvd Suite 101 Las Vegas, NV 89118
 (702) 228-0031 • Fax (702) 228-7253 • www.pmitv.com

Patient: [REDACTED]
 X-Ray #: 432100
 DOB: [REDACTED]
 Referring Doctor: DANIEL LEE MD

Exam Date: 06/15/2020
 Exam Time: 10:00 AM
 Accession #: 1821848

PROCEDURE: MRI L-SPINE WITHOUT CONTRAST

MR of the lumbar spine without contrast

6/15/2020 10:00 AM PDT

Technique: The patient was imaged with sagittal T1, T2, IR and axial T2W images.

History: Back pain

Comparison: December 17, 2019

Findings:

Bone marrow signal intensity is normal. There appears to be a minimal dextrolumbar scoliosis. The conus is at the L1-2 level which is normal.

At the L1-2 level: The disc is of normal height. There is no disc bulging or disc protrusion. The central canal and exiting neural foramen are normal.

At the L2-3 level: The disc is of normal height. There is no disc bulging or disc protrusion. The central canal and exiting neural foramen are normal.

At the L3-4 level: Mild broad-based disc bulging is present measuring 2 mm in size. The central canal measures 9 mm and is slightly narrowed unchanged. Mild ligamentum flavum hypertrophy and facet degenerative changes are present. Exiting neural foramen appear within normal limits.

At the L4-5 level: There is desiccation of the disc with loss of disc height. There is a right paracentral disc extrusion. The extrusion extends inferior to the disc space approximately 9 mm. This is directly posterior to the L5 vertebral body measuring 6 mm AP dimension. The central canal at the disc space measures 9 mm and is mildly narrowed. There is ligamentum flavum hypertrophy present. There is narrowing of the bilateral subarticular recess right greater than left. There is far lateral disc bulging bilaterally with mild bilateral neural foraminal narrowing. The central canal appears slightly smaller than in prior examination.

At the L5-S1 level: The disc is of normal height. There is no disc bulging or disc protrusion. The central canal and exiting neural foramen are normal. Mild ligament flavum hypertrophy is present.

IMPRESSION: There is a minimal dextrolumbar scoliosis present.

At the L3-4 level there is broad-based disc bulging measuring 2 mm in size. Central canal is mildly narrowed measuring 9 mm in AP dimension. Mildly minimal flavum hypertrophy and facet degenerative changes are present. Exiting neural foramen appear within normal limits. This level is minimally changed.

{_DOC_PMI_PRINTHEADER}At the L4-5 level there is desiccation of disc with loss of disc height. There is a right paracentral disc extrusion. The extruded disc extends inferior to the disc space by approximately 9 mm. The extrusion measures 6 mm AP dimension. At the disc space, the central canal measures 9 mm and is mildly narrowed. There is ligamentum flavum hypertrophy. There is narrowing of the subarticular recess right greater than left. There is far lateral disc bulging bilaterally with mild bilateral neural foraminal narrowing. Overall central canal appears slightly smaller than in prior examination.

At the L5-S1 level mild ligamentum flavum hypertrophy without significant central or neural foraminal narrowing.

Dictated By: Dana Murakami M.D. at 2020-06-15 14:30:26

Electronically Signed By: Dana Murakami M.D. at 2020-06-15 14:43:12

Workstation: PMICH02

VHM63684072

Operative Reports

* Final Report *

Result Type: Operative Reports
 Result Date: August 18, 2020 9:48 PDT
 Result Status: Auth (Verified)
 Result Title/Subject: Post Operative Note
 Performed By/Author: Lee MD, Daniel D on August 18, 2020 10:00 PDT
 Verified By: Lee MD, Daniel D on August 18, 2020 12:14 PDT
 Encounter info: VHM0000117393322, VHM Center, Day Surgery, 8/18/2020 - 8/18/2020

*** Final Report *****Indication for Surgery**

[REDACTED] who is worked at North Las Vegas fire for 13 years sustained a work injury 11/18/2019. Afterwards he had low back pain rating to his right leg when he had the dead lift an object. His MRI of the lumbar spine shows a right L4-5 disc herniation with severe lateral recess stenosis right L4-5. He is failed conservative management. He has a mild partial foot drop. Plans for surgical intervention and decompression of L4-5. He does have some vacuum disc phenomena at L4-5 and could develop worsening back pain over time. He could have recurrent disc herniation. All the risks and benefits were discussed as well as alternatives for surgery preoperatively. His major problem is right leg pain and partial foot drop and not back issues. He understands his underlying osteoarthritis of the lumbar spine and spondylosis at L4-5

Preoperative Diagnosis

Vacuum disc phenomenon at L4-5
 Right L4-5 disc protrusion/herniation with severe right L4-5 lateral recess stenosis
 Some lateral recess stenosis L4-5 on the left and L3-4 that were going to watch
 Predominantly has right leg pain with partial foot drop
 Does not have significant back pain
 Failure conservative management
 Intractable pain

Postoperative Diagnosis

Same

Operation

L4 and L5 laminectomy with foraminotomies and partial discectomy
 Use of surgical microscope
 Use of fluoroscopy
 Epidural injection Marcaine Duramorph postop pain relief

Surgeon(s)

Daniel Lee, MD

Assistant

Kathleen White NP, Donald Luzon, Ajit Amesur

Anesthesia Type and Anesthesiologist

GETT Goravandi

Estimated Blood Loss

less than 50 cc

Urine Output

see anesth

Findings

Moderately degenerated disc right L4-5 disc herniation severe lateral recess subarticular stenosis well decompressed nerve was ecchymotic and swollen no CSF leakage hemostasis well controlled disc taken to a stable edge copes irrigation was done hemostasis well controlled. High risk of recurrent disc herniation given the degeneration of the disc

Specimen(s)

VHM63684072

Operative Reports

* Final Report *

None

Complications

none

Technique

[REDACTED] was taken to the operating room and appropriate anesthesia appropriate lines were placed antibiotics given half now for incision patient is placed prone on Jackson table appropriate pad secured back was washed out 3% chlorhexidine prepped and draped usual sterile fashion

Timeout was done midline incision was made use of fluoroscopy is used to control levels and L4-5 was identified. Surgical microscope was brought in for laminectomy L4 and L5 partial discectomy right L4-5 taken to stable edge ecchymotic and swollen nerve roots seen the right L4-5. Copes irrigation done hemostasis well. Also having demonstrated no evidence of CSF leakage. Epidural given for postop pain relief with Duramorph and Marcaine.

Wound was closed peripheral layer sterile dressing was applied taken to recovery in stable condition.

Signature Line

Electronically Signed By: Lee, Daniel MD

On: 08.18.2020 12:14 PDT

Completed Action List:

- * Perform by Lee MD, Daniel D on August 18, 2020 10:00 PDT
- * Modify by Lee MD, Daniel D on August 18, 2020 12:14 PDT
- * Sign by Lee MD, Daniel D on August 18, 2020 12:14 PDT Requested by Lee MD, Daniel D on August 18, 2020 10:00 PDT
- * VERIFY by Lee MD, Daniel D on August 18, 2020 12:14 PDT

Progress Report

Date of Report:	09/09/2020	Employee:	
Claim Number:	19C51J140409	Date of Injury:	11/18/2019
Client ID:	XXX-XX-2429	Reference Number:	235184
Employer Name:	City of North Las Vegas - North Las Vegas NV	Service Type:	Field Case Management
Payor Name:	CCMSI - Las Vegas NV	Date of Referral:	05/13/2020
Vendor Name:	Paradigm Complex Care Solutions	Case Manager:	Marlene Giron, RN, BSN

NOTE: This document may contain sensitive and/or confidential information.

DIAGNOSIS

Radiculopathy, lumbar region M54.16
Other intervertebral disc displacement, lumbar region M51.26

Dominant Arm:

Right arm

TREATING PHYSICIAN

Primary	First Name	Last Name	Company	Street	City	State	Zip Code	Phone
X	Daniel	Lee	Desert Orthopaedic Center - Las Vegas NV	2800 E Desert Inn Rd Ste 100	Las Vegas	NV	89121	7027311616
	Jason	Garber	Las Vegas Neurosurgical Institute	3012 S Durango Dr	Las Vegas	NV	89117	7028350088
	Andrew	Kim	Desert Orthopedic Center	2800 E Desert Inn Road, Suite 100	Las Vegas	NV	89121	7022731161

NEXT MD APPOINTMENT

Date	Physician
09/14/2020 10:45 AM	Lee, Daniel

MEDICAL UPDATE

9/9/2020 There has been no provider visits this billing period. Client had Lumbar surgery on 8/18/2020 @ Valley Hospital in Las Vegas, NV as an outpatient, Laminotomy discectomy L4-5.

Client went home to Utah that night and had low grade temperature while on Tylenol on 8/19 and 8/20. Client was advised by Dr. Daniel Lee to go to the ER on 8/21/20 in St George, Dixie Regional Medical Center to be evaluated and contact Dr. Lee. Client was admitted overnight with pancreatitis treated and discharged 8/22/2020.

Client is stable now and follow up post operative visit is on Monday 9/14/2020 @ 10:45 AM with Dr. Daniel Lee. Keeping in close phone contact with client during this post op time.

DIAGNOSTICS

Date	Description	Result
------	-------------	--------

Paradigm

Paradigm
4009 W. 49th St, Suite 101
Sioux Falls, SD 57106

Office (888) 425-2717
Fax (855) 683-5079
www.paradigmcorp.com

Date	Description	Result
06/11/2020	CT of the Lumbar spine	Grossly stable appearance of disc extrusion at L4-L5, no new findings within the limitations of CT

PROCEDURES

Date	Description	Outcome
08/18/2020	Laminectomy, facetectomy and foraminotomy with spinal cord decompression, lumbar	8/18, successful surgery, post operative follow up is on 9/14/2020

THERAPY

No current therapies ordered

MEDICATION LIST

Medication	Prescribed	Dose	Prescriber	Current	Termed	Reason
baclofen	04/02/2020	Baclofen 10 mg	Kim, Andrew	No	04/30/2020	
Purpose	Muscle relaxer					
Meloxicam	02/03/2020	15 mg	Dr. Daniel Lee	No	06/08/2020	Not needed
Purpose	pain and inflammation					

MEDICATION SAFETY ASSESSMENT

This Medication Assessment was completed by the primary case manager from interviews and/or telephone conversations with the consumer, family members, and health care providers. Medication safety is addressed at the onset and then ongoing as changes occur during the course of case management services. Unless otherwise indicated, medication route is oral.

TRANSITIONS OF CARE

Category	Date	Description	Explanation
Other	05/15/2020	TOC to Dr. Daniel Lee	Information was compiled and forwarded in a timely manner, available for the appointment.
Other	06/09/2020	2nd Opinion re: Lumbar surgery with Dr. Jason Garber	Information was compiled and forwarded in a timely manner, available for the appointment.

VOCATIONAL

Job Description Obtained: Yes

Job Description Shared with Provider(s): Yes

Job Description Status/Rationale

JD taken from O Net for municipal firefighter and shared with Dr. Lee at visit 7/27/2020

Vocational Update:

working closely with providers and patient to reach MMI safely.

WORK STATUS

Maximum

197 Days

Maximum Anticipated Return-to-Work

Average

154 Days

Benchmark against the actual outcomes data

Best Practice

Paradigm

Paradigm
4009 W. 49th St, Suite 101
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96 Days

Date Taken Off Work	Provider Projected RTW	ODG Best Practice	ODG Average	LD Release	Actual LD RTW	FD Release	Actual FD RTW	ODG MMI	Actual MMI
8/18/2020		1/23/2021	4/9/2021					8/22/2021	

Light Duty Available:

☒ Yes ☐ No

Restrictions per Treating Provider:

8/18/2020 TTD till NOV on 9/14/2020

7/27/2020 per Dr. Daniel Lee RTW full duty.

BARRIERS

The statements below are a professional opinion on the barriers impacting timely and successful goal accomplishment. Strategies implemented to overcome these barriers include additionally structured collaboration with the involved parties; skillfully engaging the consumer and family to attain their input; strategic treatment planning; and motivational interviewing techniques to facilitate behavioral changes.

Category	Description	Strategy
Medical	Alteration in Sleep Pattern	Discuss sleep issues with physician and obtain treatment recommendations.

MEDICAL GUIDELINE INFORMATION

The information below is intended for educational and informational purposes only. The resources provided are not to be construed or used as the prescribed treatment plan. Treatment plans must be individualized according to the client's needs, abilities, and desires.

Resources:

- ODG

Medical Criteria:

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings, imaging studies, and conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following
 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. MRI (magnetic resonance imaging)
2. CT (computed tomography) scanning
3. Myelography
4. CT myelography and X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. Activity modification (not bed rest) after patient education (\geq 2 months)
- B. Drug therapy, requiring at least ONE of the following:
 1. NSAID drug therapy
 2. Other analgesic therapy
 3. Muscle relaxants
 4. Epidural Steroid Injection (ESI)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
 1. Physical therapy (teach home exercise/stretching)

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2. Manual therapy (chiropractor or massage therapist)
3. Psychological screening that could affect surgical outcome
4. Back school (Fisher, 2004)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS)

For post-operative physical therapy recommendations after criteria are met, see Physical therapy (PT)

Guideline Reviews:

Review Date	Within Criteria	Rationale
09/09/2020	Yes	IW is within RTW clinical guidelines and medical treatment guidelines

Risk Assessment Score (RAS): 83.83 Extreme

RECOMMENDED CONSUMER CENTRIC PLAN

The following plan has been developed through collaboration with any combination of the consumer, family, health care provider, employer and insurer. Unless the above barriers indicate otherwise, the Consumer Centric Plan is determined by incorporating motivational principles supporting the consumer's ability to make decisions about their plan and engage in the self-management of their goals. This plan governs a 30-day period unless otherwise noted.

LONG TERM GOALS

Description	Projected Date	Actual Date	Reason Not Complete
Consumer will return to full duty work without difficulty or complications.	11/24/2020		
Consumer will maximize recovery by adhering to provider treatment recommendations, achieving MMI and release from medical care.	12/28/2020		
Consumer will successfully complete physical therapy within the parameters outlined by the evidenced based guidelines previously cited	08/28/2020	08/28/2020	IW had Lumbar surgery 8/18/20

SHORT TERM GOALS

Description	Projected Date	Actual Date	Reason Not Complete
Consumer will notify the case manager of any cancelled or rescheduled appointments.	09/14/2020		
Consumer will demonstrate adherence to diabetic diet and maintain normal glucose levels.	11/29/2020		
Consumer will attend physician appointment to discuss effectiveness of surgery.	09/01/2020		Client has not had his post op visit till 9/14/2020

CASE MANAGER RECOMMENDATIONS/ACTION PLAN

Description	Projected Date	Actual Date	Reason Not Complete
I will attend consumer's next appointment with provider to obtain an expected Maximum Medical Improvement.	09/14/2020		
I will provide an update to the adjuster within 24 hours following the next provider appointment	09/15/2020		

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Description	Projected Date	Actual Date	Reason Not Complete
I will contact the consumer and employer task week after return to modified employment to assess effectiveness of RTW plan	09/08/2020	09/08/2020	Goal not met. IW had surgery 8/18/20 and is recuperating

CASE MANAGEMENT IMPACT

Description
I ensured the IW was compliant with treatment and that all parties were informed of the treatment plan.
I provided education to the consumer to avoid potential safety issues.
I used collaborative communication to identify appropriate information, and shared with the parties to ensure effective communication.

Consumer has been informed about my role as it applies to this assignment with disclosures that apply to the claim provided.

Consumer is in agreement with case management services at this time.

Consumer has been provided information on applicable privacy regulations by means of the ALARIS Authorization form Filed Date = 07/09/2020

This report may contain information subject to the following Notice: Federal and/or state law specifically require that any disclosure or redisclosure of substance abuse (alcohol or drugs), mental health, or HIV/AIDS related information must be accompanied by the following statement: This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Activity Detail

1091917 12W

City of North Las Vegas
Fax # - 649-2992

The City of North Las Vegas offers a Limited Duty/Return-to-Work Program to our injured employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate most injuries.

Today, please evaluate our employee's ability to participate in our Limited Duty/Return-to-Work Program.

Physician's Progress Report - Certification of Disability

Employer: City of North Las Vegas	Name of MCO: Sierra Healthcare Options
Patient's Name: [REDACTED]	11/18/2019
Patient's Job Description/Occupation:	
Previous Injuries/Diseases/Surgeries Contributing to the Condition:	
Diagnosis: <i>Slip under dolly</i>	
Related to the Industrial Injury? Explain:	
Objective Medical Findings: <i>and back all</i>	

- ☐ None - Discharged Reached Maximum Medical Improvement (MMI) ☐ Yes ☒ No
☐ Generally Improved ☐ Condition Same ☐ Condition Worsened

Treatment Plan:

Flu (week 1) and 1 (Get Her 1st)

- ☐ No Change in Treatment ☒ PT/OT Prescribed ☒ PT/OT Discontinued
☐ Case Management Medication May ☐ May Not ☐ Be Used While Working
☐ Consult: _____
☐ Further Diagnostic Studies: _____
☐ Prescription(s): _____

☐ Released to Full Duty/No Restrictions On (Date):

☐ Released to Restricted/Modified Duty On (Date):

Estimated Return to Full Duty (Date) TWA#

Restrictions are: ☐ Temporary ☐ Permanent

- ☐ No Sitting ☐ No Standing ☐ No Pulling ☐ Other: _____
☐ No Bending at Waist ☐ No Stooping ☐ No Lifting _____
☐ No Carrying ☐ No Walking ☐ Lifting Restricted to _____ Lbs.
☐ No Pushing ☐ No Climbing ☐ No Reaching Above Shoulders

☒ Certified Temporarily Disabled (Indicate Dates) From: *9-14-20* To:

Date of Next Visit:

Date of this Exam:

Physician's Name:

Physician's Signature:

[Signature]

217-477

3064

City of North Las Vegas
Fax # - 649-2992

The City of North Las Vegas offers a Limited Duty/Return-to-Work Program to our injured employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate most injuries.

Today, please evaluate our employee's ability to participate in our Limited Duty/Return-to-Work Program.

Physician's Progress Report - Certification of Disability

Employer: City of North Las Vegas	Name of MCO: Sierra Healthcare Options	
Patient's Name: [REDACTED]	Social Security Number:	Date of Injury:
Patient's Job Description/Occupation:		
Previous Injuries/Diseases/Surgeries Contributing to the Condition:		
Diagnosis: <i>Slip L5/S1 disc prolapse per lumbar MRI</i>		
Related to the Industrial Injury? Explain:		
Objective Medical Findings: <i>Impaired leg ROM Weak adductor superficial 5/5</i>		

- ☐ None - Discharged Reached Maximum Medical Improvement (MMI) ☐ Yes ☐ No
☒ Generally Improved ☐ Condition Same ☐ Condition Worsened

Treatment Plan: *Cont wound care
Augmentin 2x250*

- ☐ No Change in Treatment ☐ PT/OT Prescribed ☐ PT/OT Discontinued
☐ Case Management Medication May ☐ May Not ☐ Be Used While Working
☐ Consult: _____
☐ Further Diagnostic Studies: _____
☐ Prescription(s): *Augmentin 2x250*

<input type="checkbox"/> Released to Full Duty/No Restrictions On (Date):	
<input type="checkbox"/> Released to Restricted/Modified Duty On (Date):	Estimated Return to Full Duty (Date) TWA#
Restrictions are: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stoopng <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to _____ Lbs. <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders	
<input checked="" type="checkbox"/> Certified Temporarily Disabled (Indicate Dates) From: _____ To: _____	
Date of Next Visit: <i>1 month</i>	Date of this Exam: <i>9/25/2020</i>
Physician's Signature: <i>Daniel Vere</i>	

1091917 12
27-477-3061

City of North Las Vegas
Fax # - 649-2092

The City of North Las Vegas offers a Limited Duty/Return-to-Work Program to our injured employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate major injuries.

Today, please evaluate our employee's ability to participate in our Limited Duty/Return-to-Work Program.

Physician's Progress Report - Certification of Disability


Employer: City of North Las Vegas	Name of MCO: Sierra Healthcare Options
Patient's Name: [REDACTED]	Date of Injury: 11/18/2019
Patient's Job Description/Classification: _____	
Previous Injuries/Diseases/Surgeries Contributing to the Condition: _____	
Diagnosis: 3 1/2 lumbar disc prolapse from heavy lifting with	
Related to the Industrial Injury? Explain: work related	
Objective Medical Findings: impairment (eg. pain)	

- ☐ None - Discharged Reached Maximum Medical Improvement (MMI) ☐ Yes ☐ No
☐ Generally Improved ☐ Condition Same ☐ Condition Worsened

Treatment Plan: **Conservative care only**
Physical therapy

- ☐ No Change in Treatment ☐ PT/OT Prescribed ☐ PT/OT Discontinued
☐ Case Management Medication May ☐ May Not ☐ Be Used While Working
☐ Consult: _____
☐ Further Diagnostic Studies: _____

☒ Prescription(s): **Painkillers**

<input type="checkbox"/> Released to Full Duty/No Restrictions On (Date): _____	
<input type="checkbox"/> Released to Restricted/Modified Duty On (Date): _____	Estimated Return to Full Duty (Date): _____ TWA# _____
Restrictions are: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stopping <input type="checkbox"/> No Lifting <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to _____ Lbs. <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders	
<input type="checkbox"/> Certified Temporarily Disabled (Indicate Dates) From: _____ To: _____	
Date of Next Visit: 10/09/2020	Date of this Exam: 10/05/2020
Physician's Name: Daniel D. Lee MD	
Physician's Signature: 	

217-477 30
04

City of North Las Vegas
Fax # - 649-2992

The City of North Las Vegas offers a Limited Duty/Return-to-Work Program to our injured employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate most injuries.

Today, please evaluate our employee's ability to participate in our Limited Duty/Return-to-Work Program.

Physician's Progress Report - Certification of Disability

Employer: City of North Las Vegas	Name of MCO: Sierra Healthcare Options
Patient's Name: [REDACTED]	Date of Injury: 11-18-2019
Patient's Job Description/Occupation:	
Previous Injuries/Diseases/Surgeries Contributing to the Condition:	
Diagnosis: S1P lumbar decompression	
Related to the Industrial Injury? Explain:	
Objective Medical Findings:	

- ☐ None - Discharged Reached Maximum Medical Improvement (MMI) ☐ Yes ☐ No
☒ Generally Improved ☐ Condition Same ☐ Condition Worsened

Treatment Plan: **Cont and Cont PT/OT**

- ☐ No Change in Treatment ☐ PT/OT Prescribed ☐ PT/OT Discontinued
☐ Case Management Medication May ☐ May Not ☐ Be Used While Working
☒ Consult: **infectious disease consultation**
☐ Further Diagnostic Studies:
☐ Prescription(s):

☐ Released to Full Duty/No Restrictions On (Date):
☐ Released to Restricted/Modified Duty On (Date): Estimated Return to Full Duty (Date) TWA#

Restrictions are: ☐ Temporary ☐ Permanent
☐ No Sitting ☐ No Standing ☐ No Pulling ☐ Other:
☐ No Bending at Waist ☐ No Stooping ☐ No Lifting
☐ No Carrying ☐ No Walking ☐ Lifting Restricted to _____ Lbs.
☐ No Pushing ☐ No Climbing ☐ No Reaching Above Shoulders

☐ Certified Temporarily Disabled (Indicate Dates) From: To:
 Date of Next Visit: Date of this Exam: Physician's Name: **Daniel Mc**
 Physician's Signature:

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Progress Report

Date of Report:	10/09/2020	Employee:	[REDACTED]
Claim Number:	19C51J140409	Date of Injury:	11/18/2019
Client ID:	[REDACTED]	Reference Number:	235184
Employer Name:	City of North Las Vegas - North Las Vegas NV	Service Type:	Field Case Management
Payor Name:	CCMSI - Las Vegas NV	Date of Referral:	05/13/2020
Vendor Name:	Paradigm Complex Care Solutions	Case Manager:	Heather DeMaris, MA, MS, RN

NOTE: This document may contain sensitive and/or confidential information.

DIAGNOSIS

Radiculopathy, lumbar region M54.16
Other intervertebral disc displacement, lumbar region M51.26

Dominant Arm:

N/A

TREATING PHYSICIAN

Primary	First Name	Last Name	Company	Street	City	State	Zip Code	Phone
X	Daniel	Lee	Desert Orthopaedic Center - Las Vegas NV	2800 E Desert Inn Rd Ste 100	Las Vegas	NV	89121	7027311616
	Jason	Garber	Las Vegas Neurosurgical Institute	3012 S Durango Dr	Las Vegas	NV	89117	7028350088
	Andrew	Kim	Desert Orthopedic Center	2800 E Desert Inn Road, Suite 100	Las Vegas	NV	89121	7022731161

NEXT MD APPOINTMENT

Date	Physician
10/09/2020 08:00 AM	Lee, Daniel
10/23/2020 08:00 AM	Lee, Daniel

MEDICAL UPDATE

Spoke with patient on 10/06/2020 and obtained medical records from last appointment with Dr. Daniel Lee on 09/14/2020. Per IW, he has had an area of the surgical incision that has not closed and that he is being seen by wound therapy at Dixie Regional Hospital in St. George, Utah. Initially, the wound, which is approximately central to the incision, was being packed; they then moved to a collagen based waterproof bandage and now they are using a silver based product. Per the IW, wound therapy wanted the dressing changed weekly; Dr. Lee told the patient to change it every other day and the patient has assistance from family for dressing changes. Due to history of diabetes, he has also been on multiple antibiotics to prevent infection--- most recently Augmentin. Referral to infectious disease made this appointment for further treatment options.

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IW seen by Dr. Lee on 10/09/2020 for follow up on wound healing. Pt reported pain at time of appointment 4/10 with symptoms unchanged since last visit-- complaining of stiffness, numbness, pain with activities, night pain, aching legs, daytime pain with rest, and radiating pain down R leg. Evaluation of wound completed; wound is 3mm vertical x 2mm wide and has no tunneling but is 1cm deep. No purulence noted and no fascial defect noted. Pt was given orders to continue wound care and to obtain an infectious disease consultation. He has not been released to physical therapy for conditioning at this time. Wound was cultured and CBC/ chem panel obtained.

When IW is allowed to start therapy, IW hopes to have therapy authorized to be completed with FIT Physical Therapy, which has multiple offices between Mesquite and St. George, UT, where IW resides. He has attended PT in the past here following knee surgeries and feels they provide good and thorough care. IW has already reached out to them and they state they accept WC cases; unknown if they are a preferred provider for IW's insurer.

In interview with CM, IW reports he has been attempting to keep as active as injury allows. Continues to report pain 4-6/10, worsening with activities, night pain, stiffness of lumbar spine. He is able to complete self cares, independent in ambulation, and drives. He is eager to start therapy and return to work. Light duty is not available to IW due to risk of infection at job site due to non-healing wound.

9/25/2020: Per Dr. Daniel Lee: Client is 5 weeks status post lumbar decompression L4-5, 8/18/20. Dr. Lee said he was sorry for the mishap of his wound culture specimen getting lost by Quest and he did another culture today. Client was here for Dr. Lee to assess his wound last seen by Dr. Lee on 9/14/20. Dr. Lee had given a script for Keflex for 5 days and client has not been on any other medication since. Client reported improvement of his leg pain.

Dr. Lee examined client's wound and said the wound is superficial 5mm, does not go deep to fascia. Dr. Lee debride the surface area and explored 2 mm. Dr. Lee did another wound culture today because client has been off antibiotics for one week and ordered new script for Augmentin for 14 days.

Dr. Lee wants to have a Telemed follow up in 10 days where he can see the wound rather than have him travel down to Vegas and continue with follow up wound care at Dixie Medical Center. If surgical wound improves, then PT will be ordered. Client wants to be able to do PT but Dr. Lee wants the wound to be closed. Dr. Lee demonstrated different home exercises that client can do now, that does not put direct pressure or pull on the wound site. Client's healing process is slower due to his diabetes. Client is closely monitoring his glucose levels and they have been keeping in check. Client asked if he would have another paper for his job because he had originally thought he would be doing his PT and planning on getting ready to go back to work, concerned if this is causing delay that Dr. Lee can estimate for his employer. Dr. Lee said he should be able to let him know best in 10 days after he sees the wound and has the Telemed visit.

Treatment Plan:

S/P 5 weeks Laminotomy discectomy L4-5, 8/18/2020

Wound culture done. First specimen from 9/14/20 lost.

Augmentin script given for 14 days

Follow up wound care at Dixie Medical and home dressings every 3 days by mother in law.

If wound is improved next visit will order PT.

Work status: TTD 9/25/2020 till next visit TBD (one month)

Follow up appointment Monday, 10/5/20 @ 8:40 AM by Telemed.

Request approval to continue weekly visit to Dixie Wound Care Center and home dressing changes by family every 3 days.

9/14/2020. Per Dr. Daniel Lee: Client is 4 weeks status post lumbar decompression L4-5, 8/18/20. X-rays were done and looked good. Dr. Lee said he was pleased with client's surgery and how it went. Client reported 70% improvement of his pain.

Dr. Lee examined client's wound and said he needed to have daily dressings with packing and careful watch the next few days because it could go either way at this point, and client is diabetic. Dr. Lee did a wound culture and ordered Keflex 500 mg, antibiotic one pill 4 x daily x 5 days. Telephonic video was done of assistant packing and dressing the wound for his spouse to replicate the next days at home. Supplies were given to client to have for home care dressings. Dr. Lee wants client to return to office this Friday to re assess wound. If surgical wound improves, then PT will be ordered.

Treatment Plan:

S/P 4 weeks Laminotomy discectomy L4-5 at Valley Hospital 8/18/2020

Wound culture done

Keflex 500 mg prescription given, one pill 4 x daily x 5 days

Home Health for Wound dressing and packing daily next 3 days.

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Follow up Friday for re assessment of surgical wound

If wound is improved next visit, will order PT

Work status: TTD 9/14/2020 till next visit 9/18/2020

Follow up appointment Friday, 9/18/20 @ 9:05 AM @ Desert Inn Office Location

After visit, client called to say that he sent video of dressing change to spouse and spouse is not comfortable doing the dressing and packing of his wound.

Request approval for Home Health wound dressing changes and packing in St George, Utah next 3 days. Please let me know preferred home care

DIAGNOSTICS

Date	Description	Result
06/11/2020	CT of the Lumbar spine	Grossly stable appearance of disc extrusion at L4-L5, no new findings within the limitations of CT

PROCEDURES

Date	Description	Outcome
10/09/2020	Wound swab culture/tech used	awaiting results
08/18/2020	Laminectomy, facetectomy and foraminotomy with spinal cord decompression, lumbar	Could be 8/11 or 8/18

THERAPY

No current therapies ordered.

MEDICATION LIST

Medication	Prescribed	Dose	Prescriber	Current	Termed	Reason
baclofen	04/02/2020	Baclofen 10 mg	Kim, Andrew	No	04/30/2020	
Purpose	Muscle relaxer					
Meloxicam	02/03/2020	15 mg	Dr. Daniel Lee	No	06/08/2020	Not needed
Purpose	pain and inflammation					

MEDICATION SAFETY ASSESSMENT

This Medication Assessment was completed by the primary case manager from interviews and/or telephone conversations with the consumer, family members, and health care providers. Medication safety is addressed at the onset and then ongoing as changes occur during the course of case management services. Unless otherwise indicated, medication route is oral.

New Medication Safety Assessment is not necessary.

Augmentation that was being taken as antibiotic for wound is currently stopped, pt is awaiting infectious disease consultation and suggestions re. Antibiotics from ID.

TRANSITIONS OF CARE

Category	Date	Description	Explanation
Other	05/15/2020	TOC to Dr. Daniel Lee	Information was compiled and forwarded in a timely manner, available for the appointment.
Other	06/09/2020	2nd Opinion re: Lumbar surgery with Dr. Jason Garber	Information was compiled and forwarded in a timely manner, available for the appointment.

VOCATIONAL

Job Description Obtained: Yes

Job Description Shared with Provider(s): Yes

Job Description Status/Rationale

JD taken from O Net for municipal firefighter and shared with Dr. Lee at visit 7/27/2020

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Vocational Update:

Working closely with providers and patient to reach MMI safely.

WORK STATUS

Maximum

197 Days

Maximum Anticipated Return-to-Work

Average

154 Days

Benchmark against the actual outcomes data

Best Practice

96 Days

Date Taken Off Work	Provider Projected RTW	ODG Best Practice	ODG Average	LD Release	Actual LD RTW	FD Release	Actual FD RTW	ODG MMI	Actual MMI
8/18/2020		1/13/2021	4/21/2021					9/8/2021	

Light Duty Available:

☐ Yes ☒ No

Restrictions per Treating Provider:

10/06/2020: unable to RTW due to nonhealing wound, risk of infection limits light duty until incisional wound is fully healed.

8/18/2020: TTD till NOV on 9/14/2020

7/27/2020: per Dr. Daniel Lee RTW full duty

BARRIERS

The statements below are a professional opinion on the barriers impacting timely and successful goal accomplishment. Strategies implemented to overcome these barriers include additionally structured collaboration with the involved parties; skillfully engaging the consumer and family to attain their input; strategic treatment planning; and motivational interviewing techniques to facilitate behavioral changes.

Category	Description	Strategy
Medical	Alteration in Sleep Pattern	Discuss sleep issues with physician and obtain treatment recommendations.
Medical	Co-morbid Conditions	Encourage consumer to follow up with primary care provider for non-work related conditions.

MEDICAL GUIDELINE INFORMATION

The information below is intended for educational and informational purposes only. The resources provided are not to be construed or used as the prescribed treatment plan. Treatment plans must be individualized according to the client's needs, abilities, and desires.

Resources:

- ODG

Medical Criteria:

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings, imaging studies, and conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:

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1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

1. MRI (magnetic resonance imaging)
2. CT (computed tomography) scanning
3. Myelography
4. CT myelography and X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. Activity modification (not bed rest) after patient education (>= 2 months)

B. Drug therapy, requiring at least ONE of the following:

1. NSAID drug therapy
2. Other analgesic therapy
3. Muscle relaxants
4. Epidural Steroid Injection (ESI)

C. Support provider referral, requiring at least ONE of the following (in order of priority):

1. Physical therapy (teach home exercise/stretching)
2. Manual therapy (chiropractor or massage therapist)
3. Psychological screening that could affect surgical outcome
4. Back school (Fisher, 2004)

For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

For post-operative physical therapy recommendations after criteria are met, see Physical therapy (PT).

Guideline Reviews:

Review Date	Within Criteria	Rationale
10/09/2020	Yes	IW is within RTW clinical guidelines and medical treatment guidelines

Risk Assessment Score (RAS): 83.81 Extreme

RECOMMENDED CONSUMER CENTRIC PLAN

The following plan has been developed through collaboration with any combination of the consumer, family, health care provider, employer and insurer. Unless the above Barriers indicate otherwise, the Consumer Centric Plan is determined by incorporating motivational principles supporting the consumer's ability to make decisions about their plan and engage in the self-management of their goals. This plan governs a 30-day period unless otherwise noted.

LONG TERM GOALS

Description	Projected Date	Actual Date	Reason Not Complete
Consumer will return to full duty work without difficulty or complications.	11/24/2020		Awaiting strengthening/ PT after wound healing is completed.
Consumer will maximize recovery by adhering to provider treatment recommendations, achieving MMI and release from medical care	12/28/2020		Awaiting strengthening/ PT after wound healing is completed. Pt is compliant and adheres to provider treatment recommendations.

SHORT TERM GOALS

Description	Projected Date	Actual Date	Reason Not Complete
Consumer will demonstrate adherence to diabetic diet and maintain normal glucose levels	11/29/2020		
Consumer will attend and participate fully in all therapy appointments.	12/30/2020		
Consumer will notify the case manager of any cancelled or rescheduled appointments.	09/14/2020		Patient requires continued

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Description	Projected Date	Actual Date	Reason Not Complete
			follow up due to slow healing incisional wound.
Consumer will have no signs of infection.	10/09/2020		referred to infectious disease due to nonhealing wound.

CASE MANAGER RECOMMENDATIONS/ACTION PLAN

Description	Projected Date	Actual Date	Reason Not Complete
I will attend consumer's next appointment with provider to obtain an expected Maximum Medical Improvement.	09/14/2020		Nonhealing wound limits pt's ability to begin physical therapy/ RTW; continuing to evaluate wound healing
I will provide an update to the adjuster within 24 hours following the next provider appointment.	10/09/2020	10/09/2020	

CASE MANAGEMENT IMPACT

Description
I ensured the IW was compliant with treatment and that all parties were informed of the treatment plan.
I used collaborative communication to identify appropriate information, and shared with the parties to ensure effective communication.

Consumer has been informed about my role as it applies to this assignment with disclosures that apply to the claim provided.
Consumer is in agreement with case management services at this time.
Consumer has been provided information on applicable privacy regulations by means of the ALARIS Authorization form. Filed Date = 07/09/2020

This report may contain information subject to the following Notice: Federal and/or state law specifically require that any disclosure or redisclosure of substance abuse (alcohol or drugs), mental health, or HIV/AIDS related information must be accompanied by the following statement. This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Date	Details
09/10/2020	Phone Call - To - Hospital : Called to request medical records from hospital stay 8/21/20-8/22/20 and was given the fax number to MR Dept.
09/10/2020	Letter - To - Hospital : Letter of request for medical records was sent to Dixie Regional medical Ctr for 8/21/20 -8/22/20
09/10/2020	Phone Call - To - Client : Called to client and his appointment has been rescheduled to Monday Just

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Date	Details
	checking in on him and he says he thinks he is doing better and hopes Dr. Lee feels he is better on Monday too. Checked his medications and he said he is not taking any prescription medications for his work injury. Client said he did not get any medications prescribed by Dr. Lee since he left Dixie Hospital. Said he never took Baclofen and only took Tylenol for his fever.
09/11/2020	Phone Call - To - Physician : Called to confirm appointment for Dr. Lee on Monday @ 10:45 AM.
09/14/2020	Meeting - Client : 9/14/2020: Per Client: Client arrived on time, oriented, pleasant and cooperative ambulating with steady gait. Client states he is feeling better and that his wound seems to be less drainage the last few days. Client is not taking any pain medication. If client sits too long he will start to feel tingling and numbness of his right heel and he has to get up and walk to feel better. Overall he feels improvement.
09/14/2020	Meeting Preparation - : 9/14/20: Meeting preparation with Dr. Lee and client
09/14/2020	Meeting - Physician : 9/14/2020: Per Dr. Daniel Lee: Client is 4 weeks status post lumbar decompression L4-5, 8/18/20. X-rays were done and looked good. Dr. Lee said he was pleased with client's surgery and how it went. Client reported 70% improvement of his pain. Dr. Lee examined client's wound and said he needed to have daily dressings with packing and careful watch the next few days because it could go either way at this point, and client is diabetic. Dr. Lee did a wound culture and ordered Keflex 500 mg, antibiotic one pill 4 x daily x 5 days. Telephonic video was done of assistant packing and dressing the wound for his spouse to replicate the next days at home. Supplies were given to client to have for home care dressings. Dr. Lee wants client to return to office this Friday to re assess wound. If surgical wound improves, then PT will be ordered. Treatment Plan: S/P 4 weeks Laminotomy discectomy L4-5 at Valley Hospital 8/18/2020 Wound culture done Keflex 500 mg prescription given, one pill 4 x daily x 5 days Home Health for Wound dressing and packing daily next 3 days. Follow up Friday for re assessment of surgical wound. If wound is improved next visit, will order PT. Work status: TTD 9/14/2020 till next visit 9/18/2020. Follow up appointment Friday, 9/18/20 @ 9 05 AM @ Desert Inn Office Location After visit, client called to say that he sent video of dressing change to spouse and spouse is not comfortable doing the dressing and packing of his wound. Request approval for Home Health wound dressing changes and packing in St George, Utah next 3 days. Please let me know preferred home care.
09/14/2020	Travel - : 9/14/2020: Travel/Mileage approved by Referral Source for case manager to attend appointment.
09/14/2020	Wait - : 9/14/2020: Wait time in the office of Dr. Lee
09/14/2020	Email - To - Insurer : Emailed update to adjuster of visit on 9/14/2020 with Dr. Lee.
09/14/2020	Phone Call - To - Vendor : 9/14/2020: Called to Brightstar and gave them information but they do not go to Utah
09/14/2020	Phone Call - To - Vendor : 9/14/2020: Left information, for wound care needed pending call back.
09/14/2020	Phone Call - To - Vendor : 9/14/2020: Called and left information with on call RN but she did not know if they took W/C Insurance. Would have director call me back in AM.
09/14/2020	Phone Call - To - Client : 9/14/2020: Spoke to [REDACTED] and let him know that it may take a day or two to set a home health wound care and he said his wife will try tomorrow morning and he will call and let me know if she is able to continue. Will keep you posted.
09/14/2020	Email - To - Insurer : 9/14/2020: Hi Art, I called to Brightstar locally and they do not go to Utah. Pending Call back from Canyon Home health in Utah 435 773-6600 and Alpha Home Health in Utah 435-628-2500. Left VM at the Wound Care Center in Dixie Medical Center too. Spoke to [REDACTED] and let him know that it may take a day or two to set a home health wound care and he said his wife will try tomorrow morning and he will call and let me know if she is able to continue. Will keep you posted. Thank you.
09/15/2020	Email - To - Insurer : 9/15/2020: Hi Art, Client's Mother in law changed the dressing this morning and is okay for next few days till Friday's appointment with Dr. Lee. I did hear back from Utah home health companies Alpha and Canyon, and I told them I would get back to them with the information if continued need after follow up visit on Friday with Dr. Lee. Will follow up with Dixie Wound Care Center in case of need. Thank you.

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Date	Details
09/18/2020	Phone Call - To - Vendor : 9/14/2020: Left VM at Dixie Med Center Outpatient Wound Care Center.
09/18/2020	Email - To - Insurer : 9/18/2020: Hi Art, Client's appointment was rescheduled from today to Friday 9/25/20 @ 9:45 AM with Dr. Daniel Lee. Contacted Dixie Medical Outpatient Wound Care Center and spoke to Jennifer and made an appointment for client to be assessed at the wound care center for dressing change orders on Monday 9/21/2020 @ 8:00 AM Client is willing to go to the wound care center for dressing changes if needed. Will keep you posted after Monday's visit to the wound care center. Thank you
09/20/2020	Email - To - Physician : 9/20/2020: Hi Team Lee, [REDACTED] will be seen at Dixie Medical Outpatient Wound Care Center in St George Utah for his surgical wound care on Monday morning, tomorrow, at 8 AM. If you can please send me the report of his wound culture taken at his last visit with Dr. Lee on 9/14/2020 and I will send it to Dixie Medical Wound Care Center in the morning so they have it. I greatly appreciate it. My fax number is 844 700-2072. Thank you so much.
09/21/2020	Email - To - Physician : 9/21/2020: Hi Team Lee [REDACTED] is at Dixie Medical Wound Care Center for his surgical wound and they need the wound culture report that was done on 9/14 at your office. If you can please send the culture report to Dr. Michael Cassio @ Fax 435 251-4001 The office phone is 435 251-4000 in case you need it. You can send it to my fax 844 700-2072 and I can fax it to Dr. Cassio also. Thank you very much
09/21/2020	Email - From - Physician : 9/21/2020: Email response from Team D Lee: Hello, I will contact the facility where this patient had his culture and fax them over to you. I know it normally takes more than one week. I will check on it. Please let me know if there is anything else I could assist with. Thank you
09/21/2020	Email - To - Physician : 9/21/2020: Hi Team, Can someone please check for the wound culture report done by Dr. Lee last visit on 9/14/20. Greatly appreciate
09/23/2020	Email - To - Physician : 9/23/2020: Hi Team, Can someone please let me know the result of the wound culture done on 9/14/20 for [REDACTED] at the Warm Springs location. The Dixie Medical Wound Care Center is waiting for the results. Client needs to know if he needs any more medication. Please let me know. My fax number is 844 700-2072 and I will send it to the Wound Center. Thank you
09/23/2020	Email - From - Physician : 9/23/2020: We contacted Quest Diagnostics and they never received the culture that we sent to them on 09/14/2020. We will have to re-culture his wound during his appt this Friday and we will ensure that the results get sent to you at your fax number. Thank you.
09/24/2020	Phone Call - To - Physician : 9/24/2020: Called to Dr. Lee's office to confirm appointment for tomorrow
09/24/2020	Phone Call - To - Client : 9/24/2020: Called and left VM for appointment for tomorrow with Dr. Lee.
09/25/2020	Phone Call - From - Client : 9/25/2020: Client called that he had left his PPR copy at the desk and was already on the highway back. If I could please fax or email it to him, and he gave me his email addresses
09/25/2020	Email - To - Client : 9/25/2020: Hi Ryan. Emailed PPR to client for his ER. Please let me know you received it. Thank you
09/25/2020	Travel - : 9/25/2020: Travel/Mileage approved by Referral Source for case manager to attend appointment.
09/25/2020	Wait - : Wait time in the office of Dr. Lee.
09/25/2020	Meeting Preparation - : 9/25/2020: Meeting preparation with Dr. Lee and client.
09/25/2020	Meeting - Client : 9/25/2020: Consumer Assessment. Per Client: Client arrived on time, oriented, pleasant and cooperative ambulating with steady gait. Client said he is feeling better than prior to his surgery and his leg pain is improved. Client is not taking any pain medication. Client went to the Dixie Medical Wound Care Center on Monday and the Center changed the wound packing to collagen, and scheduled him back in one week on 9/28/20. Dressing supplies were given to client and his mother in law is going to continue to do his dressing changes at home every 3rd day. Client had a wound culture taken by Dr. Lee on 9/14/20 and it was never received at Quest
09/25/2020	Meeting - Physician : 9/25/2020: Per Dr. Daniel Lee: Client is 5 weeks status post lumbar decompression L4-5. 8/18/20. Dr. Lee said he was sorry for the mishap of his wound culture specimen getting lost by Quest and he did another culture today. Client was here for Dr. Lee to assess his wound last seen by Dr. Lee on 9/14/20. Dr. Lee had given a script for Keflex for 5 days and client has not been on any other medication since. Client reported improvement of his leg pain. Dr. Lee examined client's wound and said the wound is superficial 5mm. does not go deep to fascia. Dr. Lee debride the surface area and explored 2 mm. Dr. Lee did another wound culture today because client

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Date	Details
	<p>has been off antibiotics for one week and ordered new script for Augmentin for 14 days.</p> <p>Dr. Lee wants to have a Telemed follow up in 10 days where he can see the wound rather than have him travel down to Vegas and continue with follow up wound care at Dixie Medical Center. If surgical wound improves, then PT will be ordered. Client wants to be able to do PT but Dr. Lee wants the wound to be closed. Dr. Lee demonstrated different home exercises that client can do now, that does not put direct pressure or pull on the wound site. Client's healing process is slower due to his diabetes. Client is closely monitoring his glucose levels and they have been keeping in check.</p> <p>Client asked if he would have another paper for his job because he had originally thought he would be doing his PT and planning on getting ready to go back to work, concerned if this is causing delay that Dr. Lee can estimate for his employer. Dr. Lee said he should be able to let him know best in 10 days after he sees the wound and has the Telemed visit</p> <p>Treatment Plan: S/P 5 weeks Laminotomy discectomy L4-5. 8/18/2020 Wound culture done. First specimen from 9/14/20 lost. Augmentin script given for 14 days Follow up wound care at Dixie Medical and home dressings every 3 days by mother in law. If wound is improved next visit, will order PT. Work status: TTD 9/25/2020 till next visit TBD (one month) Follow up appointment Monday 10/5/20 @ 8:40 AM by Telemed. Request approval to continue weekly visit to Dixie Wound Care Center and home dressing changes by family every 3 days.</p>
09/26/2020	Email - To - Client : 9/26/2020 [REDACTED] I did not hear back from you that you received the attachment from the first email to your work, so I am sending it to your personal email too. Please just let me know you received it. Thank you
09/28/2020	Email - To - Insurer : 9/28/2020: Emailed update to adjuster for visit on 9/25/20 with Dr. Lee.
10/02/2020	Email - To - Physician : 10/2/2020: Hi Team Can you please let me know the culture result report for [REDACTED] [REDACTED] will need to send the results to the wound care center at Dixie Medical. Thanks
10/05/2020	Email - To - Physician : Hi Team Can you please send me the note from Dr. Lee's Telemedicine visit this morning and PPR if or when it is ready and a copy of his wound culture from 9/25/20 so I can send it to Dixie Wound Care. Thank you so much. My fax is 844 700-2072 Phone is 702 596-1416 And email marlene.giron@paradigmcorp.com
10/05/2020	Phone Call - From - Client : Per Client: Client called and let me know he had his follow up visit at Dixie Medical Wound Care Center and the wound specialist said he liked the way it was progressing but still had little drainage. He changed the packing from collagen to aquacel which should help dry up the drainage. Change every 3rd day and follow up next Monday, supplies were given for mother in law to change home dressings. Client then had telemedicine visit with Dr. Lee this morning after he completed his visit @ Dixie. Client said he is feeling better than prior to his surgery and no leg pain. Client took photo and sent to Dr. Lee for close up view. Client has been taking Augmentin and will need a refill if Dr. Lee wants him to continue taking it.
10/05/2020	Phone Call - To - Physician : Per Dr. Daniel Lee: Called to discuss with Dr. Lee treatment plan and work status. Client is 7 weeks status post lumbar decompression L4-5, 8/18/20. Dr. Lee said he received the wound culture result from Quest from 9/25/2020. Client was having telemedicine visit for Dr. Lee to assess his wound last seen on 9/25/20. Dr. Lee will have the wound culture report faxed for Dixie Medical Wound Center. Dr. Lee is concerned that the wound still has some drainage. Dr. Lee changed the orders to daily dressing changes till Friday and keep dry. Dr. Lee spoke with infectious disease recommend Bactrim for Klebsiella from wound culture 9/25/2020. Dr. Lee wants client to come in to be seen this coming Friday, 10/9/20 @ 8:30 AM. Dr. Lee ordered new script for Bactrim DS 800-160 mg. One pill every 12 hours x 5 days. Treatment Plan S/P 7 weeks Laminotomy discectomy L4-5. 8/18/2020 Wound culture result to be faxed to client and for Dixie. New Script called in for Bactrim DS 800-160 mg. one pill every 12 hours x 5 days.

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Date	Details
	Follow up wound care to be done daily Follow up in office Friday 10/9/2020 @ 8:30 AM Work status TTD 10/5/2020 till next visit 10/9/20. Follow up appointment Friday, 10/9/20 @ 8:30 AM @ DI location and will need to wait being added on to schedule. Request approval to continue weekly visit to Dixie Wound Care Center
10/05/2020	Email - To - Insurer : Update of 10/5/20 Telemed visit with Dr. Daniel Lee sent to adjuster.
10/06/2020	Medical Record Review - : Medical records review and file review-- all documents including surgical notes and most recently documented medical visit reviewed
10/06/2020	Phone Call - To - Medical Records : Medical records requested for both surgery in August and most recently documented appointment, 09/14/2020.
10/06/2020	Phone Call - To - Insurer : N/C- call made to introduce self as new RN case manager on case Will follow up with email.
10/06/2020	Email - To - Insurer : Update re. case transfer, medical update, and IW's current work status/ treatment plan.
10/06/2020	Phone Call - To - Client : Introduction of CM following transfer of case file; discussion of current health status and treatments since last month, goals of care, upcoming planned medical treatments.
10/06/2020	Phone Call - From - Client : Client had been driving using hands free communication during last call; called back to obtain contact information when IW reached his destination.
10/06/2020	Email - To - Client : Emailed Dr. Lee's report and wound culture report for you and for Dixie Medical from Dr. Daniel Lee on 10/5/20 Telemed visit to client.
10/08/2020	Phone Call - To - Client : Call to IW to find out if he was going to be seeing Dr. Lee tomorrow for wound examination. Per IW, wound had small amount of drainage from under scabbed area yesterday when dressing changed at the wound clinic. He has sent a photo of the wound in to the MD's direct line that accepts photos and is awaiting their call back to determine if he is going to have the appointment with Dr. Lee at 1045 kept or cancelled. IW stated he would call CM back with plan once he heard back from MD. IW also stated he received denial of an ED visit post-operatively from CCMSI claims adjuster, stating that ED visit was not approved and was not related to his injury. Visit was due to post-op fever; per IW he had been on the phone with both MD and Paradigm CM and MD insisted he go to ED, and stated that it could be a post-op infection. Surgery was directly related to IW's initial claim. Email for clarification to be sent to CCMSI adjuster, will inform IW of outcome.
10/08/2020	Email - To - Insurer : Hello, I spoke with [REDACTED] claim #19C51J140409, today. He stated that he had received a denial of coverage letter for an ED visit/ overnight stay that was immediately post-operative and for which he was directed to go to the ED by both his surgeon, Dr. Daniel Lee, and by the Paradigm CM at the time, Marlene Giron. At the time he called them, he had a fever of 103F and erythema/ drainage at the surgical incision site, which could indicate a systemic post-operative infection. He stated that the denial letter stated the ED visit did not have prior approval, and was not related to his initial injury claim. The surgery he had was to his lumbar spine, which was his site of injury; as a prior critical care RN before taking a case management position, a fever of 103F in a postoperative patient is considered a medical emergency, and delay of care while waiting for authorization could have resulted in harm, which is why the physician told him to go immediately to the ED. The IW believed the physician's statement to go to the ED constituted approval. If you could explain the rationale for the denial, that would be much appreciated.
10/08/2020	Phone Call - To - Physician : Call to confirm appointment for 1045. Per scheduler appt is on the calendar, awaiting Dr. Lee to review photo sent in to confirm appointment. CM will be at clinic in the AM for a separate appt; will confirm appt in AM if no call received from IW, who was requested to call CM if appt cancelled.
10/08/2020	Meeting Preparation - : Apt prep
10/09/2020	Travel - : 45 min round trip due to traffic -- travel time split between two cases as there were two appointments at same facility/ with same MD. Travel/Mileage approved by Referral Source for case manager to attend appointment.
10/09/2020	Meeting - Client : Consumer Assessment and discussion of current health status. Travel/Mileage approved by Referral Source for case manager to attend appointment.
10/09/2020	Meeting - Physician : Current Medical Status: Light duty, although IW's work does not have ability to accommodate light duty return due to infection risk and draining wound.

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Date	Details
	Treatment Plan: Wound culture, CBC and chem panel completed; IW referred to ID and is to continue with wound care. Unable to start PT until surgical incision/ wound is healed. Work Status and Restrictions: Light duty; however, work cannot accommodate light duty. Current Medications: None. Next Appointment: 10/23/2020 at 0800.
10/09/2020	Reports, Development- Progress Report - Monthly progress report completed with update including results of today's office visit.
10/09/2020	Email - To - Insurer - Post visit update sent to CE

PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY

Claim Number:

Received: 10/26/2020

Patient's Name: [REDACTED] Date of Injury: 11/15/19

Employer: North Las Vegas Fire Dept. Name of MCO (if applicable):

Patient's Job Description/Occupation: Fire fighter

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis: wound infection (post surgical)

Related to the Industrial Injury? Explain: S/P spine surgery had chronic wound infection

Objective Medical Findings: none

None - Discharged ☐ Stable ☐ Yes ☐ No ☐ Ratable ☐ Yes ☐ No ☐

Generally Improved ☐ Condition Worsened ☐ Condition Same ☐

May Have Suffered a Permanent Disability ☐ Yes ☐ No ☐

Treatment Plan: CR, corrective pt, sed note

No Change in Therapy ☐ PT/OT Prescribed ☐ Medication May be Used While Working ☐

Case Management ☐ PT/OT Discontinued ☐

Consultation ☐

Further Diagnostic Studies: ☐

Prescription(s) ☐

Released to FULL DUTY/No Restrictions on (Date):

Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To:

Released to RESTRICTED/Modified Duty on (Date): From: To:

Restrictions Are: ☐ Permanent ☐ Temporary

No Sitting ☐ No Standing ☐ No Pulling ☐ Other: ☐

No Bending at Waist ☐ No Stopping ☐ No Lifting ☐

No Carrying ☐ No Walking ☐ Lifting Restricted to (lbs.): 20 lbs

No Pushing ☐ No Climbing ☐ No Reaching Above Shoulders ☐

Date of Next Visit: 10/29/20 Date of this Exam: 10/21/20 Physician/Chiropractor Name: A. Kottani MD Physician/Chiropractor Signature: [Signature]

City of North Las Vegas
Fax # - 649-2992

844-700-2072.

The City of North Las Vegas offers a Limited Duty/Return-to-Work Program to our injured employees during their medical recovery. We have identified numerous tasks (Temporary Work Assignments) which are available and are designed to accommodate most injuries.

Today, please evaluate our employee's ability to participate in our Limited Duty/Return-to-Work Program.

Physician's Progress Report - Certification of Disability

Employer: City of North Las Vegas	Name of MCO: Sierra Healthcare Options
Patient's Name: [REDACTED]	Date of Injury: 11-18-19
Patient's Job Description/Occupation:	
Previous Injuries/Diseases/Surgeries Contributing to the Condition: <i>slp lower back</i>	
Diagnosis:	
Related to the Industrial Injury? Explain:	
Objective Medical Findings: <i>wound healed</i>	

- ☐ None - Discharged Reached Maximum Medical Improvement (MMI) ☐ Yes ☐ No
☐ Generally Improved ☐ Condition Same ☐ Condition Worsened

Treatment Plan: *PT - 8-12 weeks*

- ☐ No Change in Treatment ☒ PT/OT Prescribed ☐ PT/OT Discontinued
☐ Case Management Medication May ☐ May Not ☐ Be Used While Working

☐ Consult: _____

☐ Further Diagnostic Studies: _____

☐ Prescription(s): _____

☐ Released to Full Duty/No Restrictions On (Date):

☐ Released to Restricted/Modified Duty On (Date): _____ Estimated Return to Full Duty (Date): _____ TWA# _____

Restrictions are: ☐ Temporary ☐ Permanent

- ☐ No Biting ☐ No Standing ☐ No Pulling ☐ Other: _____
☒ No Bending at Waist ☐ No Stopping ☐ No Lifting _____
☐ No Carrying ☐ No Walking ☒ Lifting Restricted to 20 Lbs.
☐ No Pushing ☐ No Climbing ☐ No Reaching Above Shoulders

☐ Certified Temporarily Disabled (Indicate Dates) From: _____ To: _____

Date of Next Visit: *1 month* Date of this Exam: *10/23/20* Physician's Name: *Dr. Daniel Lee*

Physician's Signature: *[Signature]*

PHYSICIAN'S AND CHIROPRACTOR'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY

Claim Number:

Received: 10/29/2020

Patient's

Date of Injury: 11/18/19

cyer:

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:

Objective Medical Findings:

☐ None - Discharged

Stable ☐ Yes ☐ No

Ratable ☐ Yes ☐ No

☐ Generally Improved

☐ Condition Worsened

☐ Condition Same

May Have Suffered a Permanent Disability ☐ Yes ☐ No

Treatment Plan:

☐ No Change in Therapy

☐ PT/OT Prescribed

☐ Medication May be Used While Working

☐ Case Management

☐ PT/OT Discontinued

☐ Consultation

☐ Further Diagnostic Studies:

☐ Prescription(s)

☐ Released to FULL DUTY/No Restrictions on (Date):

☐ Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: To:

☒ Released to RESTRICTED/Modified Duty on (Date): From: 10/29/20 To: 20 per other

Restrictions Are: ☐ Permanent ☐ Temporary

☐ No Sitting

☐ No Standing

☐ No Pulling

☐ Other:

☐ No Bending at Waist

☐ No Stooping

☐ No Lifting

☐ No Carrying

☐ No Walking

☒ Lifting Restricted to (lbs.): 20 lbs

☐ No Pushing

☐ No Climbing

☐ No Reaching Above Shoulders

Date of Next Visit:

Date of this Exam:

Physician/Chiropractor Name:

Physician/Chiropractor Signature:



Claim Notes for [REDACTED] (19C51J140409 DOL: 11/18/2019)

Service From	Service Through	Note Type	Created	Last Modified
		MEDICAL CASE MGMT	10/29/2020 by ARTURO SIERRA	10/29/2020 by ARTURO SIERRA

From: heather.demaris@paradigmcorp.com <heather.demaris@paradigmcorp.com>
Sent: Thursday, October 29, 2020 12:33 PM
To: Arturo Sierra <asierra@ccmsi.com>
Subject: [EXTERNAL] Case: 19C51J140409 [REDACTED]

Appointment Update Email on 10/29/2020

Hello,

We met with Dr. Rohani today; here is the summary of the visit:

Notes:

Current Medical Status: Blood infection markers are clear; no need to continue following patient from ID standpoint.

Treatment Plan: RTW with modifications as follows: no bending at the waist, no climbing, and no lifting >20lbs- kept restrictions as per Dr. Lee, orthopedic surgeon. Per [REDACTED] his employer has stated they will accommodate this release. Transfer of care back to Dr. Lee for remainder of case.

Current Medications: None.

Work Status and Restrictions: Released to modified duty effective 10/29/2020 as per Dr. Lee's modifications (listed above). IW will be bringing documentation to employer today.

Next Appointment: None; care with Dr. Rohani is at this point complete. If needed Dr. Lee can re-refer; however, incisional wound and all blood infection monitors are completely normal per Dr. Rohani.

The IW is starting therapy with FIT Physical Therapy next week, scheduled for Monday and Wednesday. He and the therapist will discuss after those appointments if they feel they should be more conservative initially and stick to two visits/ week or ramp up to three visits/ week. [REDACTED] believes he can tolerate 3 visits/ week. He also stated that his employer is able to accommodate his restrictions; anticipate return to light duty next week. I will be calling him on Monday after his first therapy appointment to both follow up on PT as well as to see if he has returned to work and how he is tolerating light duty. Please contact me if there are any questions or concerns.

Thank you,

Heather DeMaris, MA, MS, RN
Case Manager
Complex Care Solutions
Paradigm
Office (218) 336-3232
Fax (833) 755-1075
heather.demaris@paradigmcorp.com

EMPLOYER'S WAGE VERIFICATION FORM

(Pursuant to NRS 616C.045(2)(d))

Please provide the following information for the employee named below by completing this form. The information is needed so that the amount of disability compensation to which your employee is entitled may be calculated. Prompt completion and return of this form will ensure the timely payment of any compensation due this injured worker. Please answer all questions and sign the form where indicated.

EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION ANSWERING ALL QUESTIONS

Date: 05/13/2020 Injured Employee's Name (Last/First/M.I.): [REDACTED]
 Claim No.: 19C51J140409 Date of Injury: 11/18/2019 Date of Hire: 03/06/2007
 Was employee hired to work 40 hours per week? ☒ Yes ☐ No If no, # of hours per week: _____ # of days per week: _____
 On the date of injury, the employee's wage was: \$ 31.93 per ☒ Hour ☐ Day ☐ Week ☐ Month Date the wage became effective: 07/20/19
 Was vacation paid during the applicable twelve week period? Yes If so, during what pay period? 19, 21, 22
 Was sick leave paid during the applicable twelve week period? Yes Was the injured employee paid for any holidays during the applicable twelve week period? Yes Did employee receive payment for overtime during the applicable twelve week period? Yes Did employee receive termination pay during the applicable twelve week period? N/A
 Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: \$ N/A per ☐ Hour ☐ Day ☐ Week ☒ Month
 During this 12-week period did employee change to a job with different (1) duties, (2) hours of employment, (3) rate of pay? ☐ Yes ☐ No
 If so, date: N/A Explain: n
 Does the employee receive commissions? ☐ Yes ☒ No Period of commission earned N/A to N/A
 Indicate the amount of commission received over the last 6 months, or since date of hire: \$ N/A
 Does the employee receive bonuses/incentive pay? ☐ Yes ☒ No Period of bonuses/incentive pay earned N/A to N/A
 Indicate the amount of bonuses received over last 12 months, or since date of hire: \$ N/A
 Are the commission and bonus amounts included in GROSS EARNINGS below? ☐ Yes ☒ No
 Does the employee declare tips for the purpose of worker's compensation? ☐ Yes ☒ No See payroll declaration below. Attach declaration forms.
 Does the employee receive meals or lodging (excluding reimbursement for travel per diem)? ☐ Yes ☒ No (Do not include in gross earnings)
 How many meals per day? N/A Monetary value of meals \$ N/A per ☐ Day ☐ Week ☒ Month
 Lodging \$ N/A per ☐ Day ☐ Week ☒ Month

TWELVE WEEK VERIFICATION FROM PAYROLL RECORDS. Report GROSS EARNINGS, include overtime payment and any other remuneration (except reimbursement for expenses). (See NAC 616C.423)

Provide payroll information from 08/17/19 through 11/22/19. If employed less than twelve weeks, give gross earnings from date of hire to date of injury.

If absent from work for the following reasons, please specify the date(s) absent and the number code for the reason of absence.

1. Certified illness or disability; 2. Institutionalized in a hospital, or other institution; 3. Enrolled as full-time student, not employed on days of attendance; 4. In military service other than training duty conducted on weekends; 5. Absent because of officially sanctioned strike; 6. Absence because of leave approved pursuant to Family and Medical Leave Act.

Payroll Period		Gross Salary (Excluding Tips)	Declared Tips	Payroll Period		Gross Salary (Excluding Tips)	Declared Tips
Beginning	Ending			Beginning	Ending		
08/17/19	08/30/19	5028.04		11/09/19	11/22/19	5028.04	
08/31/19	09/13/19	7397.58					
09/14/19	09/27/19	6212.81					
09/28/19	10/11/19	5077.41					
10/12/19	10/25/19	4312.00					
10/26/19	11/08/19	5028.03					

Dates of Absence		Reason	Dates of Absence		Reason	Dates of Absence		Reason
Begin	End		Begin	End		Begin	End	

Pay period ends on (check one) ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday ☐ Saturday
 Employee is paid: ☐ Weekly ☒ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other
 Employee scheduled day(s) off: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☒ Other
 Explain "other": Varies
 Date the employee last worked AFTER injury occurred: 11/18/2019 Date returned to work: _____

This information is true and correct as taken from the employee's payroll records.

Print Name: Dori Hilson

Signature: _____

Date: 05/13/2020

Employer: CITY OF NORTH LAS VEGAS

Insurer: City of North Las Vegas

Third-Party Administrator: CCMSI, Inc.

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

RE: Injured Employee: [REDACTED] Date of Injury: 11/18/19
[REDACTED] Claim No.: 19C51J140409
 Employer: CNLV Insurer: CNLV
 Third-Party Administrator: CCMSI

Average Monthly Wage is defined in NAC 616C.420 through 616C.447.

The priorities for determining wage history are:

1. A 12-week history of earnings (84 days).
2. If a 12-week period of earnings is not representative of the injured employee's average monthly wage, a period of one year or the full period of employment, if it is less than one year, may be used. A period of one year or the full period of employment must be used if the average monthly wage would be increased. Divide by the number of days in the period.
3. If period of employment is more than four weeks, but less than twelve weeks, earnings from the date of hire will be used. Divide by the number of days in the period.
4. If period of employment is less than four weeks, average monthly wage will be calculated by multiplying rate of pay on the date of the accident or disease, by hours in employee's projected working schedule, divide by 7 and multiply by 30.44.

If other circumstances apply, see NAC 616C.435.

AVERAGE MONTHLY WAGE - Calculate AMW in the following manner:

Period of earnings: beginning date 08/17/19 through end date 11/08/19
 Gross earning \$33,055.87 + tips \$0.00 / by number of days
 In wage history 84 x 30.44 ----- = Average Monthly Wage: \$11,978.82

HOURLY RATE - Hourly rate of pay _____ X number of hours
projected to work per week _____ / 7 x 30.44 --- = Average Monthly Wage: \$0.00

VALUE FOR ROOM AND/OR BOARD

Room (Monthly Value) _____ \$0.00
 Board (Monthly Value) _____ \$0.00

VALUE OF MEALS - If meals are provided by the employer, see NAC 616C.423(1)(p) and use the following formula:

Amount for meals per day \$0.00 x number of days hired
 to work per week _____ = \$0.00 / 7 x 30.44 ----- = Meals per Month: \$0.00

ADD applicable lines to obtain total ----- = Average Monthly Wage: \$11,978.82

DAILY RATE - is to be calculated in the following manner:

Calculated Average Monthly Wage \$11,978.82 x 8 / 12 / 30.44 ----- Daily Rate: \$262.35
 Maximum Average Monthly Wage \$6,096.60 x 8 / 12 / 30.44 ----- Daily Rate: \$133.52
 Average Monthly Wage \$6,096.60 x 8 / 12 / 30.44 ----- Daily Rate: \$133.52

Date _____ Signature Arturo Sierra
 Date _____ Signature _____



May 14, 2020

VIA U.S. MAIL

Re: Claim No.: 19C51J140409
Injury Date: November, 2019
Employer: City of North Las Vegas

Dear [REDACTED]

This office has recently received and reviewed your pay history from your employer.

Your wages have been verified and your Average Monthly Wage (AMW) has been calculated at \$11,978.82 per month. You are entitled to be paid at the rate of sixty-six and two thirds percent (66 2/3 %) of the average monthly wage, subject to limitations of the State of Nevada's maximum Average Monthly Wage in effect for the fiscal year for the date of your above-captioned claim.

The Average Monthly Wage determined for your claim is \$6,096.60. Your compensation will be \$133.52 per day of disability.

The attached form explains the method of calculating your AMW and the resultant benefit to be paid to you. If you have worked for another employer for the period of time used prior to your above-captioned accident – please provide copy of the payroll information in order for a further determination to be made in regards to this matter.

This determination is made pursuant to Nevada Revised Statute (NRS) 616C.425, (1) as well as per Nevada Administrative Code (NAC) 616C.420 through 616C.447

If you disagree with this decision, you may appeal by completing the attached "Request for Hearing" Form and submitting it to the Department of Administration, Hearing Division within seventy (70) days of the date of this letter.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Arturo Sierra
Claims Representative

Enclosure(s): D-5 Wage Calculation for Claims Agents Use"
D-7 "Explanation of Wage Calculation"
D-8 "employer' Wage Verification Form"
D-12a form "Request for Hearing"

cc: File

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