

Las Vegas - L4

9811 W Charleston Blvd
Suite 2-641
Las Vegas, NV, 89117

Technical Report

Print Time Stamp: 06/06/22 10:56 PM

Hospital ID: 912220811
Medical Rec. #: 35299488

PID: 2361129

Patient Information



Date Of Surgery

06/06/2022

Hospital

SPRING VALLEY HOSPITAL

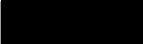
Surgeon

GARY MICHAEL
FLANGAS, M.D.

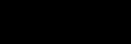
IONM Technologist

CAITLIN BAROODY, CNIM

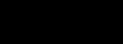
Date Of Birth



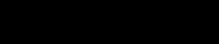
Age



Sex



Home Phone



Work Phone



Cell

Procedure PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1Diagnosis STENOSIS

Reader	Anesthesiologist	IONM System	Hookup Time	Patient In OR	Patient Out OR	Post Baseline	Final Trace	Professional Time	Total Tech
Andrew Hsu, M.D.	GATYNYA, PATEL MD	E4	08:35	09:09	15:50	09:29	15:18	05:49	07:15

Introduction

MULTIMODALITY INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING WAS CONTINUOUSLY CARRIED OUT IN AN EFFORT TO SAFEGUARD NEUROANATOMICAL STRUCTURES AND NEUROPHYSIOLOGICAL FUNCTION UTILIZING THE MODALITIES LISTED BELOW. SOMATOSENSORY EVOKED POTENTIALS (SSEPS) WERE USED TO CONTINUOUSLY MONITOR DORSAL COLUMN FUNCTION DURING THE ENTIRE PROCEDURE. SPONTANEOUS NEEDLE ELECTROMYOGRAPHY (SEMG) WAS USED TO MONITOR INDIVIDUAL NERVE ROOT STATUS. TRANSCRANIAL MOTOR EVOKED POTENTIALS (TCMEPS) WERE USED TO ASSESS THE CORTICOSPINAL MOTOR TRACTS OF THE SPINAL CORD. TRAIN OF FOUR NEUROMUSCULAR JUNCTION TESTING WAS EMPLOYED TO HELP VALIDATE THE SENSITIVITY OF THE NEEDLE-EMG TESTING DURING MONITORING. ELECTROENCEPHALOGRAPHY (EEG) WAS USED TO ASSESS DEPTH OF ANESTHESIA. NEUROPHYSIOLOGIC BASELINES WERE OBTAINED AFTER INCISION AND PRIOR TO EXPOSURE.

Upper SSEP

Stimulation sites: Ulnar Nerve.

Results: SSEP BASELINES TO INDIVIDUAL ULNAR NERVE STIMULATION AT THE WRISTS WERE REPRODUCIBLE AND RELIABLE. CORTICAL, SUBCORTICAL AND PERIPHERAL WAVEFORMS WERE RECORDED FROM THE SENSORY, SUB-THALAMIC, AND PERIPHERAL GENERATORS. THERE WERE NO SIGNIFICANT CHANGES IN EITHER THE LATENCY (>10%) OR AMPLITUDE (>50%) FROM BASELINES THROUGHOUT THE CASE. THE SURGEON WAS APPRISED OF ALL RESULTS.

Lower SSEP

Stimulation sites: Posterior Tibial.

Results: SSEP BASELINES TO POSTERIOR TIBIAL NERVE STIMULATION AT THE MEDIAL MALLEOLUS WERE REPRODUCIBLE AND RELIABLE. CORTICAL, SUBCORTICAL AND PERIPHERAL WAVEFORMS WERE RECORDED FROM THE SENSORY CORTICAL, SUB-THALAMIC, AND PERIPHERAL GENERATORS. THERE WERE NO SIGNIFICANT CHANGES IN EITHER THE LATENCY (>10%) OR AMPLITUDE (>50%) FROM BASELINES THROUGHOUT THE CASE. THE SURGEON WAS APPRISED OF ALL RESULTS. NEEDLES USED FOR LOWER STIM.

Peripheral Nerves

Recording Sites: Erb's Point, Popliteal Fossa.

Results: SENSORY NERVE ACTION POTENTIALS WERE RECORDED FROM ELECTRODES PLACED AT THE ERB'S POINT AND POPLITEAL FOSSA FOLLOWING ULNAR NERVE STIMULATION AT THE WRIST AND TIBIAL NERVE STIMULATION AT THE ANKLE, RESPECTIVELY. NO SIGNIFICANT CHANGES WERE OBSERVED TO THE ERB'S POINT OR POPLITEAL FOSSA SNAPS DURING THE PROCEDURE.

Upper MEP

Recording Sites: ADM Muscle, APB Muscle.

Results: UPPER TCMEP WAVEFORMS WERE PRESENT AND RELIABLE AT BASELINE. TCMEPS WERE RUN INTERMITTENTLY THROUGHOUT THE PROCEDURE UNTIL CLOSING, AND THERE WERE NO SIGNIFICANT CHANGES OBSERVED IN THE BILATERAL UPPER EXTREMITIES. THE SURGEON WAS INFORMED OF THE STATUS OF TCMEP RESPONSES AFTER EACH TEST AND THE FINAL RESULTS AT CLOSING.

Lower Needle EMG

Recording Sites: Abductor Hallucis, Gastroc S1, Peroneus Longus L5, S1, Tib. Ant. L5, Vast. Medi L2-L4, RECTUS FEMORIS.

Results: BILATERAL BASELINE LOWER NEEDLE EMG ACTIVITY WAS ASSESSED AND FOUND TO BE FREE OF SPONTANEOUS ACTIVITY. FREE RUNNING EMG WAS MONITORED THROUGHOUT THE PROCEDURE WITH NO REPORTABLE INTRAOPERATIVE EVENTS.

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PID: 2361129

Lower MEP

Recording Sites: Abductor Hallucis, Gastroc Muscle, Peroneus Longus, Quadriceps Muscle, Tibialis Anterior.

Results: LOWER TCMEP WAVEFORMS WERE PRESENT AND RELIABLE AT BASELINE. TCMEPS WERE RUN INTERMITTENTLY THROUGHOUT THE PROCEDURE UNTIL CLOSING, AND THERE WERE NO SIGNIFICANT CHANGES OBSERVED IN THE BILATERAL LOWER EXTREMITIES. THE SURGEON WAS INFORMED OF THE STATUS OF TCMEP RESPONSES AFTER EACH TEST AND THE FINAL RESULTS AT CLOSING.

Bite Block Used For All Stimulations: Yes

Bite Block Comments: BITEBLOCK IN PLACE BY ANESTH AS REQUESTED BY TECH AND VISUALLY CONFIRMED PRIOR TO RUNNING MOTORS

EEG

Results: EEG WAS SYMMETRIC THROUGHOUT THE PROCEDURE. NO LATERALIZING EVENTS WERE OBSERVED DURING THIS CASE.

TO4

Results: TOF TEST PRODUCED 4/4 TWITCHES DURING ALL SURGICAL STAGES WHERE EMG MONITORING WAS REQUIRED. PT PARALYZED FOR 1 HOUR AFTER BASELINES OBTAINED ACCORDING TO SURGEON'S PREFERENCE.

TO4 Response	TO4 TIME	TO4 Reliability
4	09:29 AM	Obtained
4	09:40 AM	Obtained
0	09:48 AM	Unable to obtain
0	09:58 AM	Unable to obtain
0	10:28 AM	Unable to obtain
1	10:59 AM	Obtained
1	11:29 AM	Obtained
4	11:52 AM	Obtained
4	12:26 PM	Obtained
4	12:59 PM	Obtained
4	01:29 PM	Obtained
4	01:58 PM	Obtained
4	02:28 PM	Obtained
4	02:56 PM	Obtained

Summary

AS INDICATED ABOVE, THIS WAS AN UNEVENTFUL PROCEDURE. SURGEON WAS NOTIFIED OF CLOSING RESULTS. SURGEON DECLINED PEDICLE TESTING.

NOTE: This report was signed via Electronic Signature by CAITLIN BAROODY, CNIM on 06/06/2022 06:56 PM

Chat Record

Company/Region: Las Vegas - L4

Patient ID: 2361129

Date June 06, 2022

Time (EST)	From	To	Message
11:55	BAROODY, C.	Hsu, A.	The patient: [REDACTED] has been selected by CAITLIN BAROODY, CNIM, The surgeon : GARY MICHAEL FLANGAS, M.D., The hospital : SPRING VALLEY HOSPITAL, Insurance Type listed : Worker's Comp, Procedure listed : PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1, Patient ID : 2361129.
11:55	BAROODY, C.	Hsu, A.	View Screen
11:55	BAROODY, C.	Hsu, A.	Good morning
11:57	Hsu, A.	BAROODY, C.	can u resend a new link. it says waiting for techc
11:57	BAROODY, C.	Hsu, A.	The patient: ADCOX, M. has been selected by CAITLIN BAROODY, CNIM, The surgeon : GARY MICHAEL FLANGAS, M.D., The hospital : SPRING VALLEY HOSPITAL, Insurance Type listed : Worker's Comp, Procedure listed : PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1, Patient ID : 2361129.
11:57	BAROODY, C.	Hsu, A.	View Screen
11:57	Hsu, A.	BAROODY, C.	sorry no go, can u resend
11:57	BAROODY, C.	Hsu, A.	The patient: [REDACTED] M. has been selected by CAITLIN BAROODY, CNIM, The surgeon : GARY MICHAEL FLANGAS, M.D., The hospital : SPRING VALLEY HOSPITAL, Insurance Type listed : Worker's Comp, Procedure listed : PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1, Patient ID : 2361129.
11:57	BAROODY, C.	Hsu, A.	View Screen
11:57	BAROODY, C.	Hsu, A.	:)
11:58	Hsu, A.	BAROODY, C.	works
11:58	BAROODY, C.	Hsu, A.	nice
12:10	BAROODY, C.	Hsu, A.	Pt in room
12:49	BAROODY, C.	Hsu, A.	MEP's present x4, SEP's repeating x4, TOF 4/4 at baseline, EEG symmetric, EMG quiet. Agree?
12:49	Hsu, A.	BAROODY, C.	agreed
12:49	BAROODY, C.	Hsu, A.	Thanks
12:49	Hsu, A.	BAROODY, C.	can i see mep screen
12:49	Hsu, A.	BAROODY, C.	sseps repeatable and reliable with appropriate snr >2:1 and with appropriate symmetry, less than 5% inter-run variability
12:49	Hsu, A.	BAROODY, C.	agreed
12:51	Hsu, A.	BAROODY, C.	MEPs present in all extremities. repeatable, appropriate

Patient: [REDACTED] Company/Region: Las Vegas - L4

Patient ID: 2361129

Date: June 06, 2022

Time (EST)	From	To	Message
			amplitude for monitoring, appropriate SNR > 2:1, polyphasic morphology
12:55	BAROODY, C.	Hsu, A.	Incision
13:25	BAROODY, C.	Hsu, A.	Continuing exposure
13:46	BAROODY, C.	Hsu, A.	Removing old hardware
14:21	BAROODY, C.	Hsu, A.	Continuing hardware removal
14:42	BAROODY, C.	Hsu, A.	Decompressing
15:06	BAROODY, C.	Hsu, A.	He's thinking we'll be done at about 3:00, they struggled getting the old instrumentation out
15:06	Hsu, A.	BAROODY, C.	k
15:46	BAROODY, C.	Hsu, A.	Continuing decompression
16:31	BAROODY, C.	Hsu, A.	Synovial cyst removed, Left L3-L4
17:17	BAROODY, C.	Hsu, A.	Starting hardware placement
17:41	BAROODY, C.	Hsu, A.	30-40 more minutes
17:56	BAROODY, C.	Hsu, A.	Closing
17:58	BAROODY, C.	Hsu, A.	SEP's repeating x4, MEP's present x4, TOF 4/4, EMG quiet, EEG symmetric. Agree?
17:59	Hsu, A.	BAROODY, C.	I agree with closing statement
17:59	BAROODY, C.	Hsu, A.	Thank you
18:19	BAROODY, C.	Hsu, A.	End of IOM
18:29	BAROODY, C.	Hsu, A.	Thanks!

End of Chat

Chat Lines: 37

NOTE: All recorded Chat Times are in Eastern Standard Time (EST).

Hospital Name
Department, Phone
Address
City, State, Zip

ID: [08:25:34]

NMA E4 Lumbar 3.7

Data Time: 6/6/2022 15:26:48

Print Time: 6/6/2022 15:26:48

Operator: Caitlin Baroody CNIM

SUMMARY REPORT

08:26:37 Spoke to patient, 8:35am. Obtained consent. Obtained Hx (previous lumbar fusion March 2013). Obtained S/Sx (low back pain, some in bilateral legs, left side worse, weakness in bilateral legs.). Contraindications: none.

Spoke to surgeon: confirmed Dx (stenosis). Confirmed desired modalities: MEP, EMG, SEP, TOF, EEG. Surgeon declined pedicle testing.

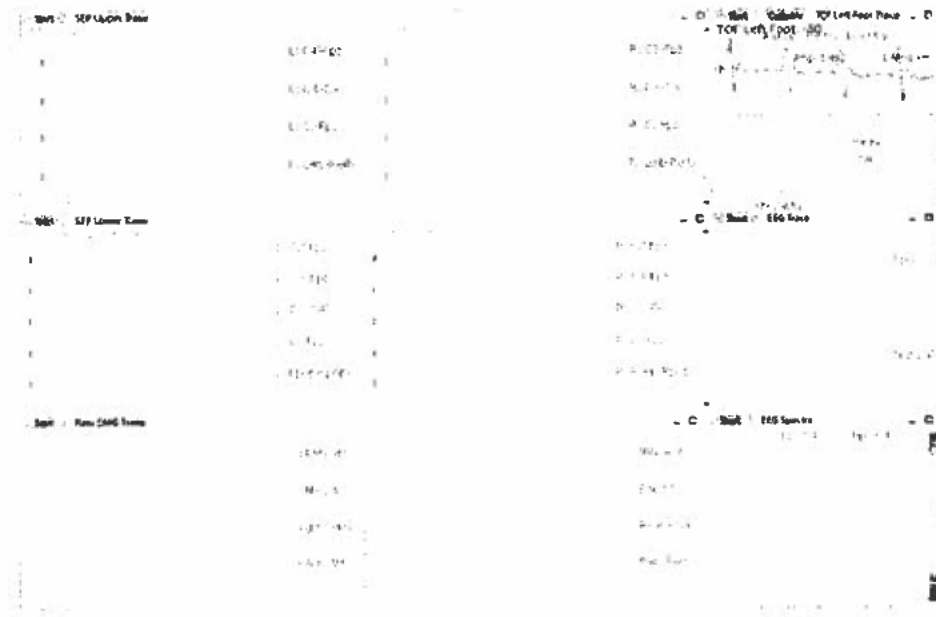
Spoke to anesthesia: confirmed needs of monitoring. Biteblocks placed by anesthesia.

Facility is Spring Valley. Surgeon is Dr Flangas. Anesthesia is Dr Gatynya. Oversight is Dr Hsu. Tech is Caitlin Baroody, date is 06/06/2022.

09:09:54 Pt in room, oversight connected

09:29:52 TOF Test (LAH-LAH-): TOF%:104, Count:4, T1 Amp:1382µV, Stim Int:50mA
Start of IOM

09:40:29 Screenshot #1



09:40:33 TOF Test (LAH-LAH-): TOF%:121, Count:4, T1 Amp:4006µV, Stim Int:50mA
41 needles placed, room informed

09:40:43 Baseline: Modality: MEP;
Channels: L: Ldig-Labp, L: LAH-LAH-, R: Rdig-Rabp, R: RRF-RVM, R: Rtib-RPL, R: Rgas-Rgas-, R: RAH-RAH-, L: LRM-LVM, L: Ltib-LPL, L: Lgas-Lgas-

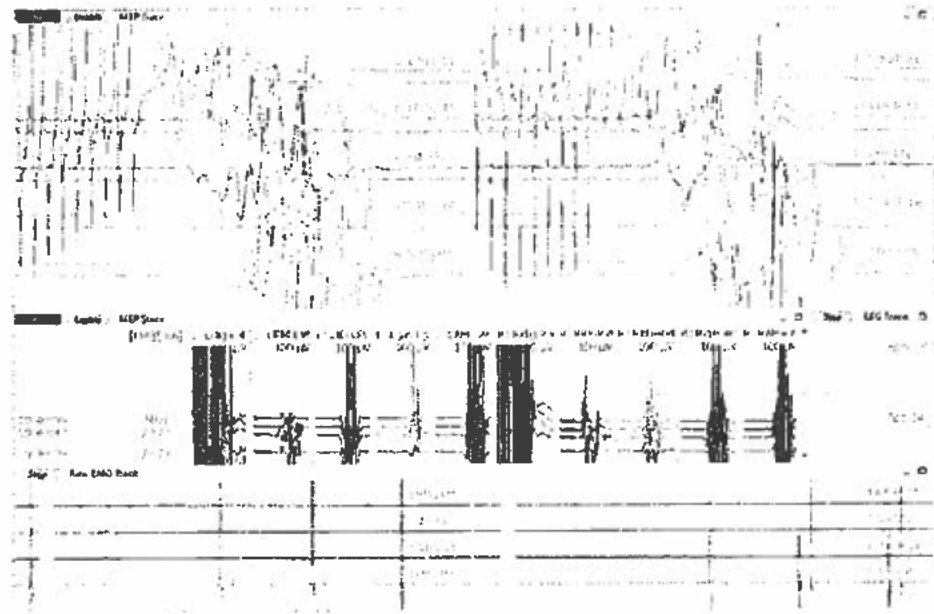
ID: (08:25:34)

NMA E4 Lumbar 3.7

SUMMARY REPORT

Data Time: 6/6/2022 15:26:50
 Print Time: 6/6/2022 15:26:50
 Operator: Caitlin Baroody CNIM

09:41:00 Screenshot #2



09:41:59 Anesthesia paralyzing according to surgeon's preference. Pt somewhat light

09:42:16 Surgeon requesting no low blood pressure, and to keep BP stable

09:42:21 X Ray

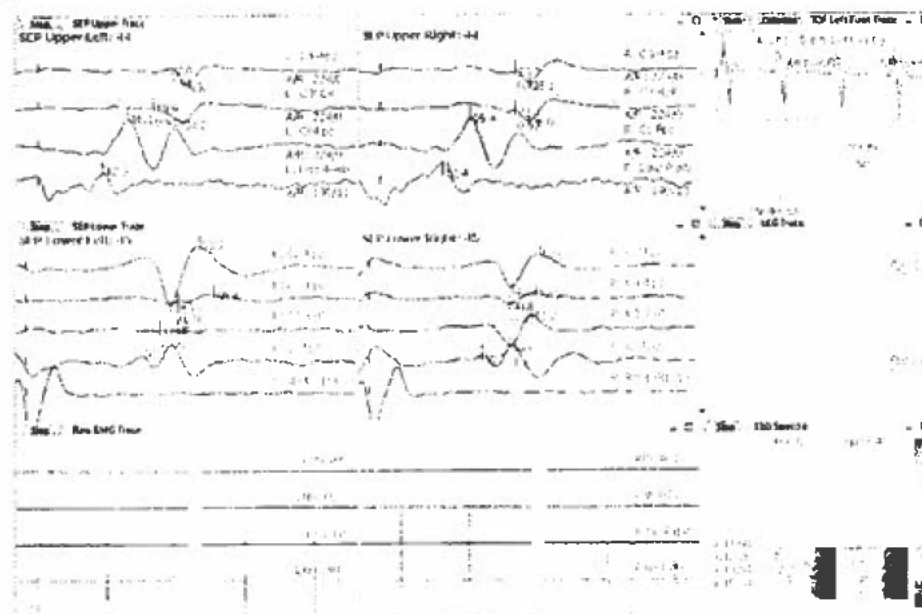
09:42:51 Impedance: Pat. Gnd:1.39, Pat. Gnd B:1.24,
 Fpz:1.05, Cz:0.59, C3:1.09, C4:0.65, C6:1.45, Lrb:0.74, Rrb:0.89,
 Ldig:0.81, Labp:0.90, Rdig:0.67, Rabb:1.05,
 LRecfem:1.26, LVasMed:1.27, Ltib:1.06, LPL:0.86, Lgas:0.88, Lgas:-0.63, LAH:0.71, LAH:-0.48,
 RRecfem:0.86, RVasMed:1.28, Rtib:0.80, RPL:0.75, Rgas:1.12, Rgas:-0.72, RAH:0.79, RAH:-0.58,
 Lpop:0.90, Lpop:-0.56, Rpop:1.23, Rpop:-0.76,

Pat. [REDACTED]
ID: (08:25:34)

NMA E4 Lumbar 3.7
SUMMARY REPORT

Data Time: 6/6/2022 15:26:51
Print Time: 6/6/2022 15:26:51
Operator: Caitlin Baroody CNIM

09:46:37 Screenshot #3



09:47:04 HR 96, BP 118/66, Sevo 1.5, MAC 0.7

09:48:13 TOF Test (LAH-LAH-): TOF%:86, Count:4, T1 Amp:21µV, Stim Int:50mA

09:49:47 MEP's present x4, SEP's repeating x4, TOF 4/4 at baseline, EEG symmetric, EMG quiet. - reader agrees, SISA

Dr. Andrew Hsu

09:50

sseps repeatable and reliable with appropriate snr >2:1 and with appropriate symmetry, less than 5% inter-run variability

Dr. Andrew Hsu

09:51

MEPs present in all extremities, repeatable, appropriate amplitude for monitoring, appropriate SNR > 2:1, polyphasic morphology

09:50:50 Draping

09:55:07 Time out

09:55:12 Baseline: Modality: SEP Upper, SEP Lower

Channels: L: Cz'-Fpz, L: C3'-Fpz, L: C3'-C4', L: Lpop-Lpop, L: Cs-Fpz, R: Cz'-Fpz, R: C3'-C4', R: C4'-Fpz, R: Cs-Fpz, R: Rpop-Rpop, L: C3'-C4', L: Lerb-Rerb, L: C4'-Fpz, L: Cs-Fpz, R: C3'-Fpz, R: Lerb-Rerb, R: C3'-C4', R: Cs-Fpz

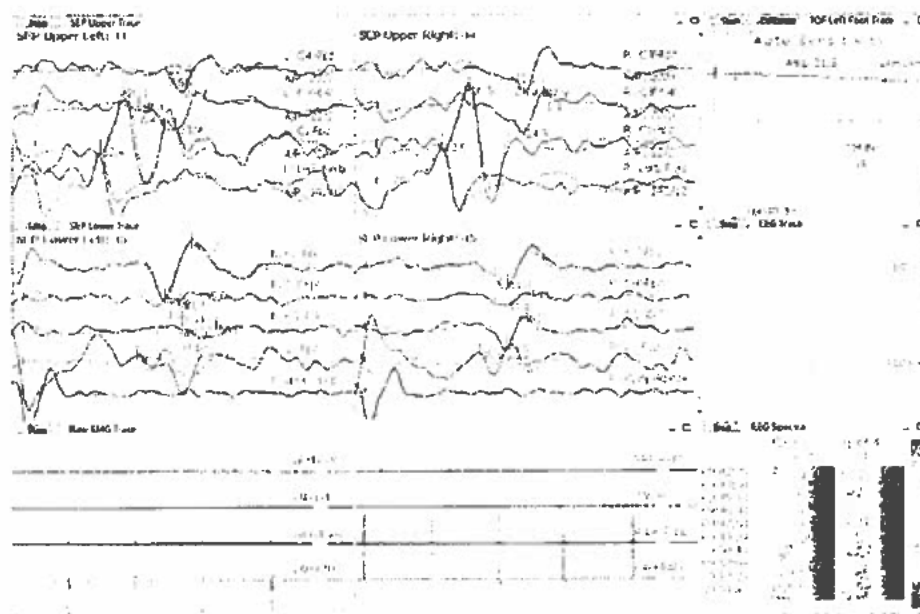
Pat: [REDACTED]
[ID: J08:25:34]

NMA E4 Lumbar 3.7

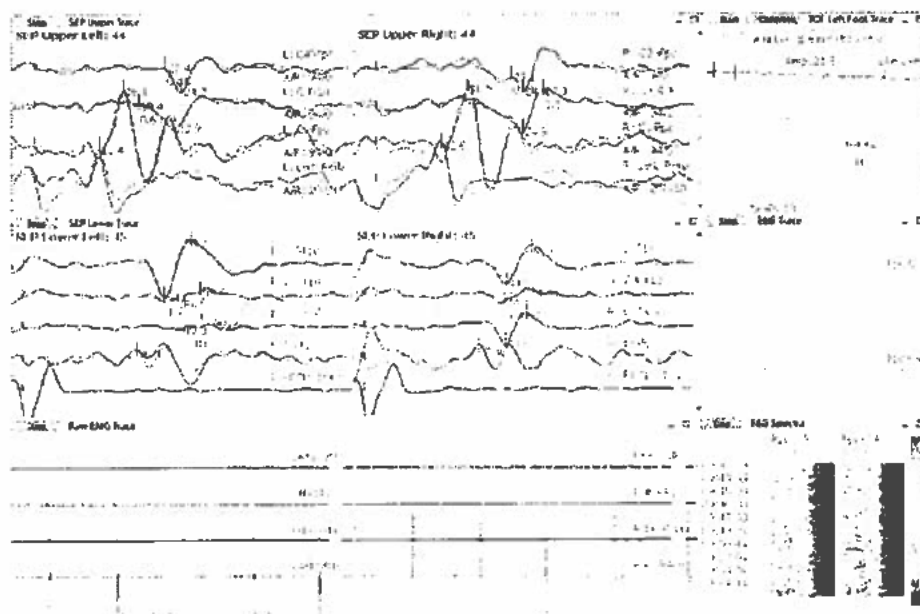
Data Time: 6/6/2022 15:26:53
Print Time: 6/6/2022 15:26:53
Operator: Caitlin Baroody CNIM

SUMMARY REPORT

09:55:14 Screenshot #4



09:55:42 Screenshot #5



09:55:48 Incision at room time

09:56:35 Cautery

09:58:27 TOF Test (LAH-LAH-): TOF%:100, Count:4, T1 Amp:21µV, Stim Int:50mA

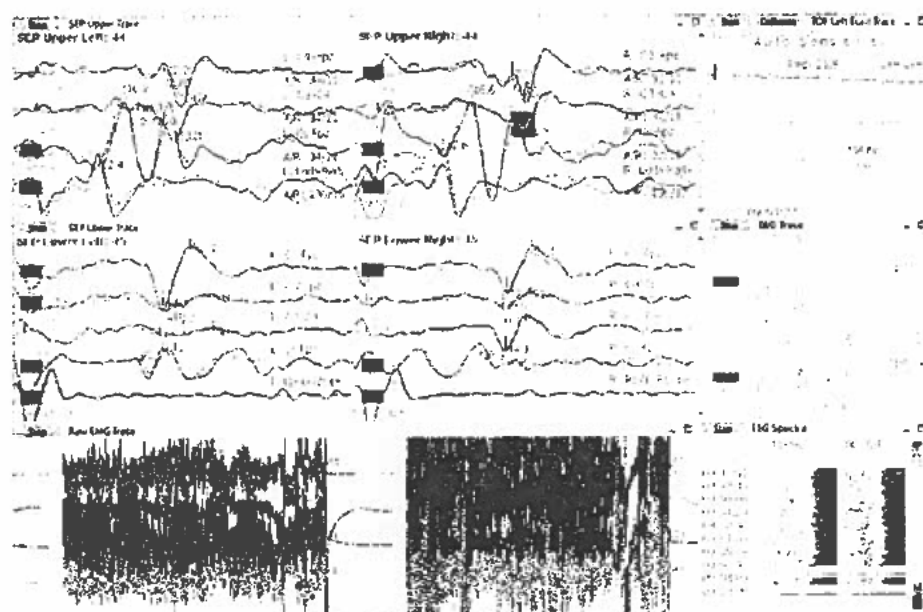
Pat [REDACTED]
ID: [88.25:34]

NMA E4 Lumbar 3.7

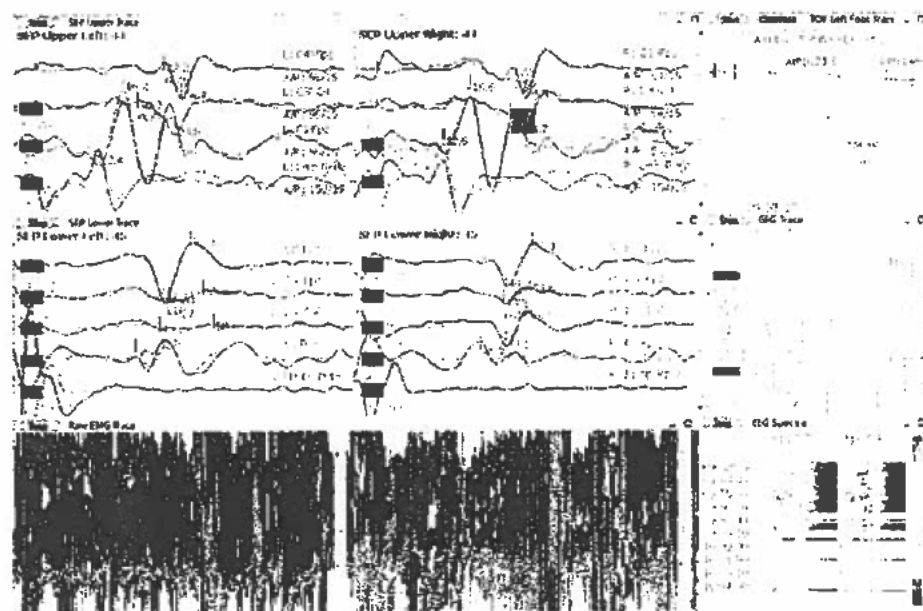
SUMMARY REPORT

Date Time: 6/6/2022 15:25:57
Print Time: 6/6/2022 15:25:57
Operator: Caitlin Baroody CNIM

10:00:09 Screenshot #6



10:05:06 Screenshot #7



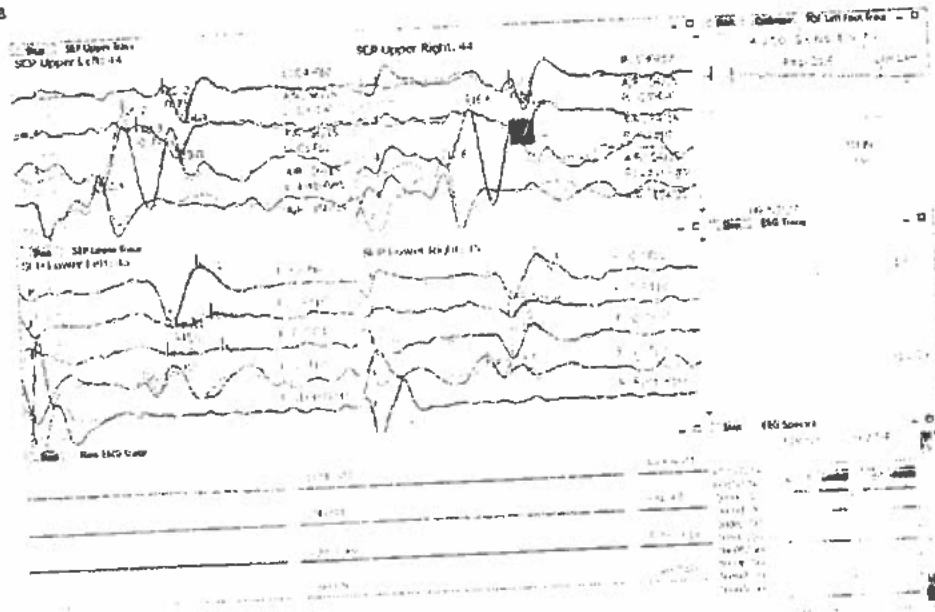
10:09:27 Surgeon requesting more paralysis

Patient: [REDACTED]
ID: [08:25:34]

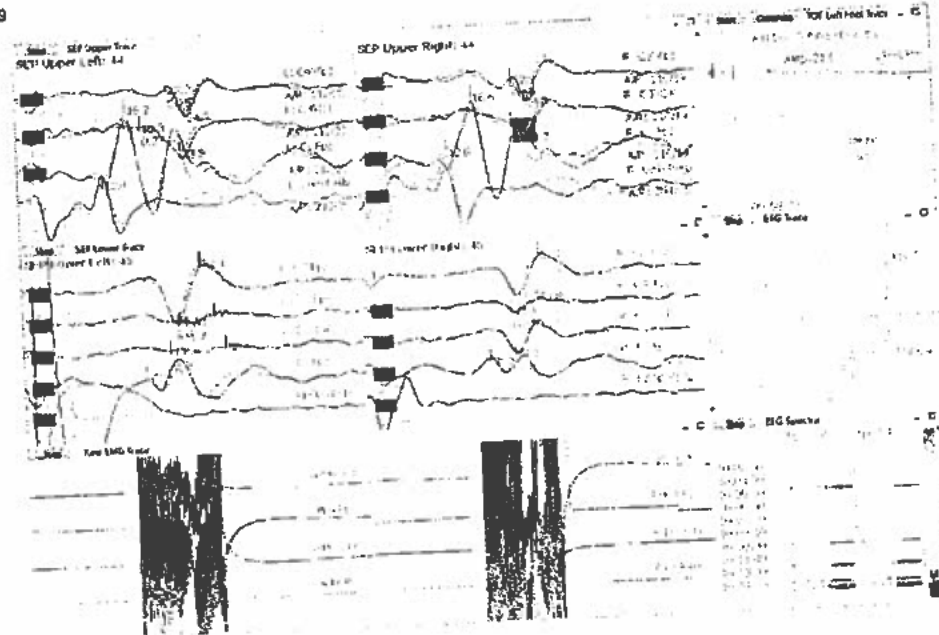
NMA E4 Lumbar 3.7
SUMMARY REPORT

Date Time: 6/5/2022 15:27:00
Print Time: 6/6/2022 15:27:00
Operator: Caitlin Baroody CNIM

10:10:06 Screenshot #8



10:15:05 Screenshot #9



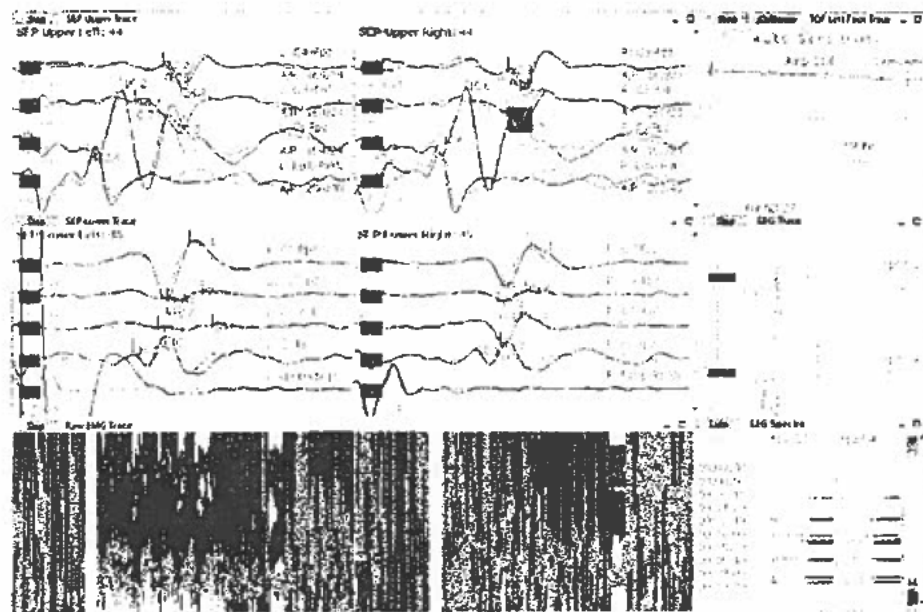
10:19:35 HR 86, BP 104/59, SpO2 2.0, MAC 1.0

Pat: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7
SUMMARY REPORT

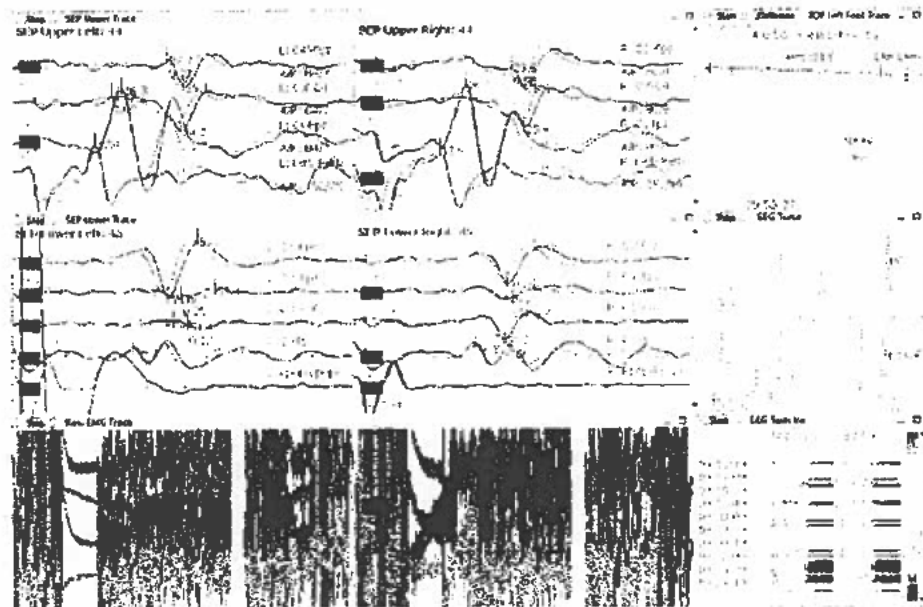
Data Time: 6/6/2022 15:27:04
Print Time: 6/6/2022 15:27:04
Operator: Caitlin Baroody CNIM

10:20:00 Screenshot #10



10:20:05 Continuing exposure

10:25:23 Screenshot #11



10:28:33 TOF Test [LAH-LAH]: TOF%:19, Count:2, T1 Amp:105µV, Stim Int:50mA

10:28:39 TOF Test [LAH-LAH]: TOF%:92, Count:4, T1 Amp:21µV, Stim Int:50mA

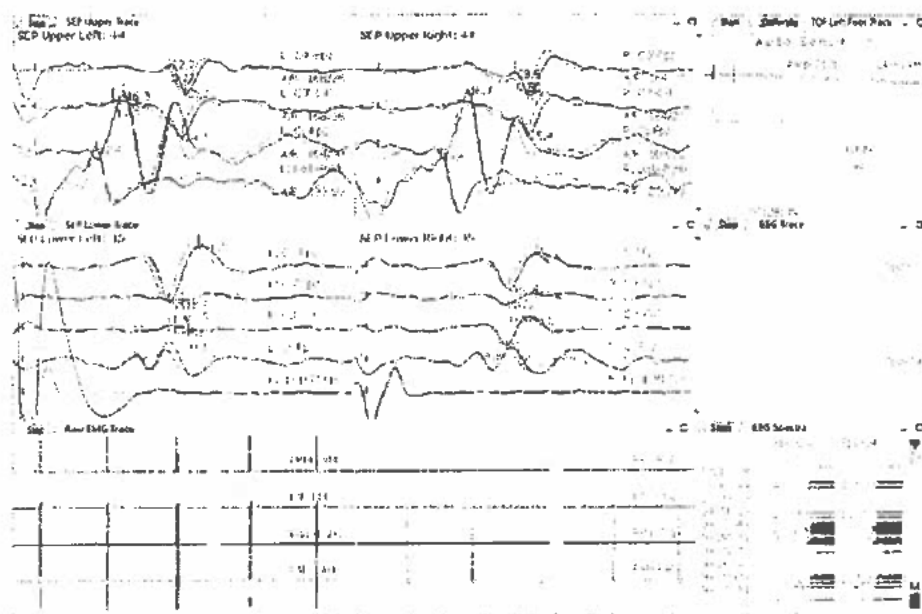
Pat [REDACTED]
ID: [06:25:34]

NMA E4 Lumbar 3.7

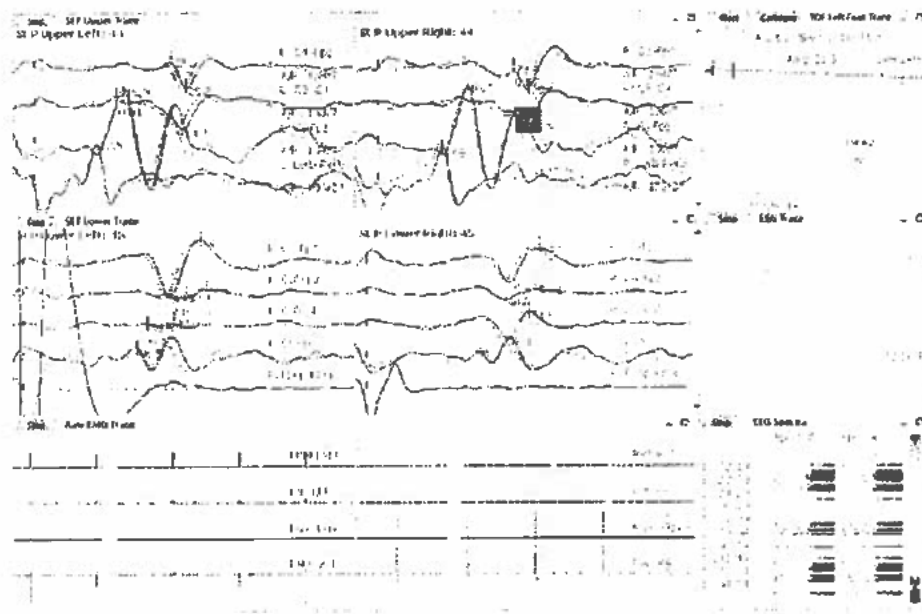
SUMMARY REPORT

Data Time: 6/6/2022 15:27:07
Print Time: 6/6/2022 15:27:07
Operator: Caitlin Baroody CNIM

10:30:06 Screenshot #12



10:35:03 Screenshot #13



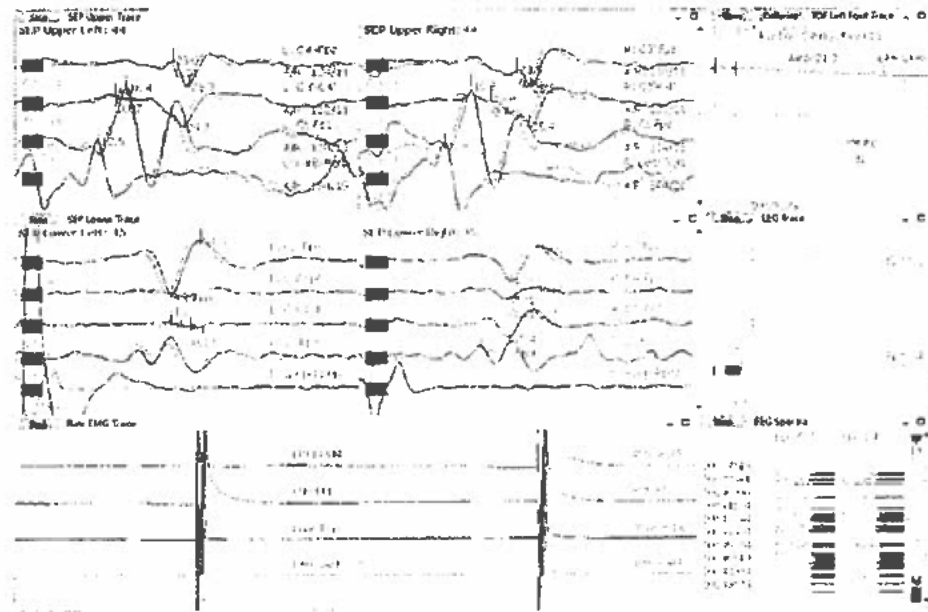
10:39:23 HR 80, BP 106/56, SpO2 99, MAC 0.9

Pat: [REDACTED]
 ID: [08:25:34]

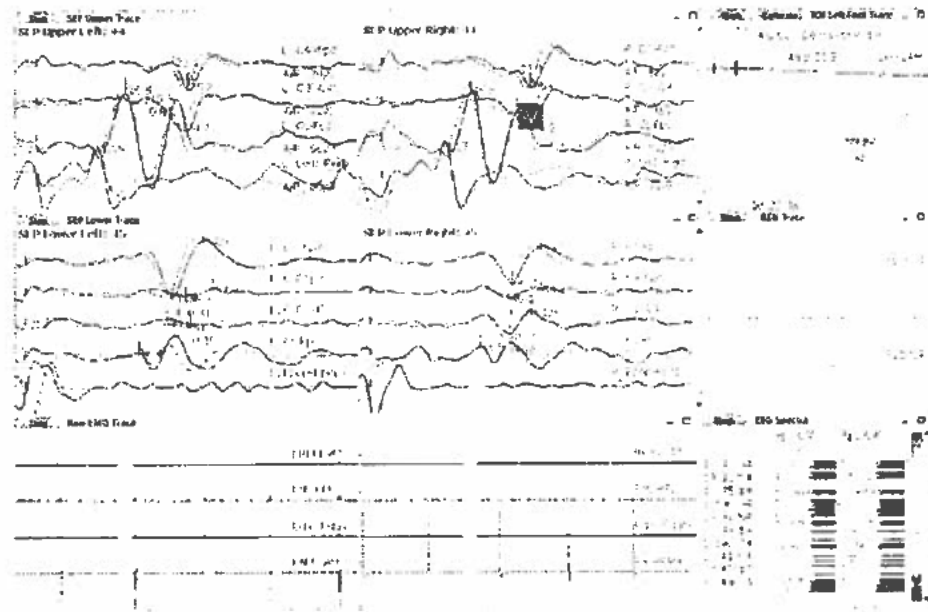
NMA E4 Lumbar 3.7
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Data Time: 6/6/2022 15:27:11
 Print Time: 6/6/2022 15:27:11
 Operator: Caitlin Baroody CNIM

10:40:03 Screenshot #14



10:45:05 Screenshot #15



10:46:14 Removing old hardware

Pat: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

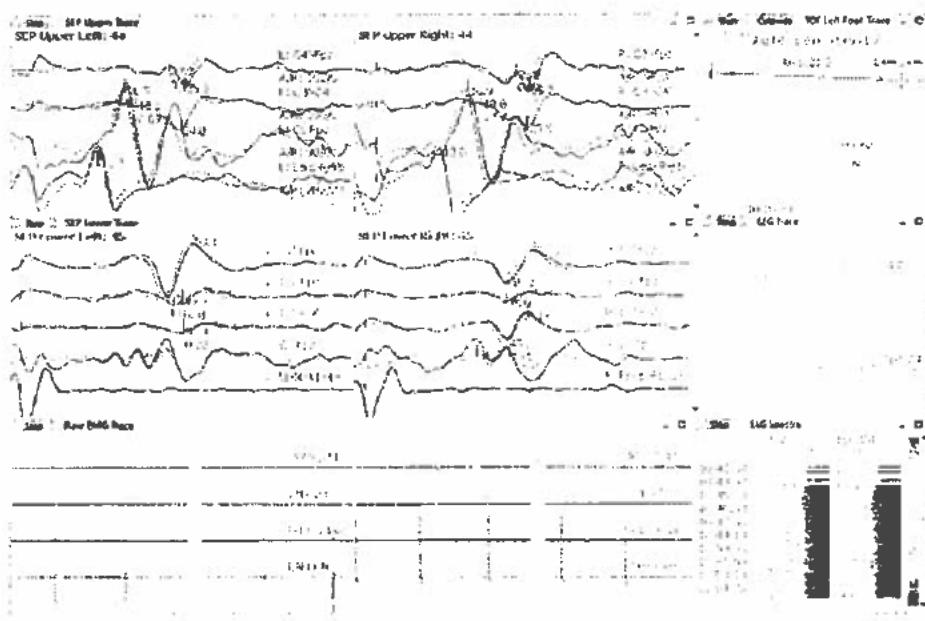
Data Time: 6/6/2022 15:27:14
Print Time: 6/6/2022 15:27:14
Operator: Caitlin Baroody CNIM

10:49:45 Screenshot #16



10:54:39 Burring

10:55:05 Screenshot #17



10:59:43 HR 83, BP 110/56, SpO2 1.8, MAC 0.9

10:59:52 TOF Test (LAH-LAH): TOF%:21, Count:3, T1 Amp:259µV, Stim Int:50mA

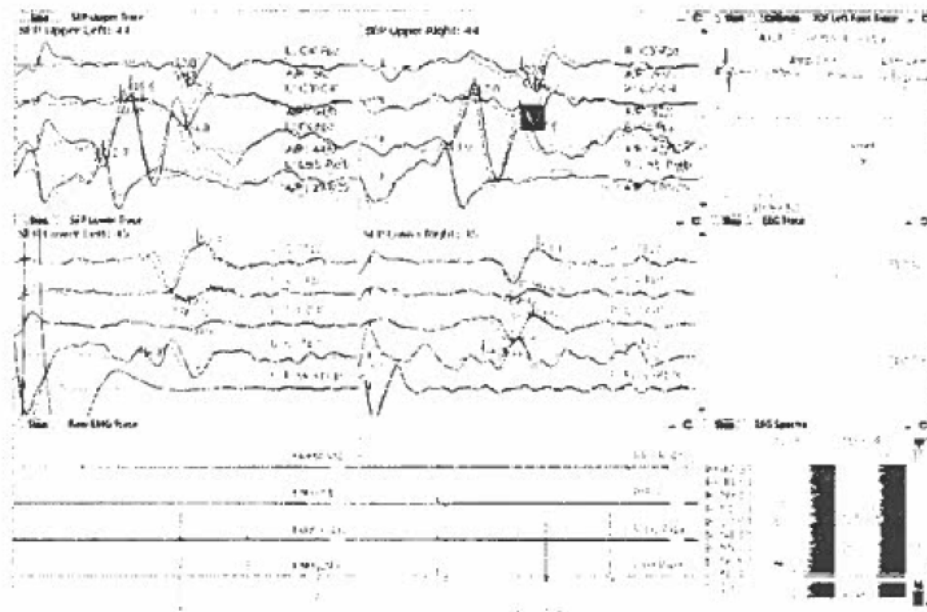
Pat [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

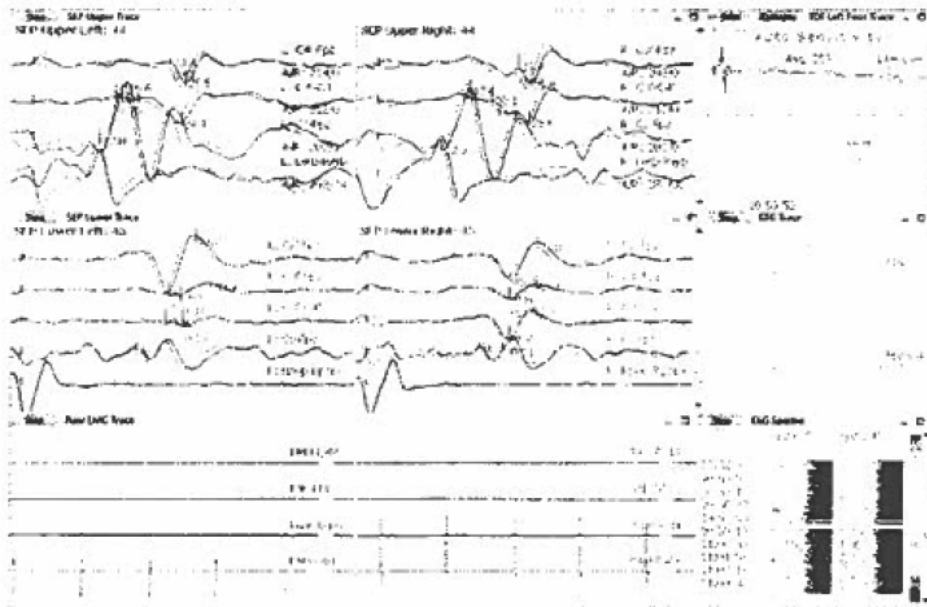
Data Time: 6/6/2022 15:27:18
Print Time: 6/6/2022 15:27:18
Operator: Caitlin Baroody CNIM

11:00:16 Screenshot #18



11:03:26 Burring

11:05:14 Screenshot #19

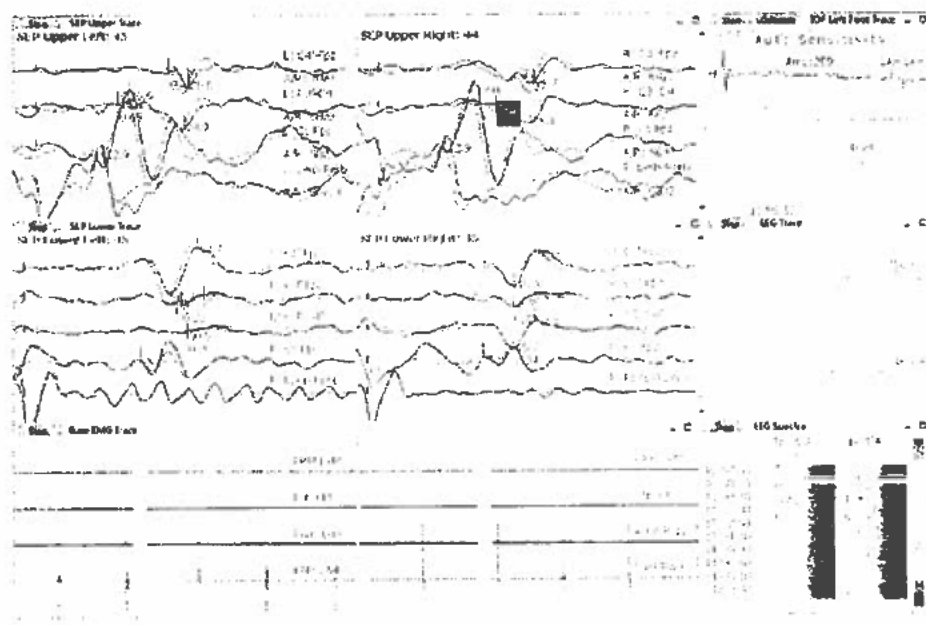


Pat [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7
SUMMARY REPORT

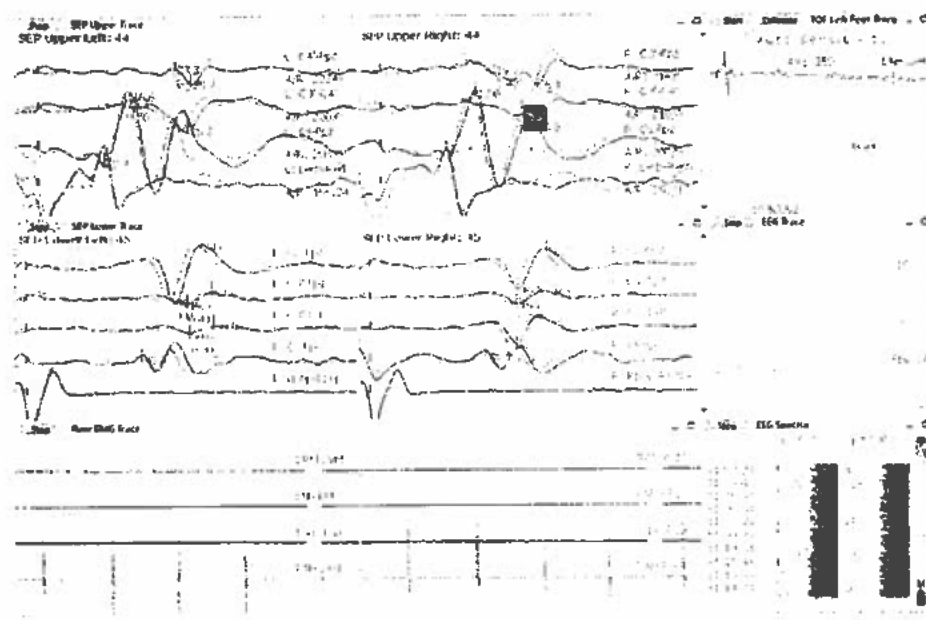
Date Time: 6/6/2022 15:27:21
Print Time: 6/6/2022 15:27:21
Operator: Caitlin Baroudy CNIM

11:10:10 Screenshot #20



11:10:41 Continuing to remove hardware

11:15:05 Screenshot #21



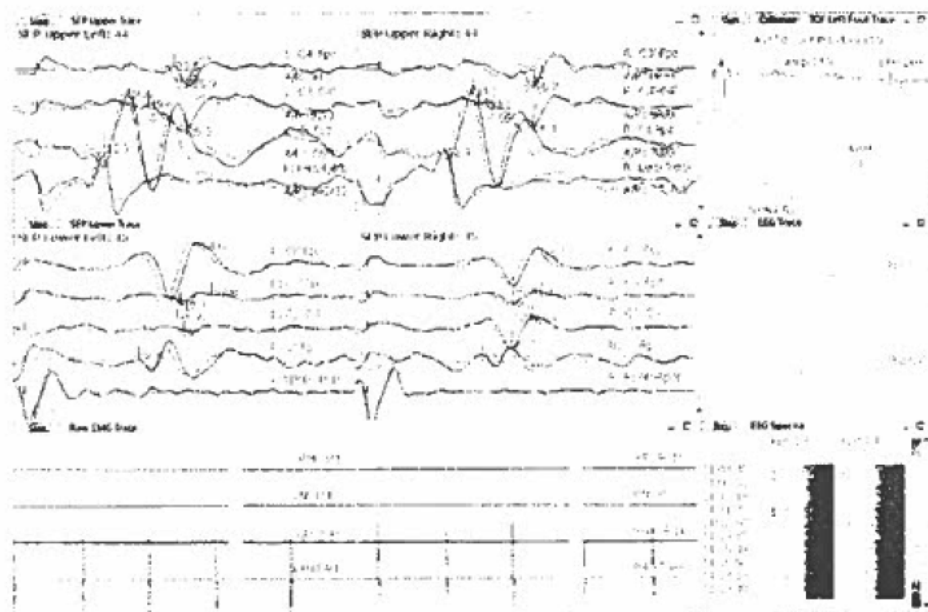
11:19:17 HR 88, BP 97/54, SpO2 2.1, MAC 1.0

Pat. [REDACTED]
ID: [08:25:34]

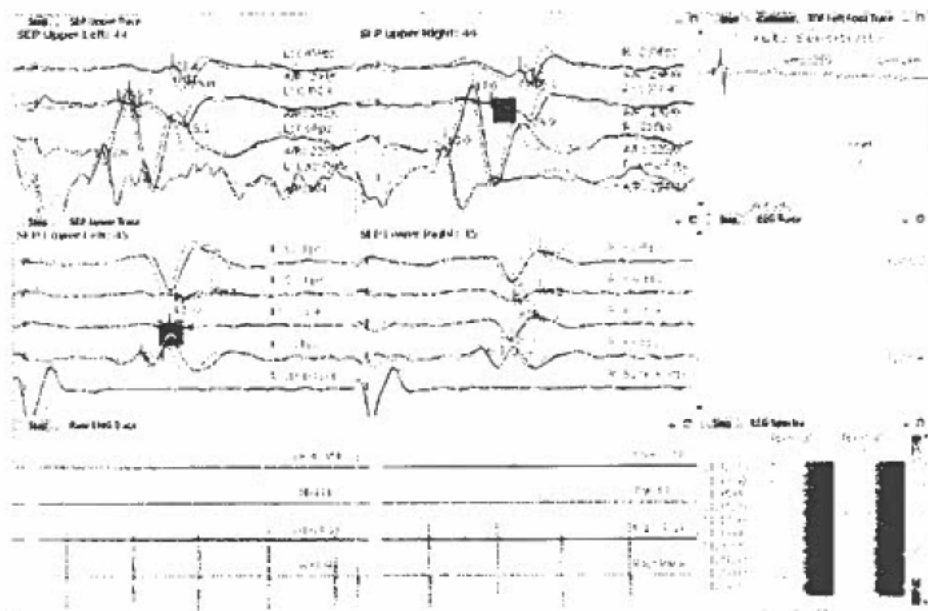
NMA E4 Lumbar 3.7
SUMMARY REPORT

Data Time: 6/6/2022 15:27:25
Print Time: 6/6/2022 15:27:25
Operator: Caitlin Baroody CNIM

11:20:09 Screenshot #22



11:25:03 Screenshot #23



11:29:19 TOF Test (LAH-LAH-): TOF%:30, Count:4, T1 Amp:3262µV, Stim Int:50nsA

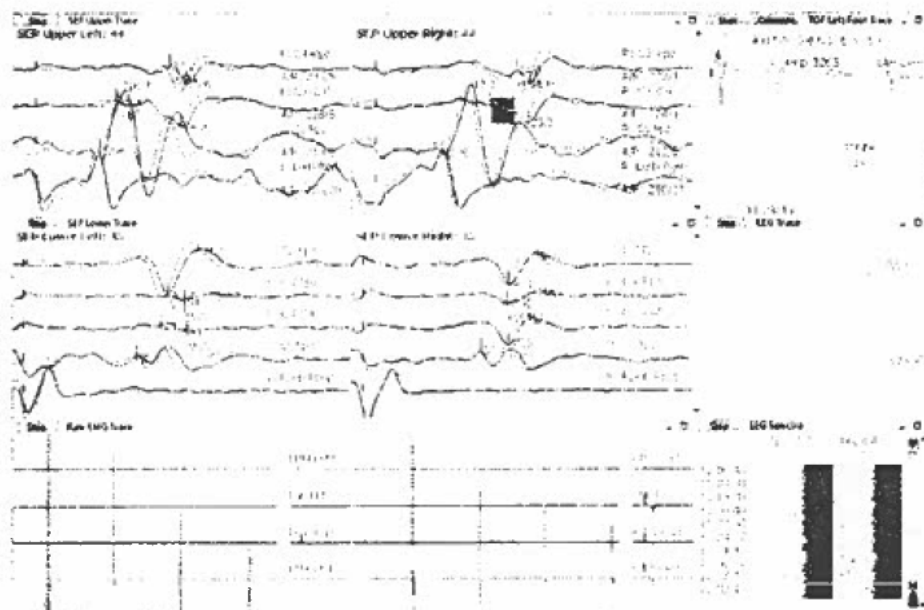
Pat [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

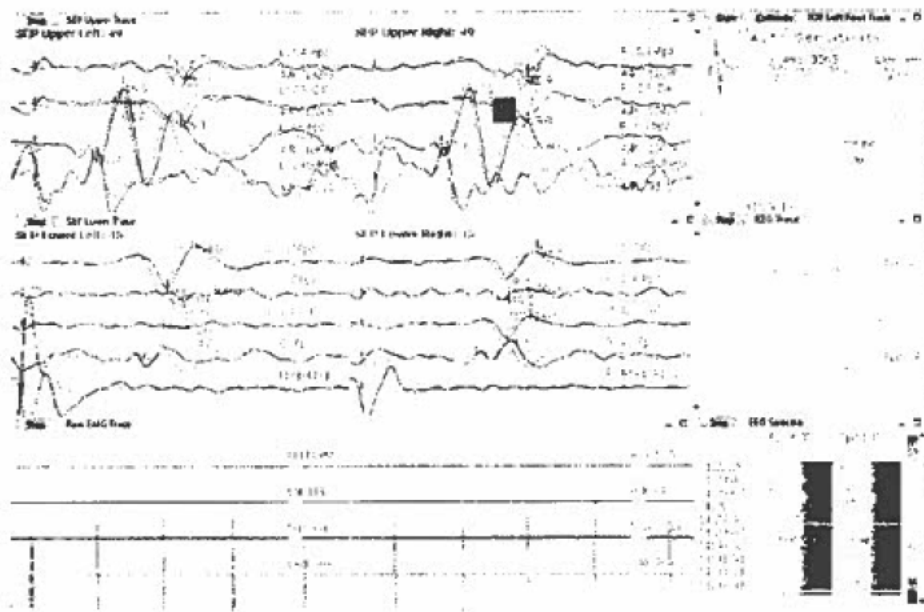
Data Time: 6/6/2022 15:27:28
Print Time: 6/6/2022 15:27:28
Operator: Caitlin Baroody CNM

11:29:31 Screenshot #24



11:34:46 Cautery

11:35:05 Screenshot #25



11:39:48 HR 91, BP 91/52, Sevo 2.1, MAC 1.0

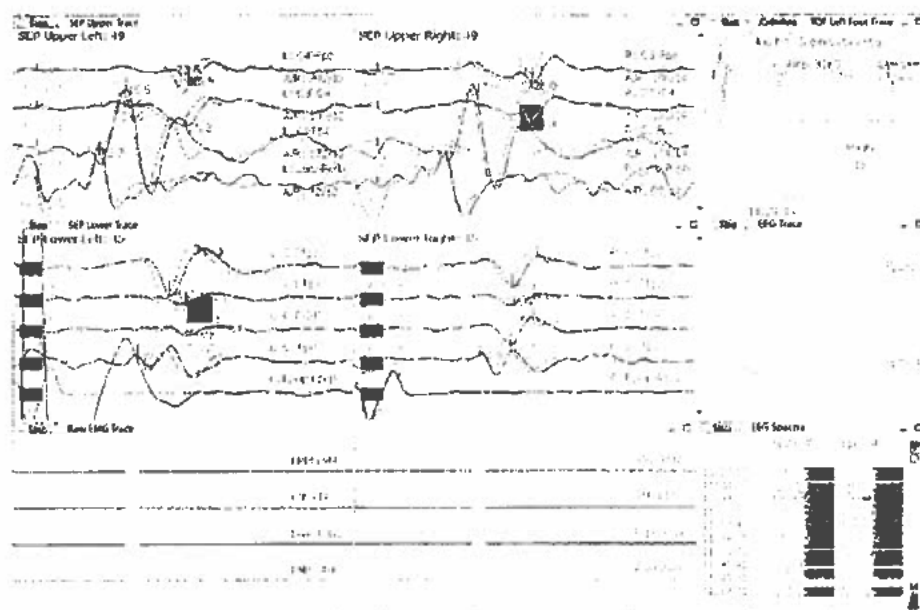
Patient: [REDACTED]
 ID: [08:25:34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

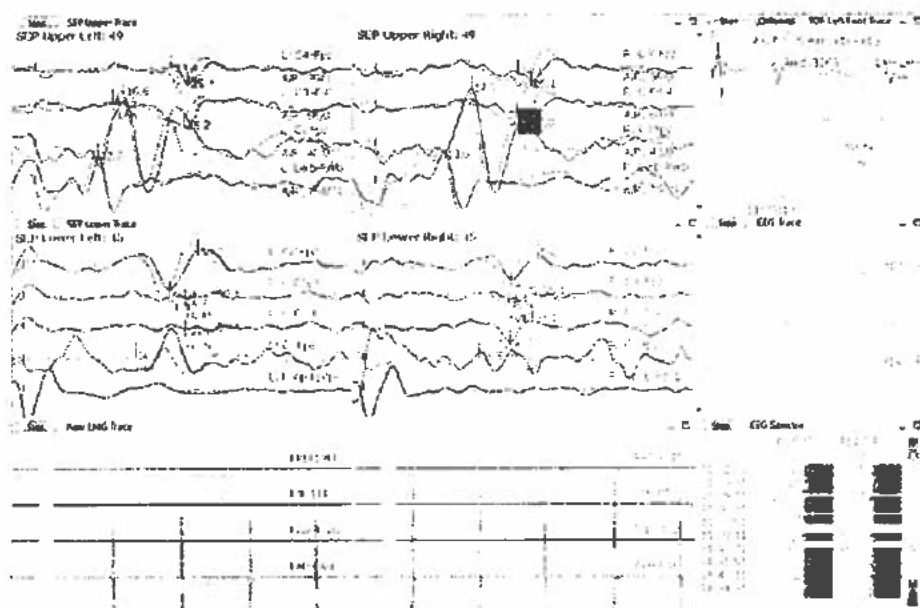
Data Time: 6/6/2022 15:27:32
 Print Time: 6/6/2022 15:27:32
 Operator: Caitlin Barody CNM

11:40:00 Screenshot #26



11:42:22 Decompression

11:45:10 Screenshot #27

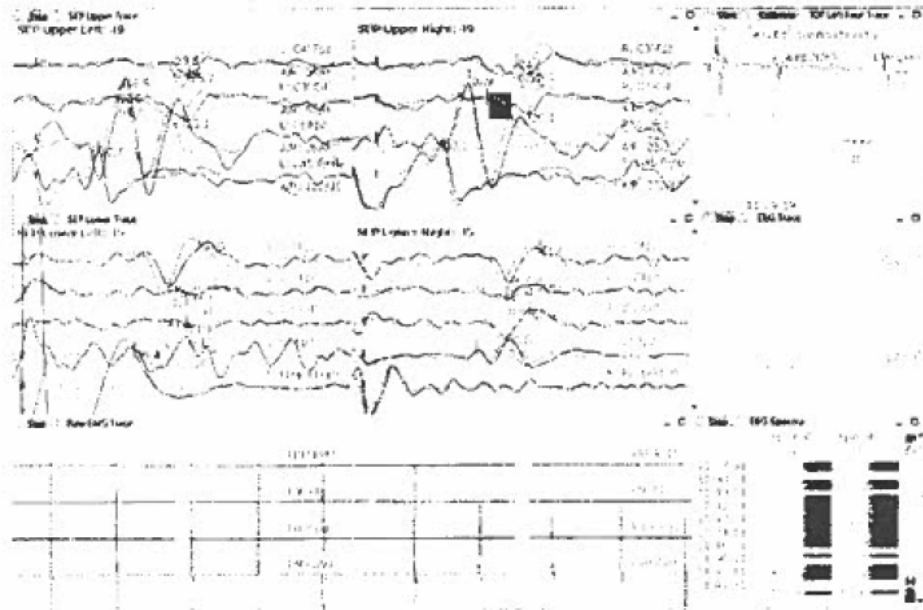


Pat. [REDACTED]
ID: (08:25:34)

NMA E4 Lumbar 3.7
SUMMARY REPORT

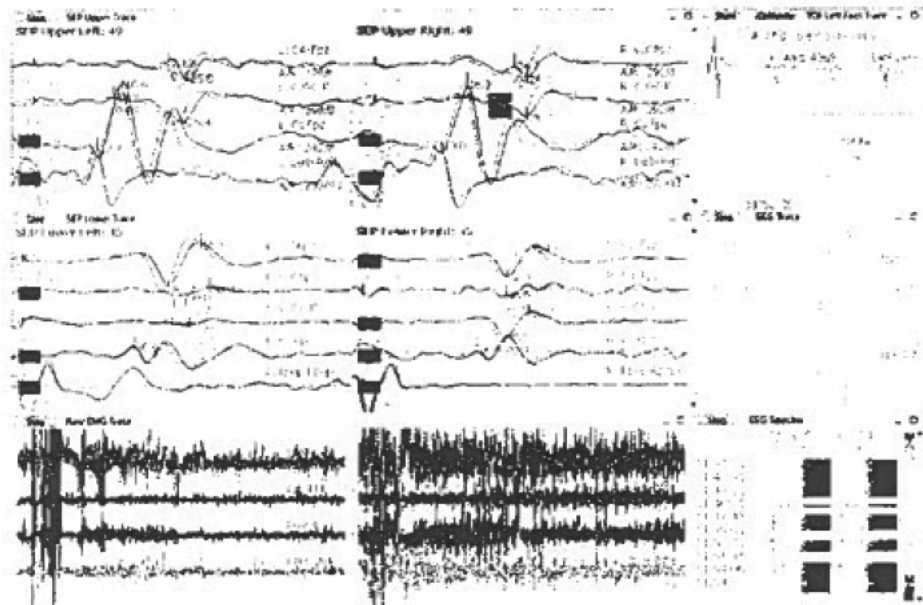
Data Time: 6/6/2022 15:27:35
Print Time: 6/6/2022 15:27:35
Operator: Caitlin Baroody CNIM

11:50:06 Screenshot #28



11:52:36 TOF Test (LAH-LAH-): TOF%:38, Count:4, T1 Amp:4369 μ V, Stim Int:50mA

11:55:06 Screenshot #29



11:59:51 HR 91, BP 116/65, Sevo 2.2, MAC 1.1

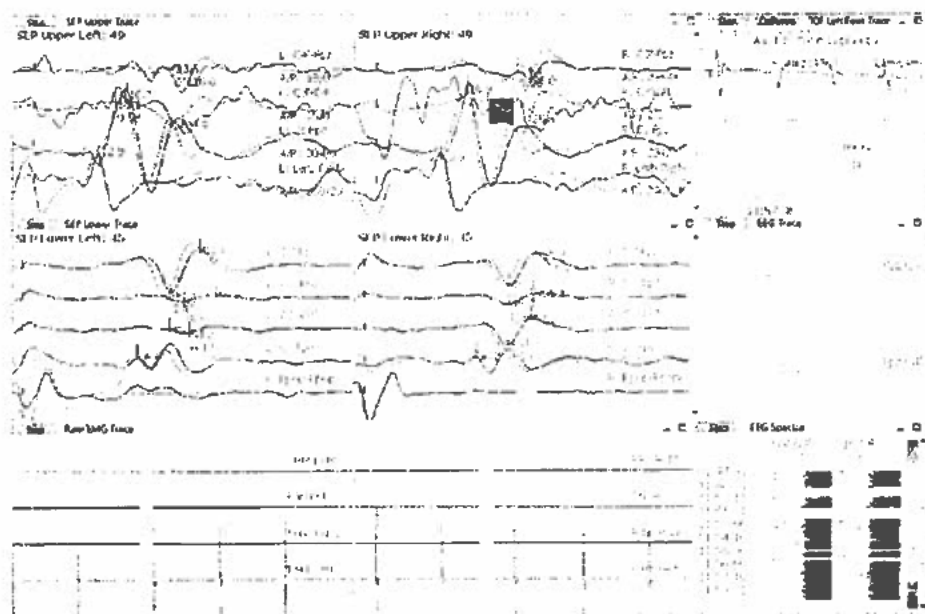
Pa [REDACTED]
ID: [REDACTED]

NMA E4 Lumbar 3.7

SUMMARY REPORT

Data Time: 6/6/2022 15:27:39
Print Time: 6/6/2022 15:27:39
Operator: Caitlin Baroody CNIM

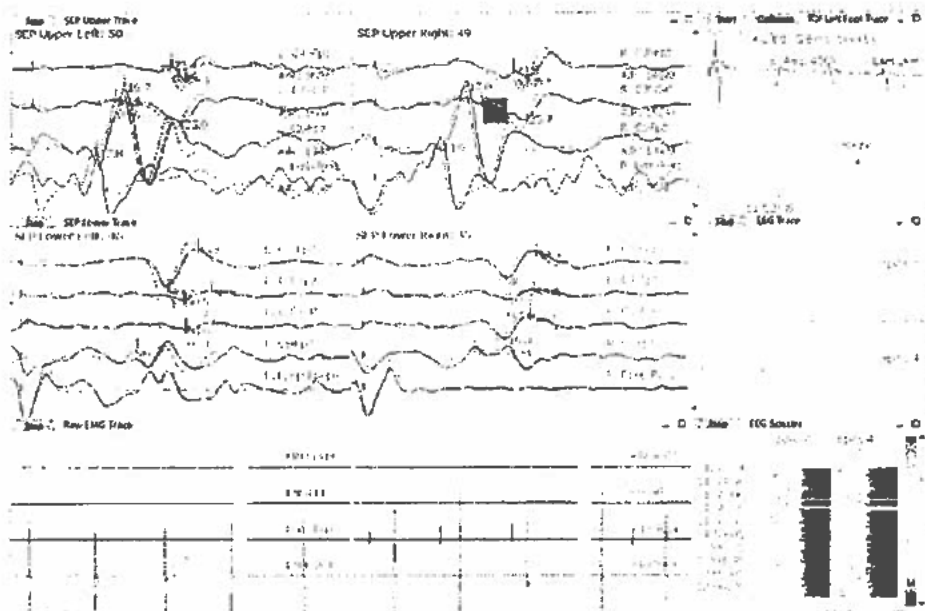
12:06:08 Screenshot #30



12:01:10 Anesthesia turning gas down

12:04:50 Malleting

12:05:03 Screenshot #31

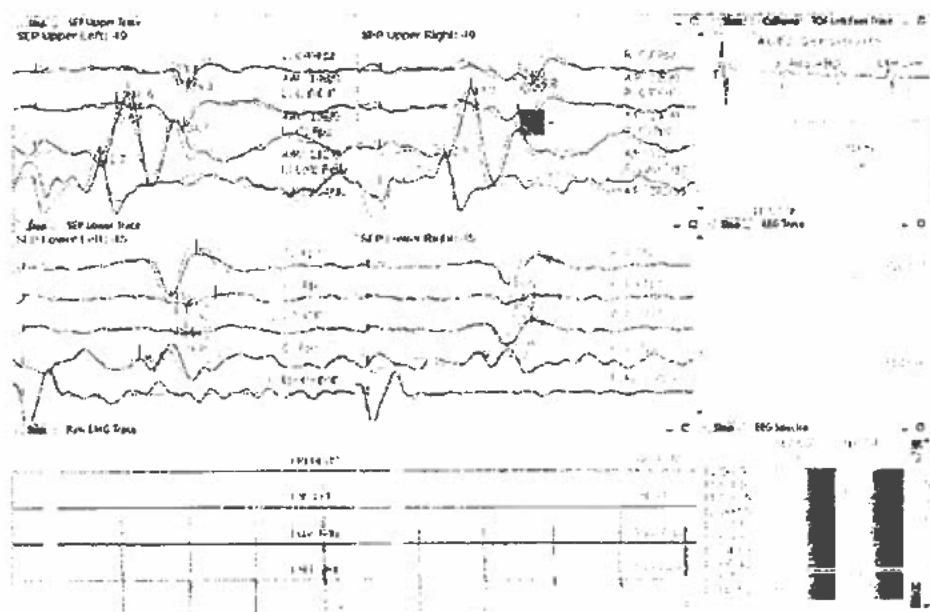


Pat [REDACTED]
ID: (08,25,34)

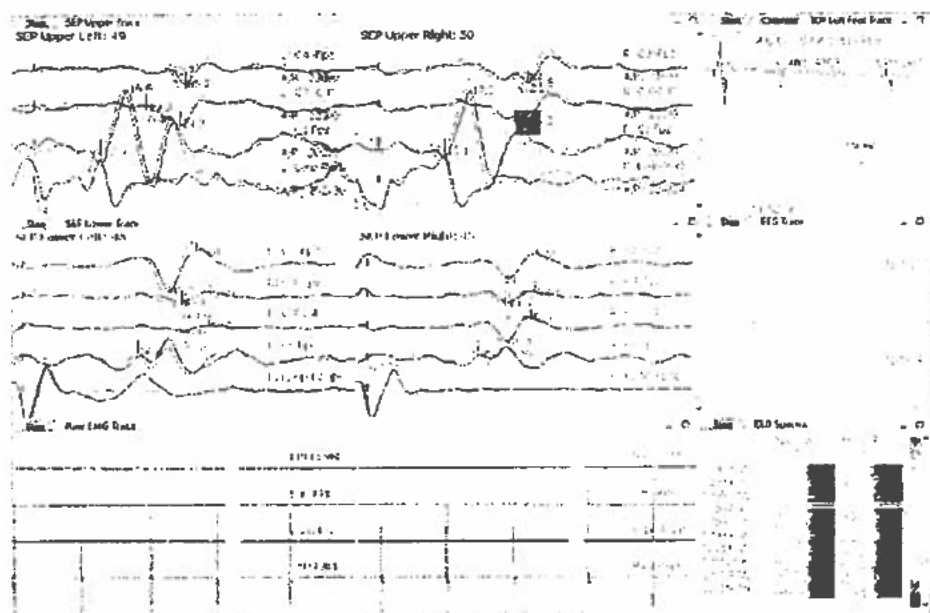
NMA E4 Lumbar 3.7
SUMMARY REPORT

Data Time: 6/6/2022 15:27:42
Print Time: 6/6/2022 15:27:42
Operator: Caitlin Baroody CNIM

12:09:25 Screenshot #32



12:15:54 Screenshot #33



12:20:06 HR 95, BP 133/80, Sevo 1.5, MAC 0.8

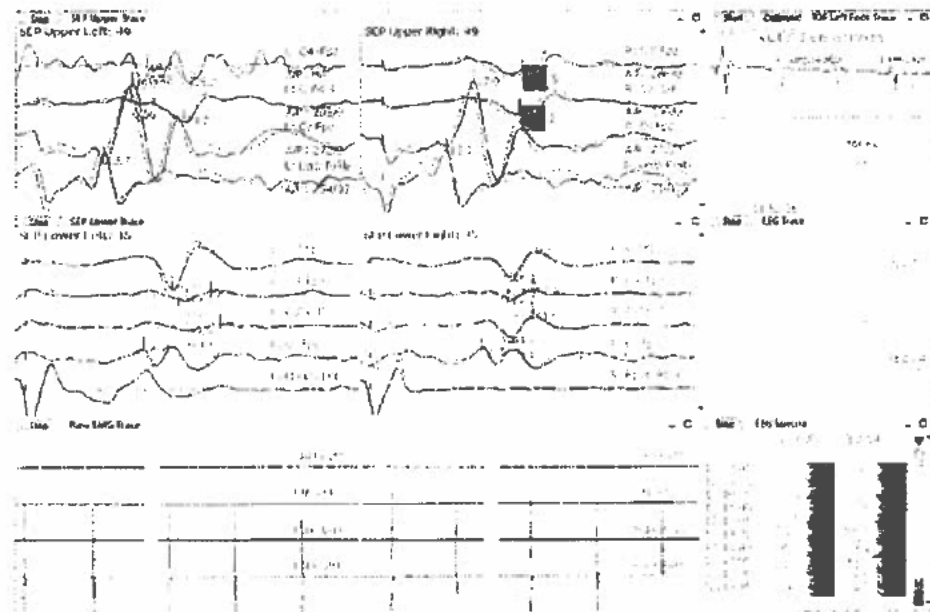
Pat. [REDACTED]
ID: [08/25/34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

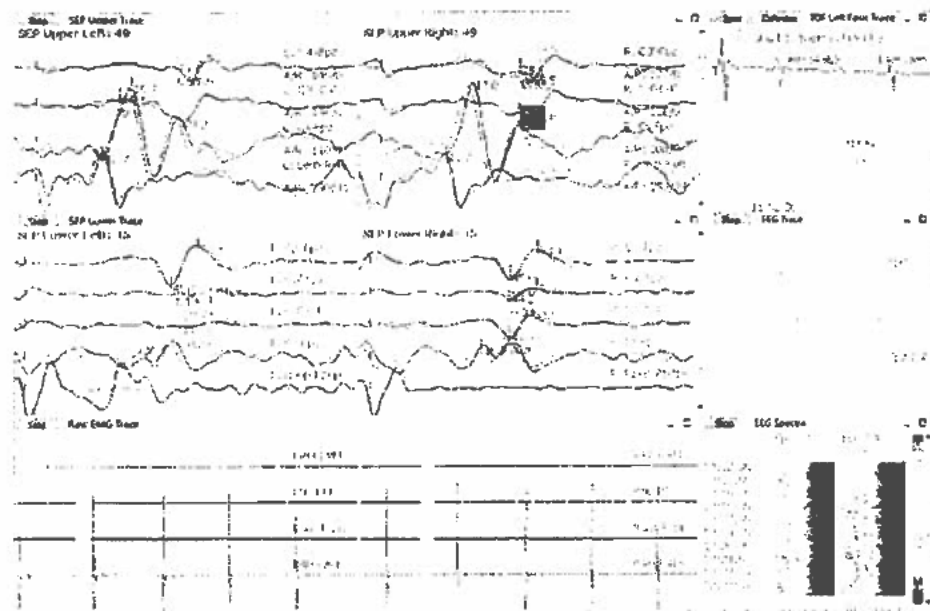
Data Time: 6/6/2022 15:27:46
Print Time: 6/6/2022 15:27:46
Operator: Caitlin Baroody CNIM

12:20:17 Screenshot #34



12:23:45 Pt getting a bit light, anesthesia adjusting

12:25:07 Screenshot #35



12:27:41 Anesthesia adding propofol

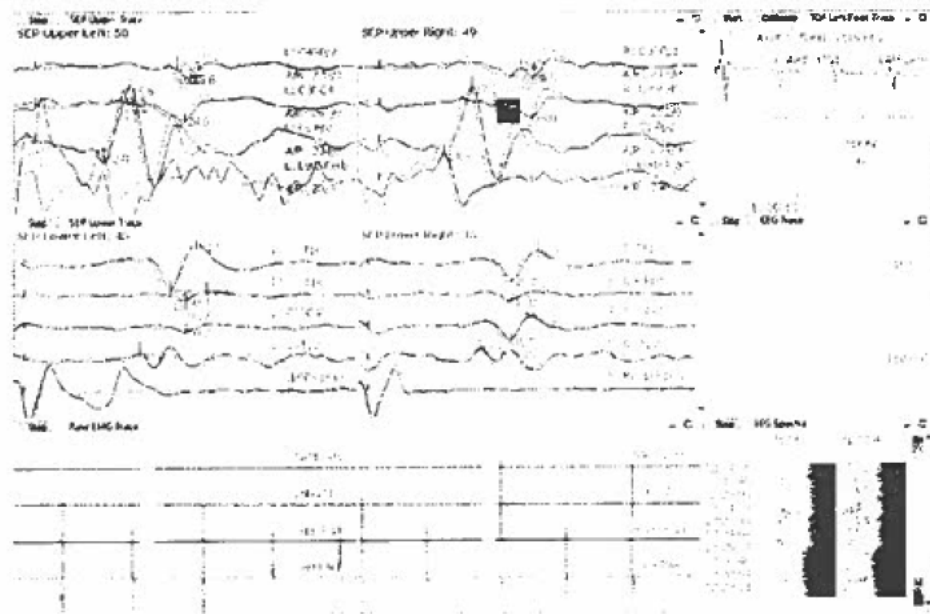
12:28:13 TOF Test (LAH-LAH-): TOF%:43, Count:4, T1 Amp:3350µV, Stim Int:50mA

Pat: [REDACTED]
ID: [082534]

NMA E4 Lumbar 3.7
SUMMARY REPORT

Data Time: 6/6/2022 15:27:49
Print Time: 6/6/2022 15:27:49
Operator: Caitlin Barody CNIM

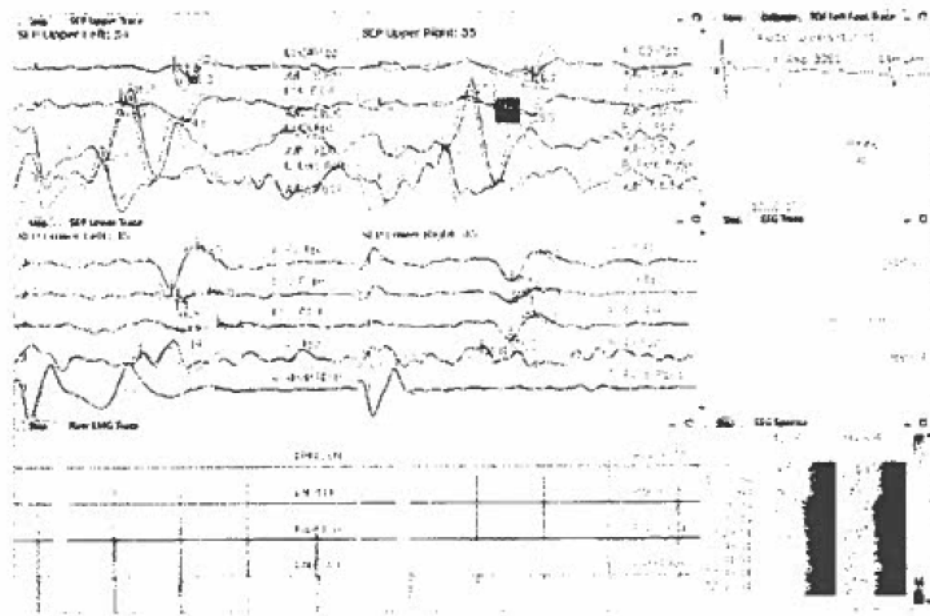
12:30:10 Screenshot #36



12:31:25 Propofol 65.62 mcg/kg/min

12:33:33 Burring

12:35:07 Screenshot #37

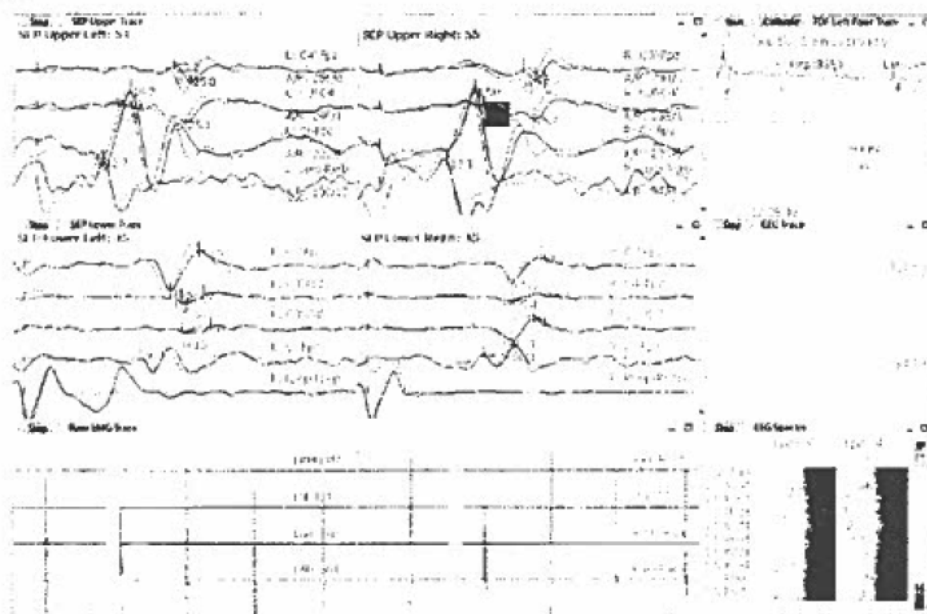


12:39:47 HR 96, BP 137/76, Sevo 1.6, MAC 0.8, Propofol 65.62 mcg/kg/min

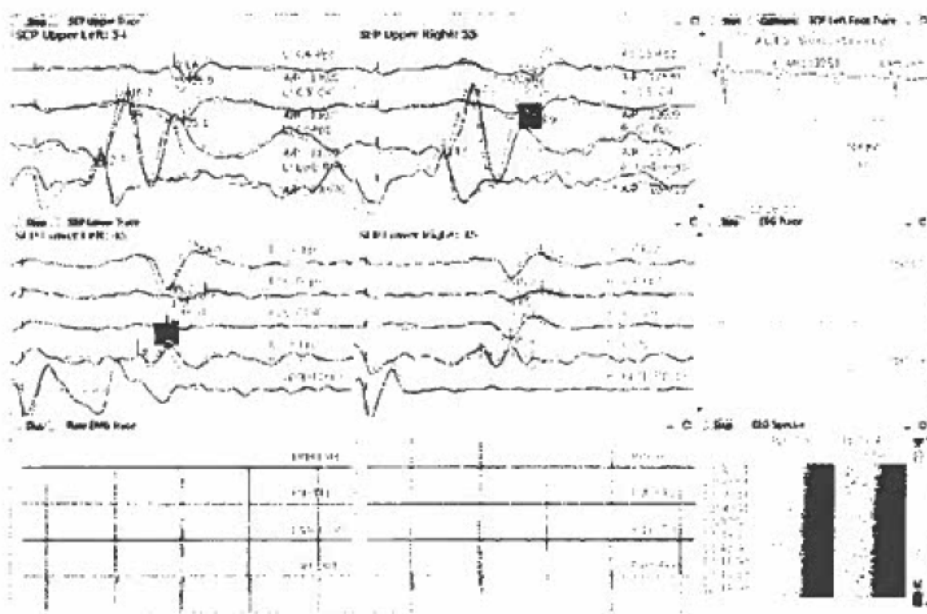
Data Time: 6/6/2022 15:27:53
Print Time: 6/6/2022 15:27:53
Operator: Caktin Baroody CNIM

SUMMARY REPORT

12:39:53 Screenshot #38



12:45:04 Screenshot #39



12:45:56 Continuing decompression

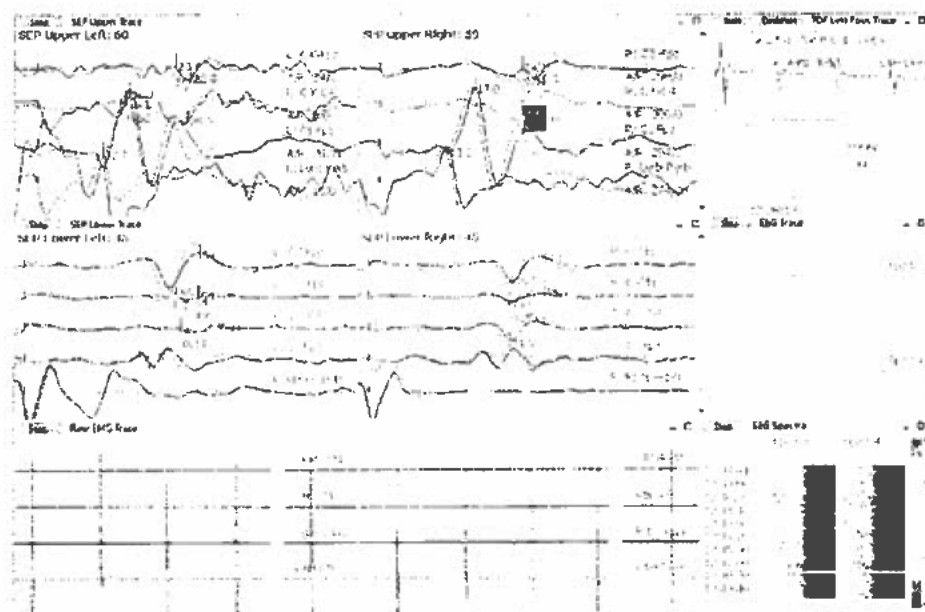
Patient: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

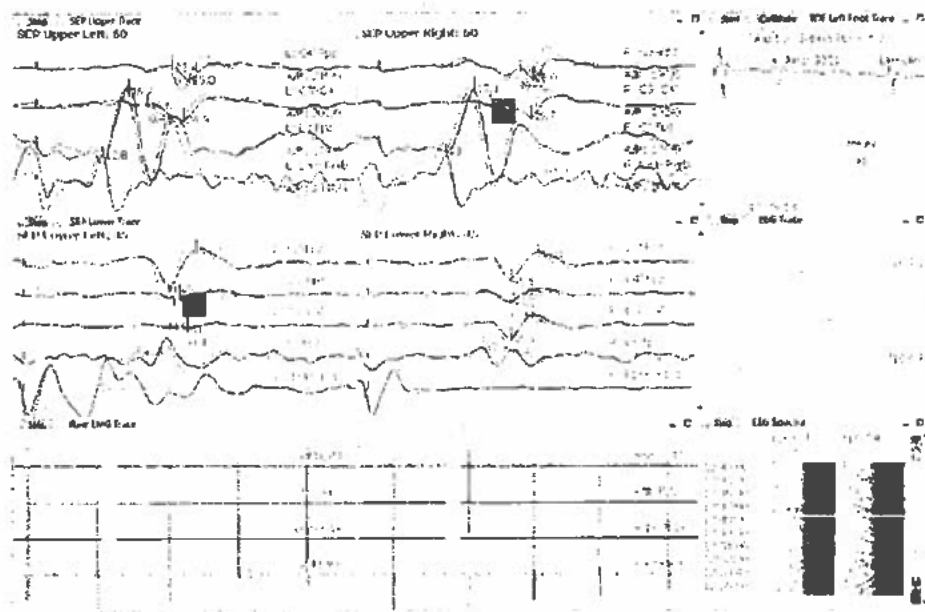
SUMMARY REPORT

Date Time: 6/6/2022 15:27:56
Print Time: 6/6/2022 15:27:56
Operator: Caitlin Baroddy CNIM

12:58:20 Screenshot #40



12:55:30 Screenshot #41



12:58:15 TOF Test (LAH-LAH-): TOF%:57, Count:4, T1 Amp:5022µV, Stim Int:50mA

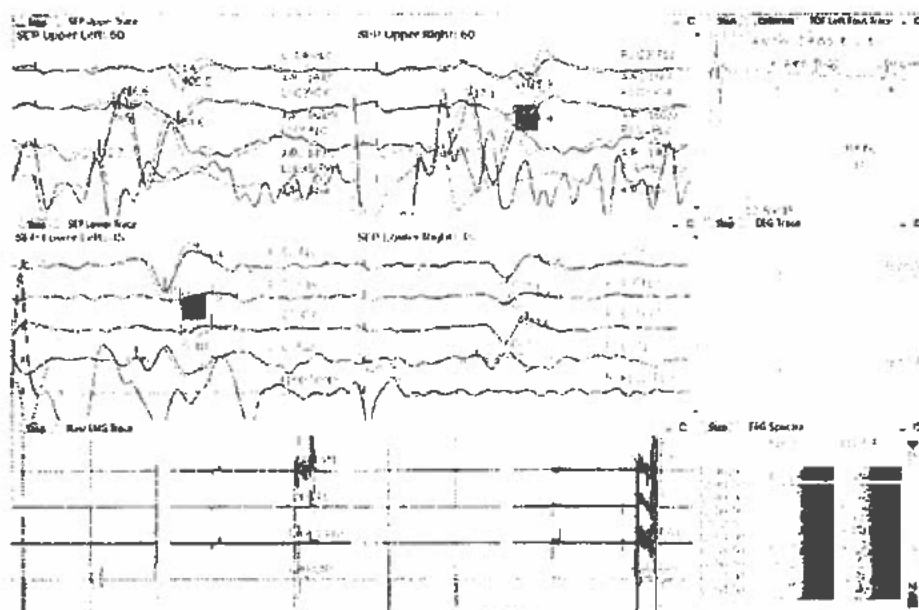
Pat: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

Data Time: 6/6/2022 15:28:00
Print Time: 6/6/2022 15:28:00
Operator: Caitlin Barody CNIM

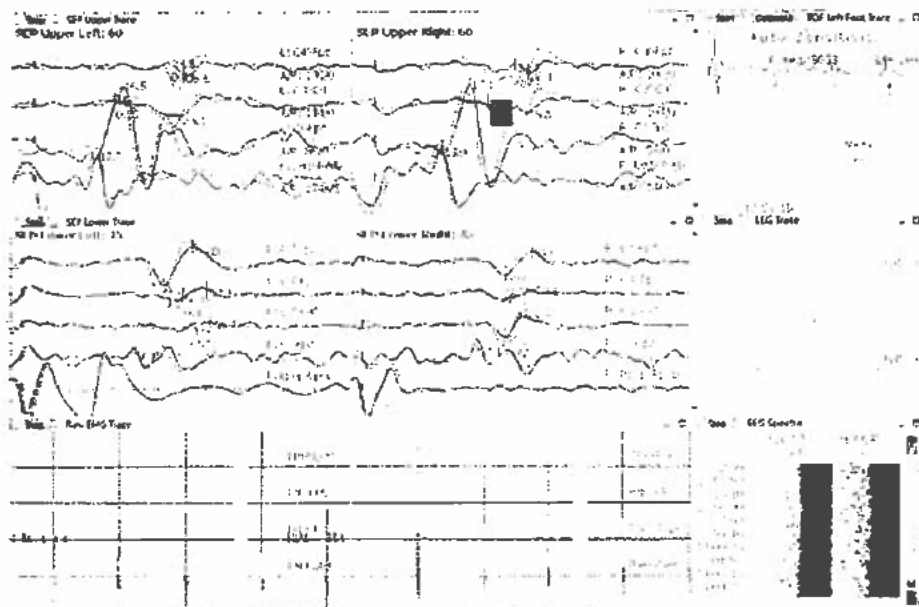
12:59:27 Screenshot #42



12:59:45 Surgeon reporting pt seems light

13:00:36 HR 105, BP 135/96, Sevo 1.4, MAC 0.7, Propofol 65.62 mcg/kg/min

13:05:07 Screenshot #43



13:06:17 Propofol 98.43 mcg/kg/min

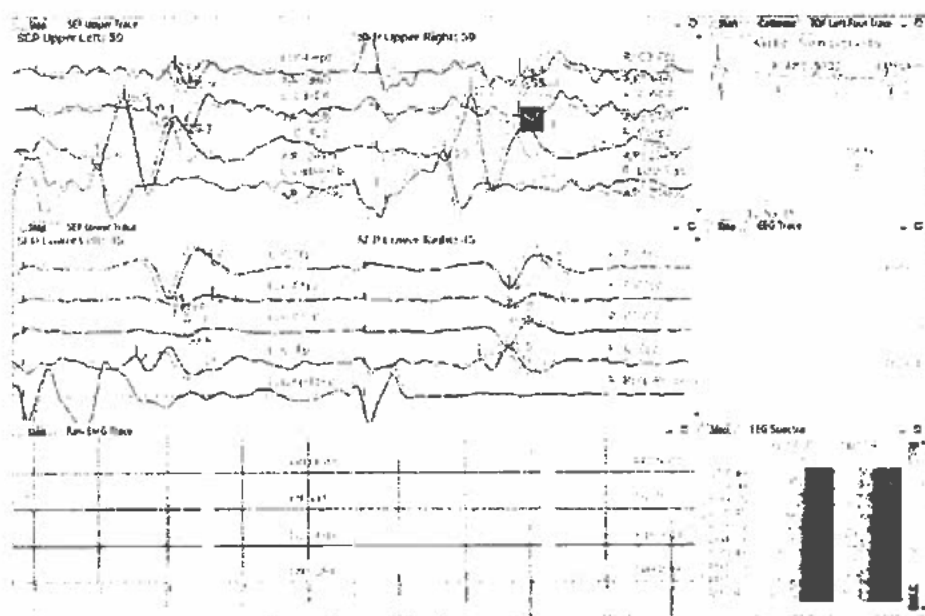
Pat ID: [REDACTED]

NMA E4 Lumbar 3.7

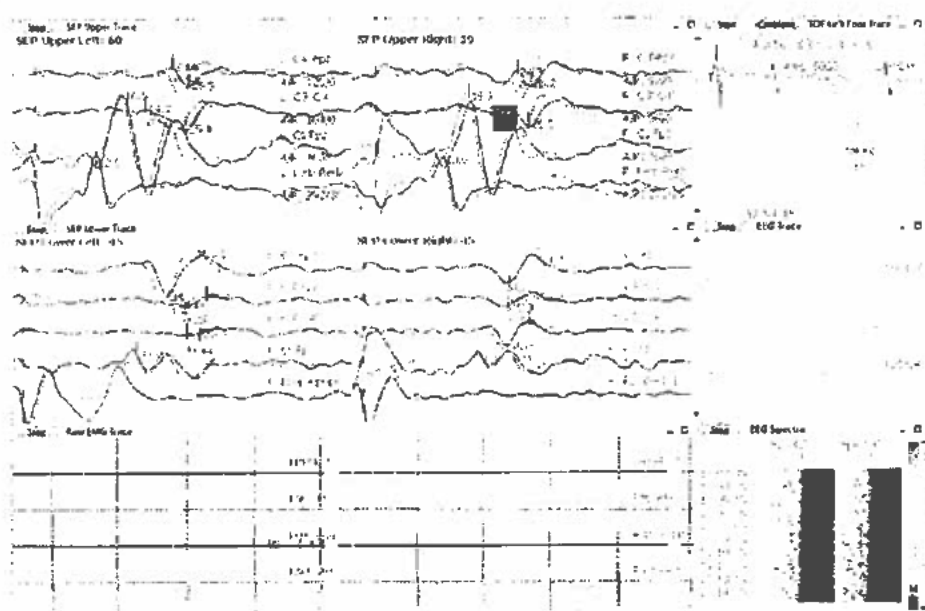
Data Time: 6/6/2022 15:28:04
Print Time: 6/6/2022 15:28:04
Operator: Caitlin Baroody CNM

SUMMARY REPORT

13:10:25 Screenshot #44



13:15:09 Screenshot #45



13:19:55 HR 101, BP 133/77, Sevo 1.5, MAC 0.7, Propofol 98.43 mcg/kg/min

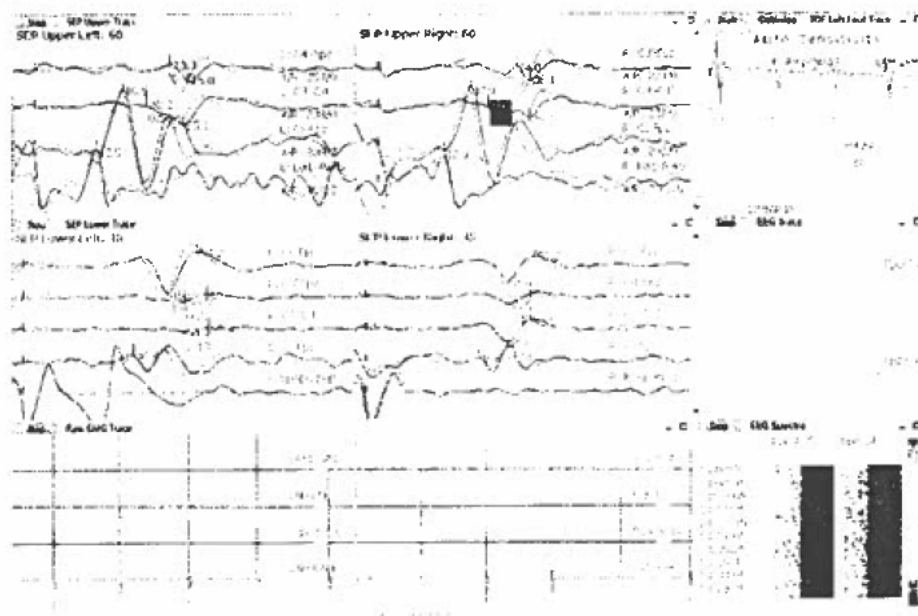
Pat [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

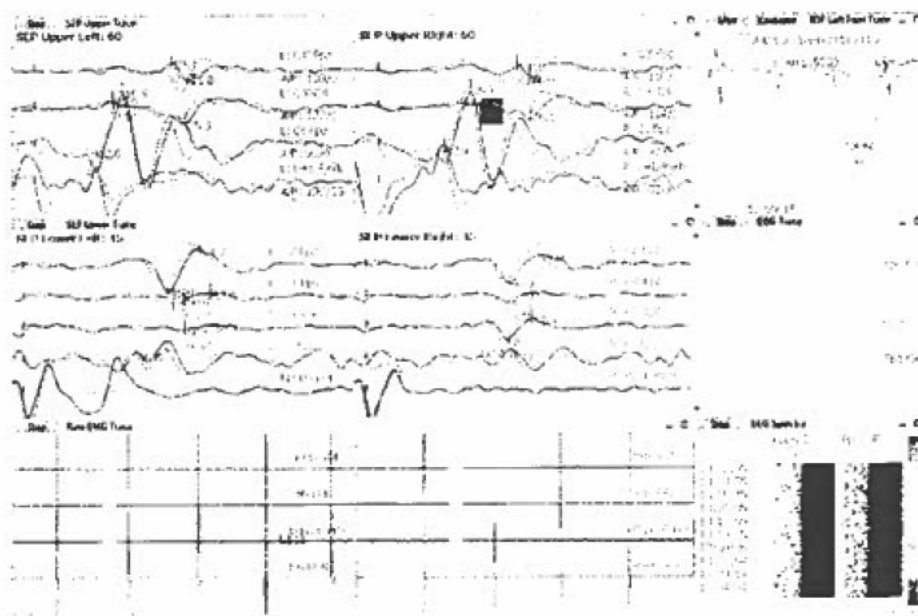
SUMMARY REPORT

Date Time: 6/6/2022 15:28:07
Print Time: 6/6/2022 15:28:07
Operator: Caitlin Baroody CNIM

13:19:57 Screenshot #46



13:25:06 Screenshot #47



13:26:06 Cautery

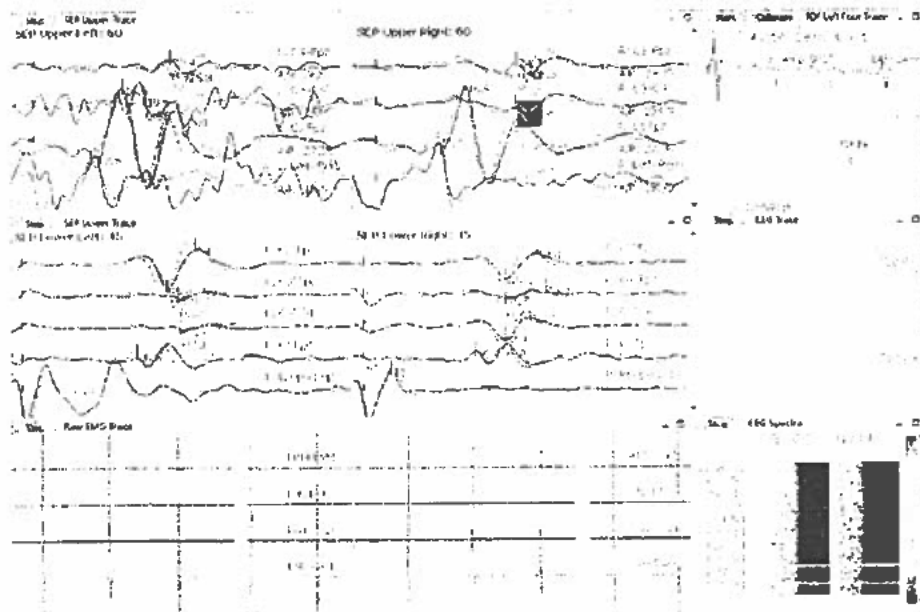
Pat [REDACTED]
ID: (06.25.34)

NMA S4 Lumbar 3.7

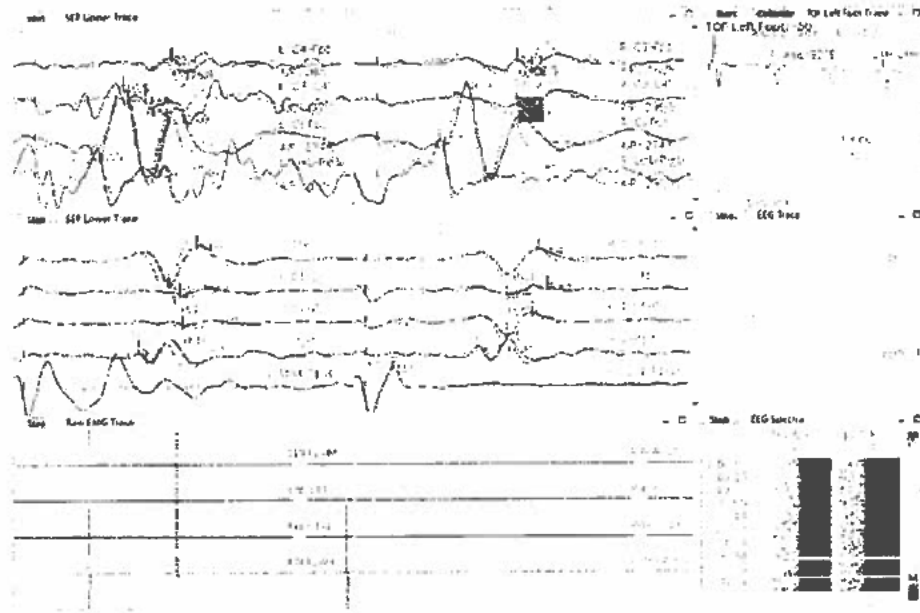
SUMMARY REPORT

Date Time: 6/6/2022 15:28:11
Print Time: 6/6/2022 15:28:11
Operator: Caitlin Baroody CNIM

13:29:10 Screenshot #48

13:29:15 TOF Test (LAH-LAH-): TOF%:68, Count:4, T1 Amp:5202 μ V, Stim Int:50mA13:29:30 TOF Test (LAH-LAH-): TOF%:53, Count:4, T1 Amp:5275 μ V, Stim Int:50mA

13:29:31 Screenshot #49



13:31:38 Synovial cyst removed, Left L3-L4

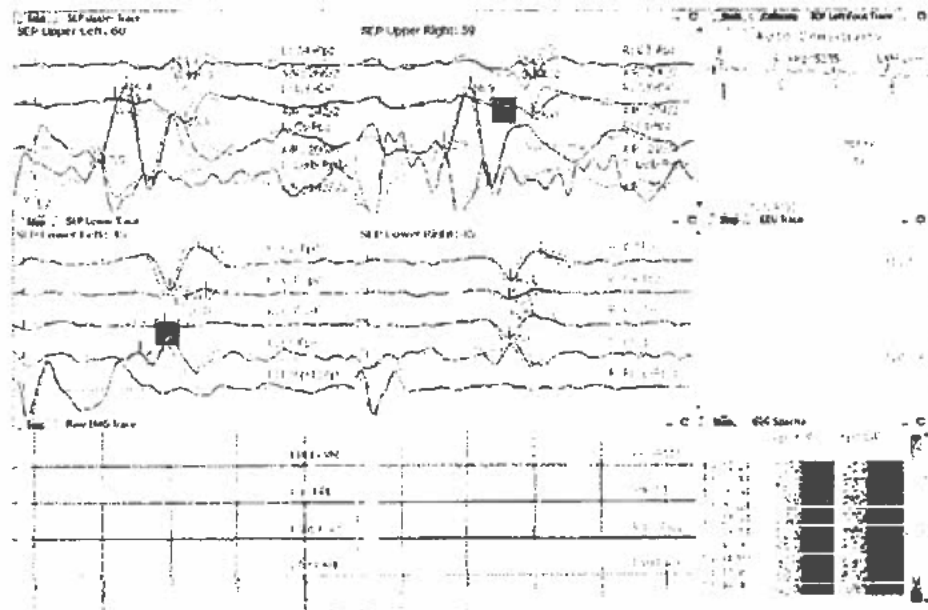
Pat [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

SUMMARY REPORT

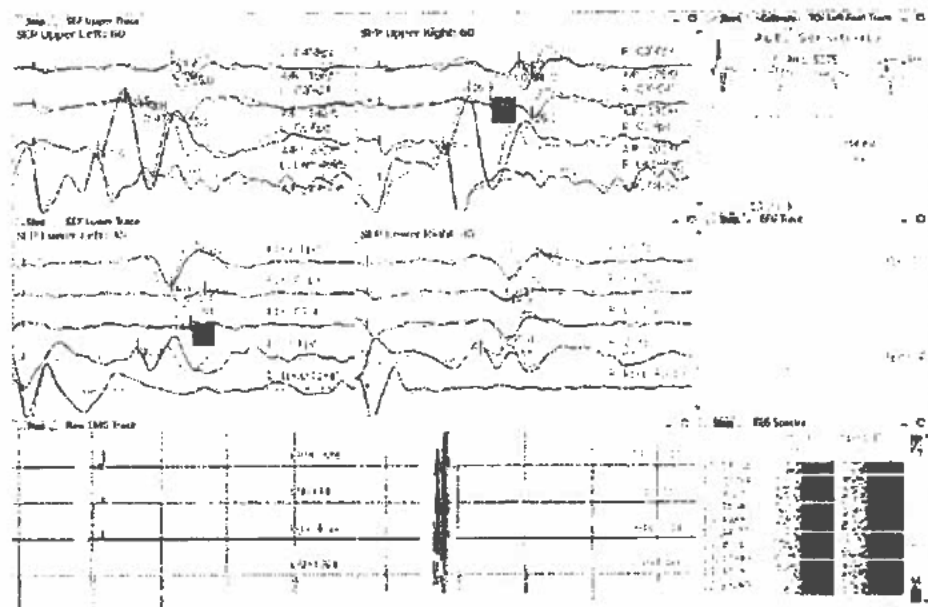
Date Time: 6/6/2022 15:28:14
Print Time: 6/6/2022 15:28:14
Operator: Caitlin Baroody GNIM

13:35:04 Screenshot #50



13:40:07 HR 106, BP 124/89, Sevo 1.4, MAC 0.7, Propofol 98.43 mcg/kg/min

13:40:18 Screenshot #51



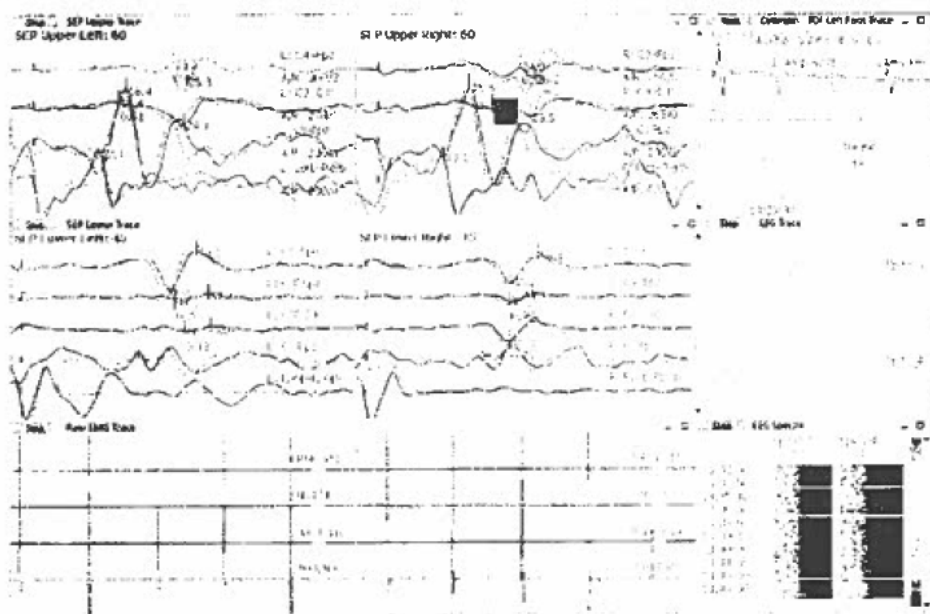
Pat: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

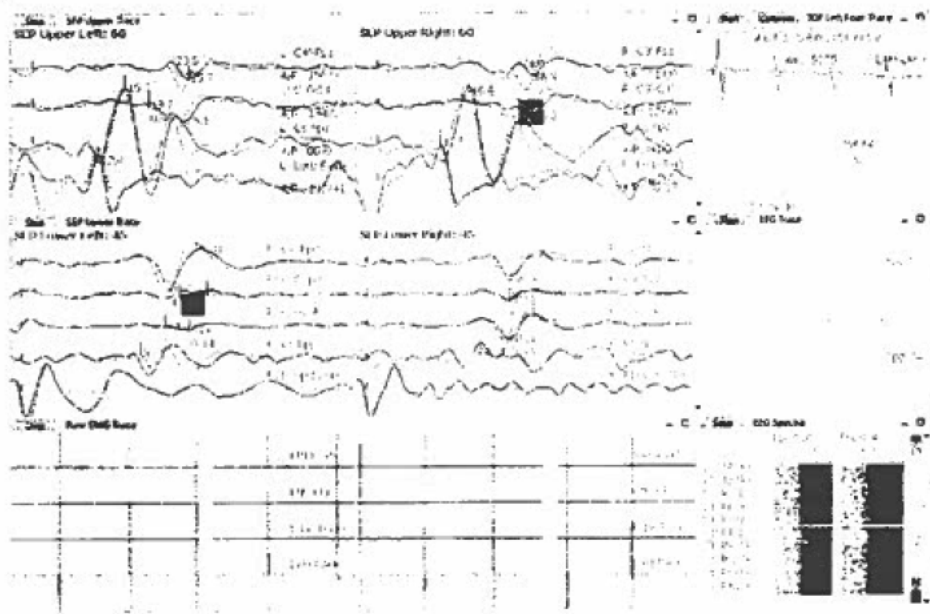
SUMMARY REPORT

Data Time: 6/6/2022 15:28:18
Print Time: 6/6/2022 15:28:18
Operator: Collin Baroody CNIM

13:45:07 Screenshot #52



13:50:05 Screenshot #53



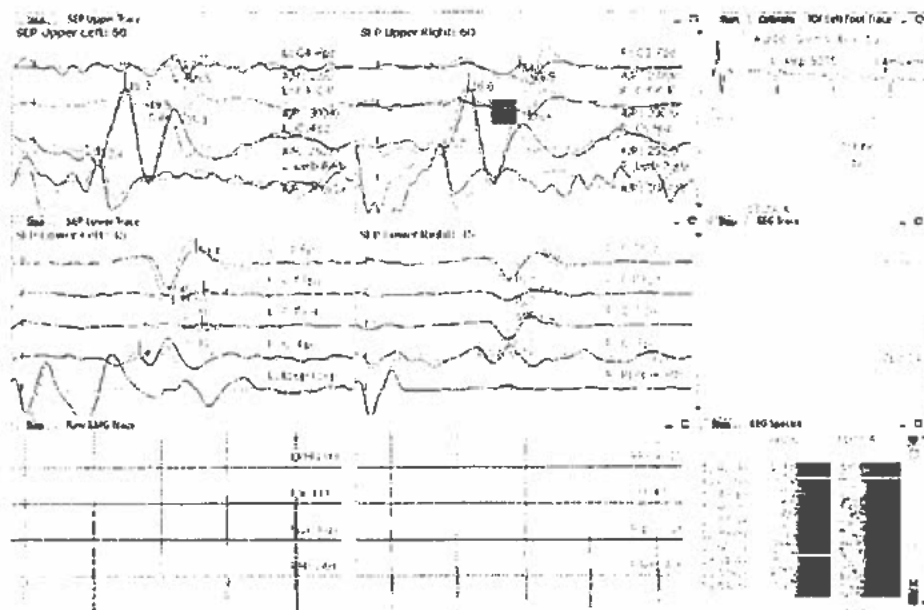
Pat. [REDACTED]
ID: (08:25:34)

NMA E4 Lumbar 3.7

SUMMARY REPORT

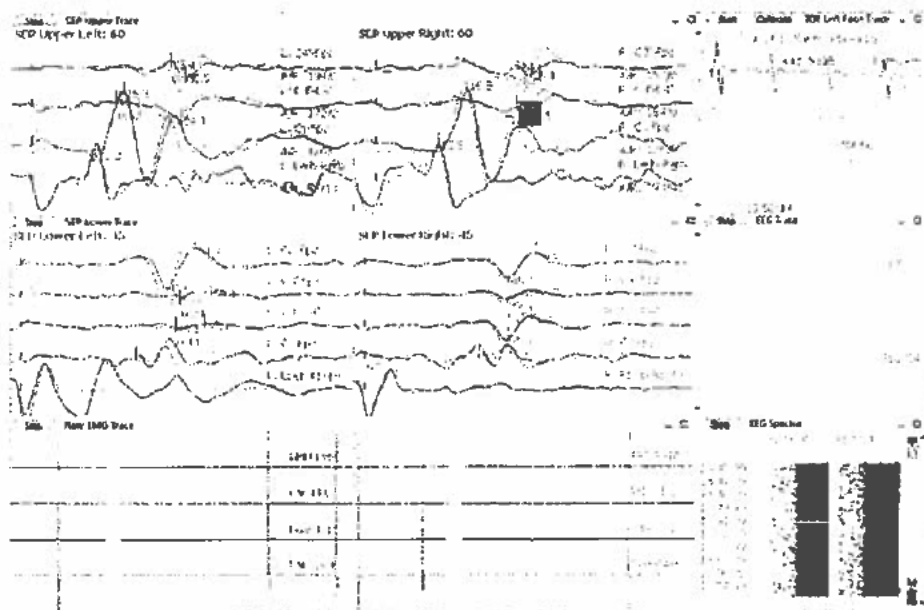
Data Time: 6/6/2022 15:28:21
Print Time: 6/6/2022 15:28:21
Operator: Caitlin Baroody CNIM

13:55:05 Screenshot #54



13:58:14 TOF Test (LAH-LAH-): TOF%:67, Count:4, T1 Amp:5335µV, Stim Int:50mA

13:58:26 Screenshot #55



13:59:02 HR 106, BP 127/74, Sevo 1.5, MAC 0.7, Propofol 98.43 mcg/kg/min

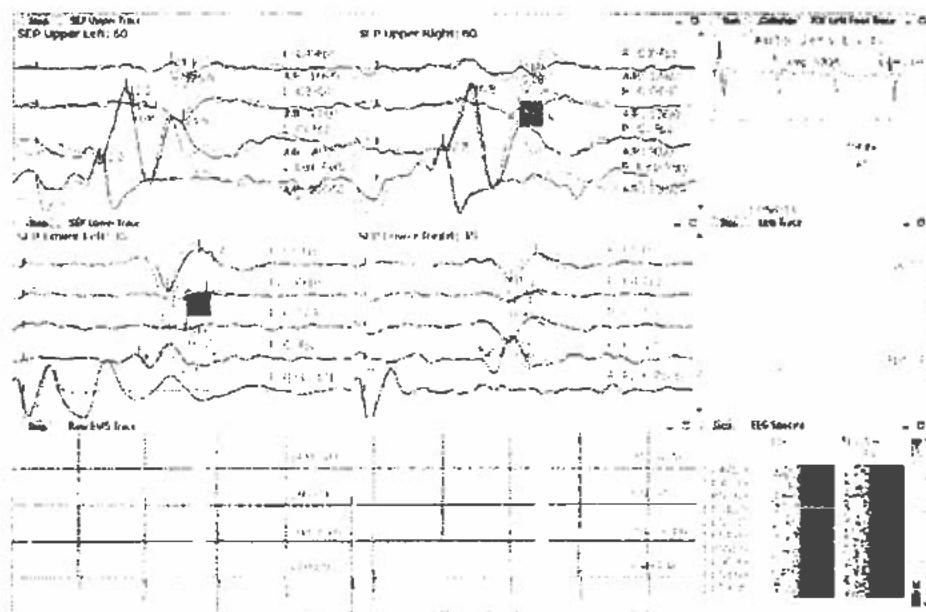
Pat [REDACTED]
ID: [08/25/34]

NMA E4 Lumbar 3.7

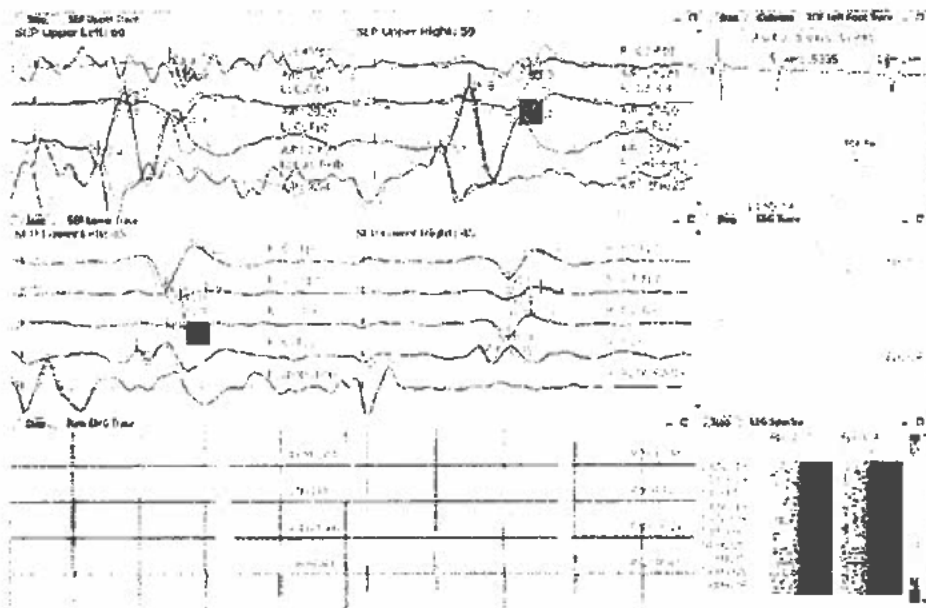
SUMMARY REPORT

Data Time: 6/6/2022 15:28:25
Print Time: 6/6/2022 15:28:25
Operator: Caitlin Baroody CNIM

14:00:13 Screenshot #56



14:05:03 Screenshot #57



14:07:27 X Ray

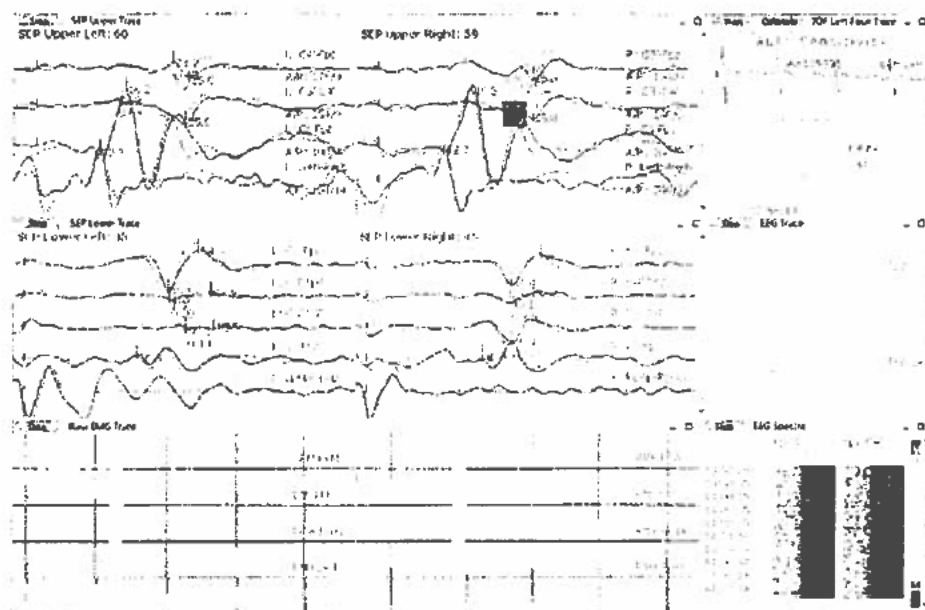
P [REDACTED]
02: [08:25:34]

NMA E4 Lumbar 3.7

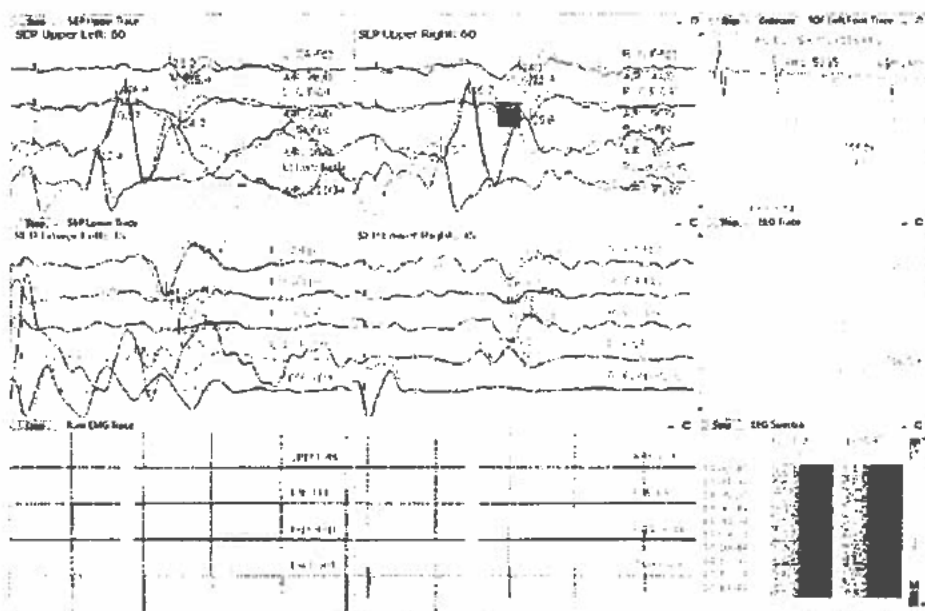
SUMMARY REPORT

Data Time: 6/6/2022 15:28:28
Print Time: 6/6/2022 15:28:28
Operator: Caitlin Baroody CNRM

14:10:06 Screenshot #58



14:15:24 Screenshot #59



14:17:20 Starting hardware placement

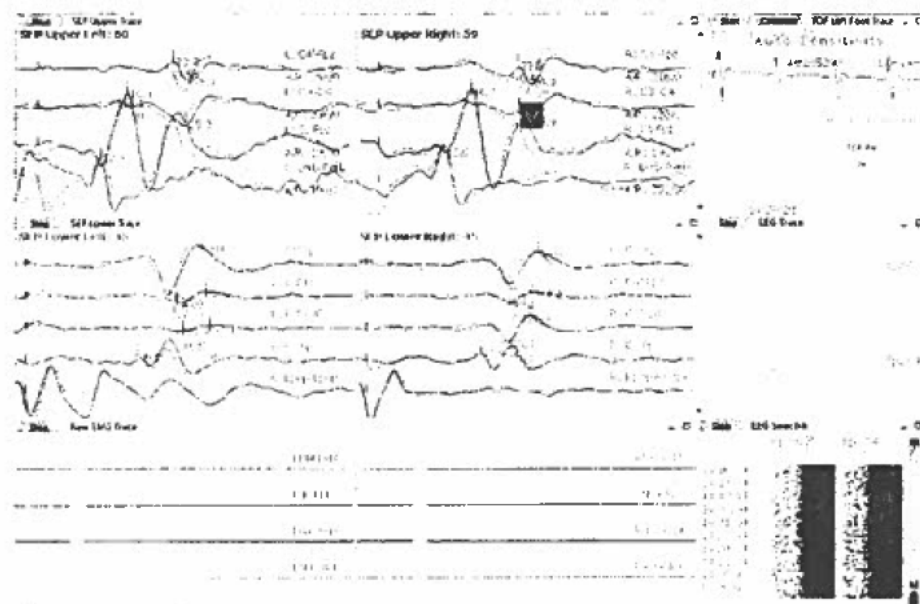
14:19:45 HR 106, Propofol 98.43 mcg/kg/min, Sevo 1.5, MAC 0.7, BP 150/56

Patient ID: [REDACTED]
ID: [08:25:34]

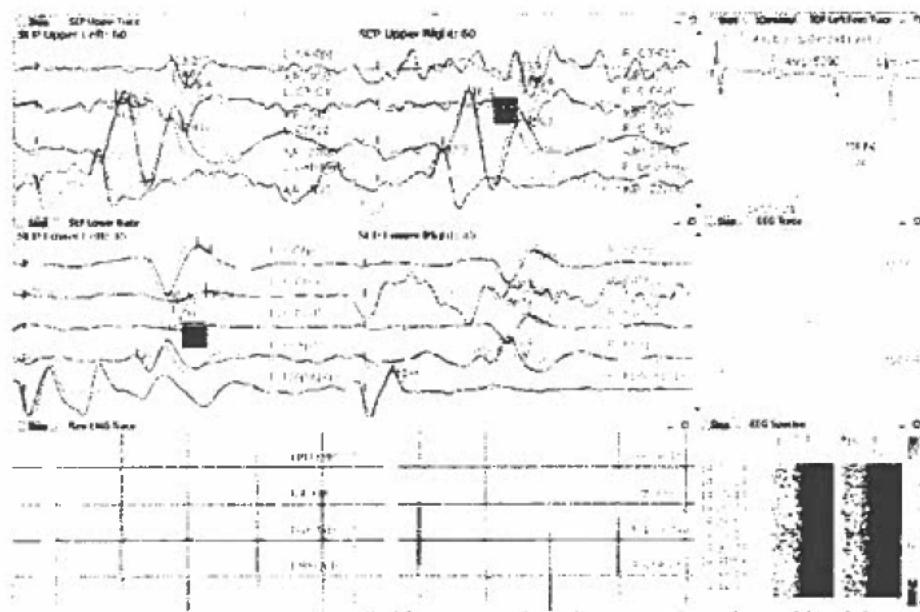
NMA E4 Lumbar 3.7
SUMMARY REPORT

Date Time: 6/6/2022 15:28:35
Print Time: 6/6/2022 15:28:35
Operator: Caitlin Baroody CNIM

14:28:42 Screenshot #62



14:35:09 Screenshot #63



14:37:05 HR 103, BP 84/59, Sevo 1.5, MAC 0.7, Propofol 98.43 mcg/kg/min

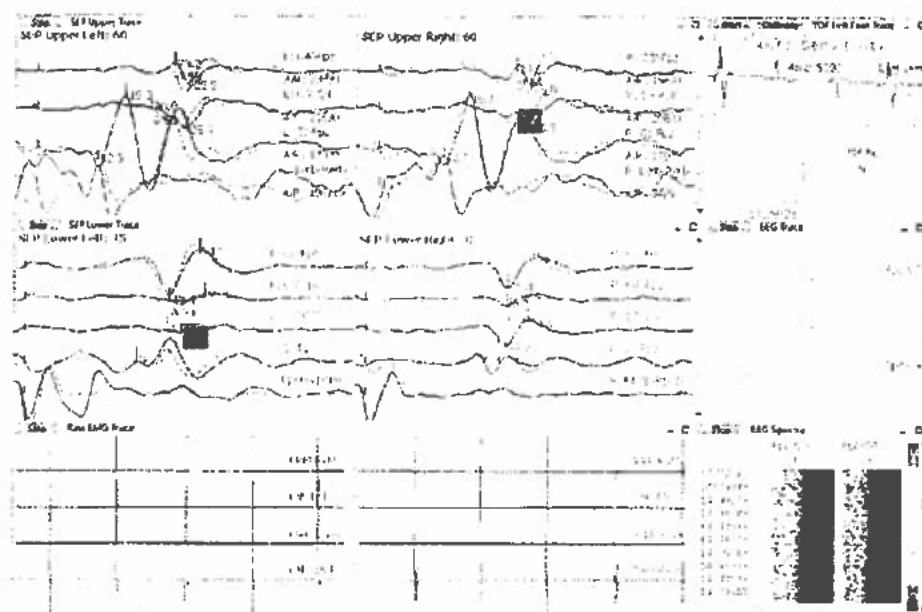
Pat: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

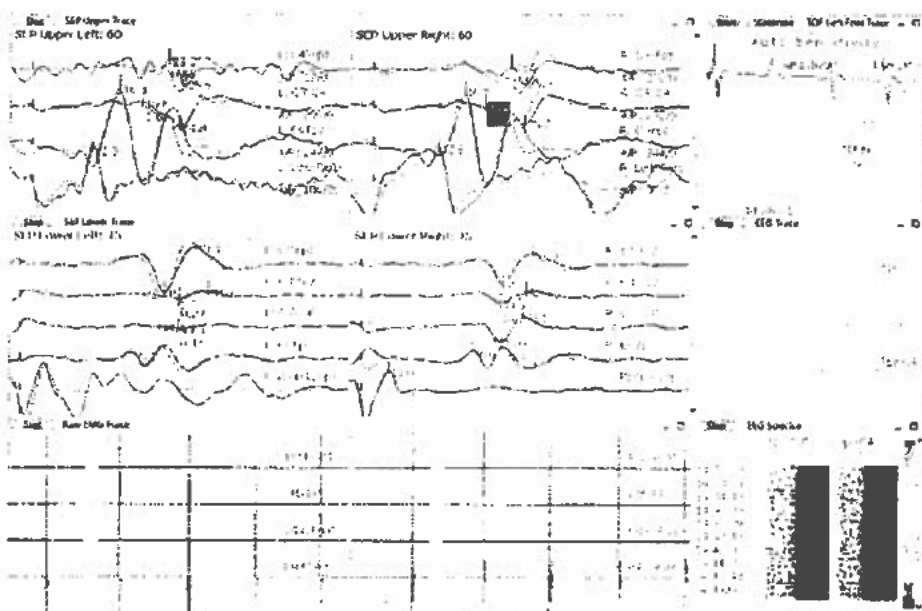
SUMMARY REPORT

Data Time: 6/6/2022 15:28:39
Print Time: 6/6/2022 15:28:39
Operator: Caitlin Baroody CNIM

14:40:21 Screenshot #64



14:44:45 Screenshot #65



14:48:21 Tightening hardware

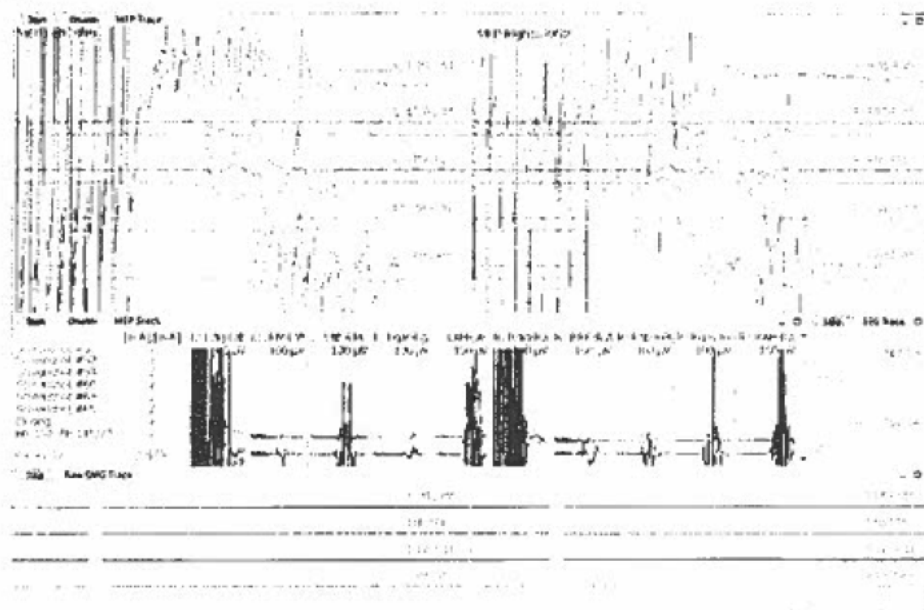
Patient ID: [REDACTED]
ID: 08 25 34

NMA E4 Lumbar 3.7

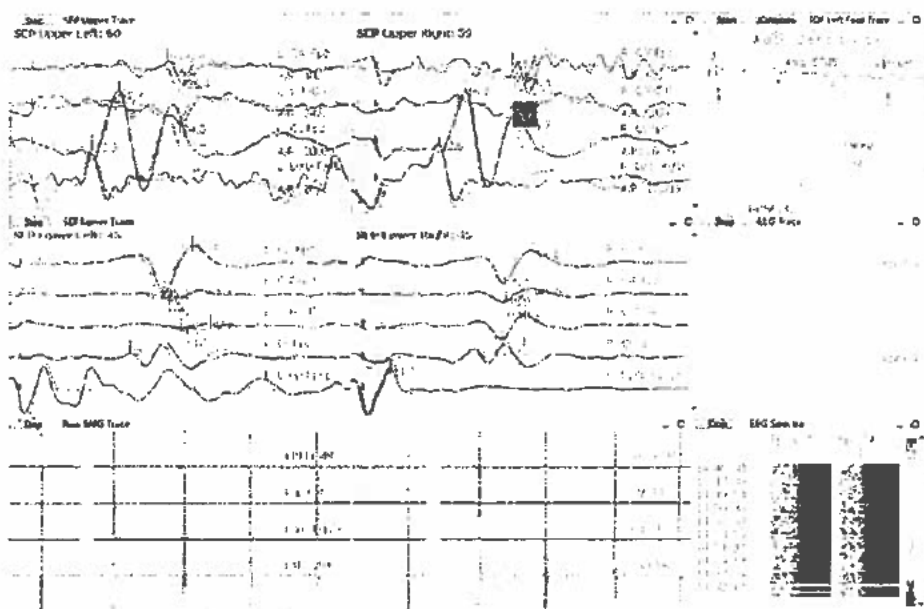
SUMMARY REPORT

Data Time: 6/6/2022 15:28:46
Print Time: 6/6/2022 15:28:46
Operator: Caitlin Baroody CNIM

14:57:59 Screenshot #68



14:59:19 Screenshot #69



14:59:55 SEP's repeating x4, MEP's present x4, TOF 4/4, EMG quiet, EEG symmetric. - reader agrees, SISA

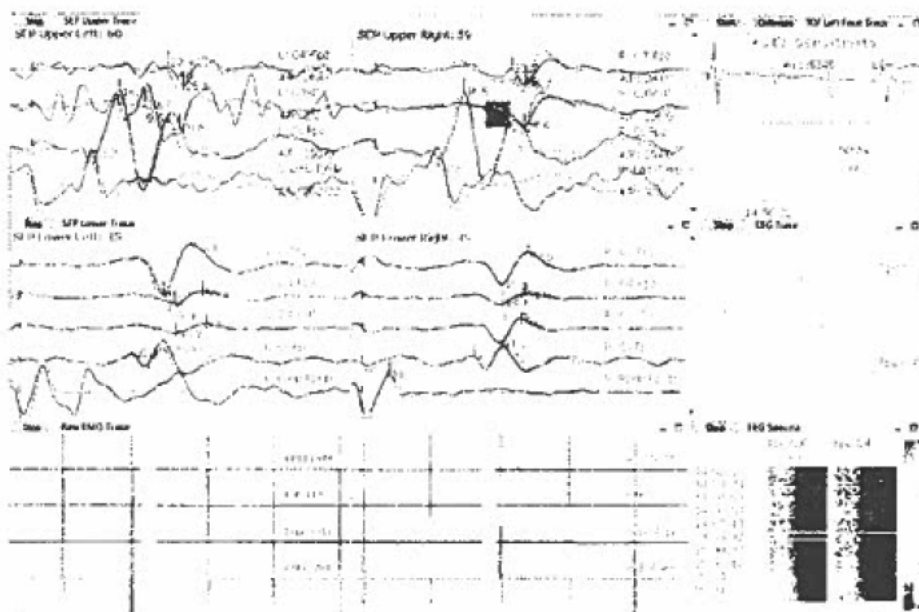
P: [REDACTED]
ID: [08:25:34]

NMA E4 Lumbar 3.7

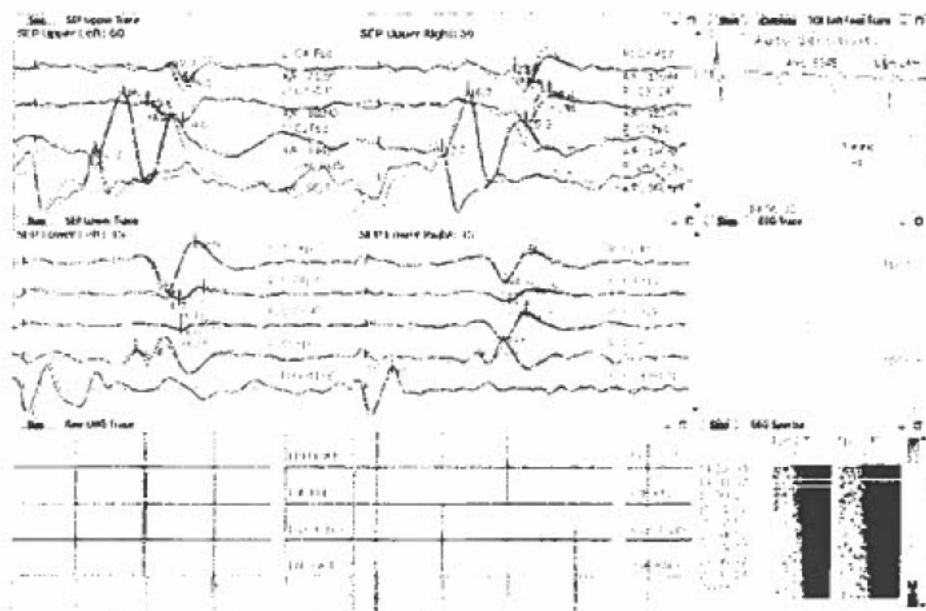
SUMMARY REPORT

Data Time: 6/6/2022 15:28:50
Print Time: 6/6/2022 15:28:50
Operator: Caitlin Baroody CNIM

15:05:03 Screenshot #70



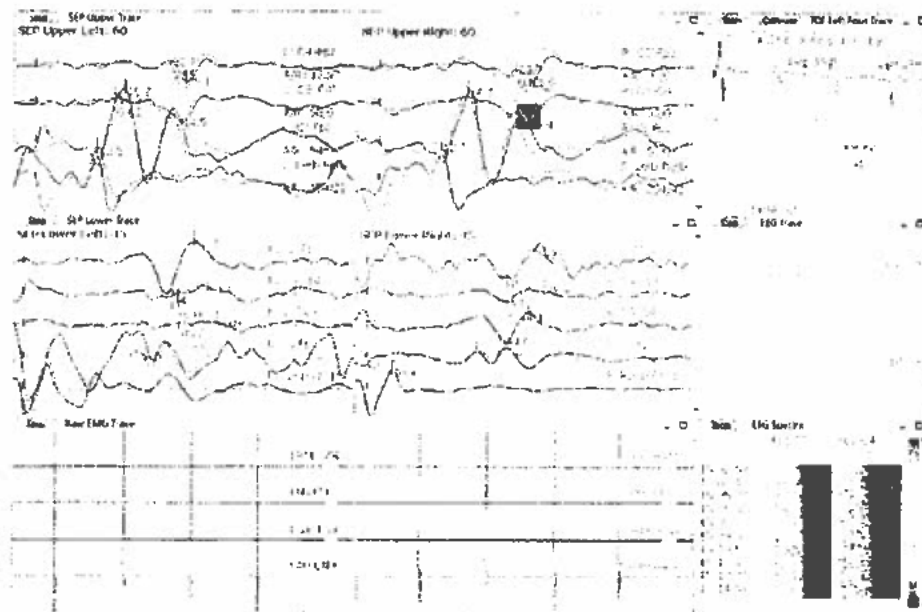
15:10:12 Screenshot #71



Data Time: 6/6/2022 15:28:53
Print Time: 6/6/2022 15:28:53
Operator: Caitlin Baroody CNIM

SUMMARY REPORT

15:15:30 Screenshot #72



15:18:55 End of NOM

15:26:34 41 needles removed, room informed

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INTRAOPERATIVE NEUROPHYSIOLOGY

Print Time Stamp: 06-07-2022 05:42 AM EST

Surgery Date: **06/06/2022** HOSPITAL ID: 912220811 Medical Rec. #: 35299488 Patient Type: Inpatient

Patient: [REDACTED] DOB: [REDACTED] Age: [REDACTED]

Surgeon: GARY MICHAEL FLANGAS, M.D. Post Baseline 09:29

Final Trace Time: 15:18

Anesthesiologist: GATYNYA, PATEL MD Total Professional Time: 05:49

PID: 2361129

IONM Technologist: CAITLIN BAROODY, CNIM

Location: SPRING VALLEY HOSPITAL

Diagnosis: STENOSIS

Procedure: PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1.

Conditions of the Recording:

All studies were performed on the aforementioned patient under real-time physician direct supervision via internet communication allowing continuous or immediate contact between the interpreting monitoring physician and surgeon. Real time viewing of the data and real-time communication with the technologist, surgeon, and anesthesiologist was maintained throughout the procedure. Please see technician notes for details of stimulation and recording.

For upper and lower extremity SSEP monitoring, supramaximal interleaved electrical stimulation was delivered to selected peripheral nerves bilaterally in order to monitor the functional integrity of the somatosensory pathways. EEG was monitored for cortical activity and utilized to monitor depth of anesthesia.

For spontaneous EMG monitoring, electrodes were applied to the selected muscles bilaterally in order to monitor the physiologic status of the peripheral nerves at potential risk. For neuromuscular junction monitoring, electrical stimulation was applied to a peripheral nerve and recorded from the corresponding muscle in order to assess the level of neuromuscular blockade.

The functional integrity of the motor tracts was monitored using motor evoked potentials (MEPs).

Description of the Recording:

Somatosensory Evoked Potentials (SSEPs) were performed to monitor the sensory system by stimulating nerves in the upper and lower extremities. Baseline responses were recorded prior to the start of the procedure and subsequent responses were compared to baseline.

Cortical and Sub-Cortical waveforms were recorded from the sensory and sub-thalamic generators. Significant changes in SSEPs were there defined as delay in latency (by 10%) or decrease in amplitude (by 50%).

Bilateral ulnar and tibial nerve SSEP baselines were reproducible and reliable. There were no significant changes in SSEPs during the case.

Upper SSEP Stimulation Site: Ulnar Nerve

Lower SSEP Stimulation Site: Posterior Tibial

NCVs were recorded using electrodes placed at Erb's point to monitor ulnar nerve stimulation at the wrist and at the Popliteal fossa to monitor tibial nerve stimulation at the ankle. No changes were observed in ulnar stimulation to Erb's point and tibial stimulation to the Popliteal fossa during the procedure.

NCV Recording Site : Erb's Point, Popliteal Fossa.

The functional integrity of the motor tracts were monitored using motor evoked potentials (MEPs). The continued appearance of these MEPs Motor Evoked Potentials (MEPs) elicited by Transcranial stimulation of the motor cortex at C1 and C2. MEPs were measured using bipolar subdermal needle electrodes placed into the belly of monitored muscles, and throughout the operation were compared to previously recorded baseline values.

Upper and Lower TceMEP responses were present at baseline. TceMEPs were run intermittently throughout the procedural case. No changes were noted during the procedure in bilateral upper and lower extremities. No changes were noted at closing.

Motor responses were measured at the following muscles:

Upper MEP Muscles : ADM Muscle, APB Muscle.

Lower MEP Muscles : Abductor Hallucis, Gastroc Muscle, Peroneus Longus, Quadriceps Muscle, Tibialis Anterior.

Free Running Electromyography (EMG) was performed to monitor the integrity of the motor system and for nerve/root irritability. Recording electrodes were placed in muscles appropriate to the site of the procedure.

Continuous free running EMG was quiet throughout the procedure.

Lower Needle EMG Muscles : Abductor Hallucis, Gastroc S1, Peroneus Longus L5,S1, Tib. Ant. L5, Vast. Medi L2-L4, RECTUS FEMORIS.

Continuous EEG was monitored via modified 10-20 montage throughout the surgical procedure to monitor cortical function and depth of anesthesia. Data was used to help inform anesthesia for helping to keep patient well sedated but not too deep for intra-operative monitoring. EEG was symmetric throughout the procedure and no lateralizing events were observed during the case.

Train-of-Four Neuromuscular Junction (TOF) testing was performed to verify the validity of monitoring procedures dependent upon active motor neuronal firing such as EMG, MEP monitoring, and/or Pedicle stimulation. A response of 2 out of 4 or better is advisable.

Train of four (TOF) Neuro-muscular Junction Testing consistently produced 4 out of 4 responses for portions of the case where EMG monitoring was required.

Summary:

Under direct physician supervision, Upper and lower SSEPs were repeatable, reproducible, and reliable for monitoring at baseline. The latencies and amplitudes were compared to baseline values. No significant variations were noted. Free-running EMG was performed during the procedure and was unremarkable. EEG was unremarkable throughout the case. Train-of-Four Neuromuscular Junction testing produced 4 out of 4 stimulus responses. TceMEPs were present at baseline and were obtainable throughout the case.

Impression:

This intraoperative monitoring study was unremarkable, as described above.

Andrew Hsu, M.D.

NOTE: This report was signed via Electronic Signature by Andrew Hsu, M.D. on 06/07/2022 01:42 AM

Las Vegas - L4

9811 W. Charleston Blvd
Suite 2-541
Las Vegas, NV, 89117

Technical Report

Print Time Stamp: 05/06/22 10:56 PM

Hospital ID: 912220811
Medical Rec. #: 35299488

PID: 2361129

Patient Information

Date Of Surgery

06-01-2022

Hospital

SPRING VALLEY HOSPITAL

Surgeon

GARY MICHAEL
FLANGAS, M.D.

IONM Technologist

CAITLIN BARODDY, CNIM

Date Of Birth

Age

Sex

Home Phone

Work Phone

Cell

Procedure PLIF L3 - L4, POSTERIOR INSTRUMENTATION L4 - S1

Diagnosis: STENOSIS

Reader	Anesthesiologist	IONM System	Hookup Time	Patient In OR	Patient Out OR	Post Baseline	Final Time	Preoperative Time	Total Tech
Andrew Hsu, M.D.	GATYNYA, PATEL MD	E4	08:35	09:09	15:50	09:29	15:18	06:49	07:15

Introduction

MULTIMODALITY INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING WAS CONTINUOUSLY CARRIED OUT IN AN EFFORT TO SAFEGUARD NEUROANATOMICAL STRUCTURES AND NEUROPHYSIOLOGICAL FUNCTION UTILIZING THE MODALITIES LISTED BELOW. SOMATOSENSORY EVOKED POTENTIALS (SSEPS) WERE USED TO CONTINUOUSLY MONITOR DORSAL COLUMN FUNCTION DURING THE ENTIRE PROCEDURE. SPONTANEOUS NEEDLE ELECTROMYOGRAPHY (SNMG) WAS USED TO MONITOR INDIVIDUAL NERVE ROOT STATUS. TRANSCRANIAL MOTOR EVOKED POTENTIALS (TCMEPS) WERE USED TO ASSESS THE CORTICOSPINAL MOTOR TRACTS OF THE SPINAL CORD. TRAIN OF FOUR NEUROMUSCULAR JUNCTION TESTING WAS EMPLOYED TO HELP VALIDATE THE SENSITIVITY OF THE NEEDLE-EMG TESTING DURING MONITORING. ELECTROENCEPHALOGRAPHY (EEG) WAS USED TO ASSESS DEPTH OF ANESTHESIA. NEUROPHYSIOLOGIC BASELINES WERE OBTAINED AFTER INCISION AND PRIOR TO EXPOSURE.

Upper SSEP

Stimulation sites: Ulnar Nerve.

Results: SSEP BASELINES TO INDIVIDUAL ULNAR NERVE STIMULATION AT THE WRISTS WERE REPRODUCIBLE AND RELIABLE. CORTICAL, SUBCORTICAL AND PERIPHERAL WAVEFORMS WERE RECORDED FROM THE SENSORY, SUB-THALAMIC, AND PERIPHERAL GENERATORS. THERE WERE NO SIGNIFICANT CHANGES IN EITHER THE LATENCY (>10%) OR AMPLITUDE (>50%) FROM BASELINES THROUGHOUT THE CASE. THE SURGEON WAS APPRISED OF ALL RESULTS.

Lower SSEP

Stimulation sites: Posterior Tibial.

Results: SSEP BASELINES TO POSTERIOR TIBIAL NERVE STIMULATION AT THE MEDIAL MALLEOLUS WERE REPRODUCIBLE AND RELIABLE. CORTICAL, SUBCORTICAL AND PERIPHERAL WAVEFORMS WERE RECORDED FROM THE SENSORY CORTICAL, SUB-THALAMIC, AND PERIPHERAL GENERATORS. THERE WERE NO SIGNIFICANT CHANGES IN EITHER THE LATENCY (>10%) OR AMPLITUDE (>50%) FROM BASELINES THROUGHOUT THE CASE. THE SURGEON WAS APPRISED OF ALL RESULTS. NEEDLES USED FOR LOWER STIM.

Peripheral Nerves

Recording Sites: Erb's Point, Popliteal Fossa

Results: SENSORY NERVE ACTION POTENTIALS WERE RECORDED FROM ELECTRODES PLACED AT THE ERB'S POINT AND POPLITEAL FOSSA FOLLOWING ULNAR NERVE STIMULATION AT THE WRIST AND TIBIAL NERVE STIMULATION AT THE ANKLE, RESPECTIVELY. NO SIGNIFICANT CHANGES WERE OBSERVED TO THE ERB'S POINT OR POPLITEAL FOSSA SNAPS DURING THE PROCEDURE.

Upper MEP

Recording Sites: ADM Muscle, APB Muscle

Results: UPPER TCMEP WAVEFORMS WERE PRESENT AND RELIABLE AT BASELINE. TCMEPS WERE RUN INTERMITTENTLY THROUGHOUT THE PROCEDURE UNTIL CLOSING, AND THERE WERE NO SIGNIFICANT CHANGES OBSERVED IN THE BILATERAL UPPER EXTREMITIES. THE SURGEON WAS INFORMED OF THE STATUS OF TCMEP RESPONSES AFTER EACH TEST AND THE FINAL RESULTS AT CLOSING.

Lower Needle EMG

Recording Sites: Abductor Hallucis, Gastroc S1, Peroneus Longus L5, S1, Tib. Ant. L5, Vast. Med. L2-L4, RECTUS FEMORIS.

Results: BILATERAL BASELINE LOWER NEEDLE EMG ACTIVITY WAS ASSESSED AND FOUND TO BE FREE OF SPONTANEOUS ACTIVITY. FREE RUNNING EMG WAS MONITORED THROUGHOUT THE PROCEDURE WITH NO REPORTABLE INTRAOPERATIVE EVENTS.

Las Vegas - L4

9811 W. Charleston Blvd
Suite 2-641
Las Vegas, NV, 89117

Technical Report

Print Time Stamp: 06/06/22 10:56 PM

Hospital ID: 912220811
Medical Rec. #: 35299488

PID: 2361129

Lower MEP

Recording Sites: Abductor Hallucis, Gastroc Muscle, Peroneus Longus, Quadriceps Muscle, Tibialis Anterior.

Results: LOWER TCMEP WAVEFORMS WERE PRESENT AND RELIABLE AT BASELINE. TCMEPS WERE RUN INTERMITTENTLY THROUGHOUT THE PROCEDURE UNTIL CLOSING, AND THERE WERE NO SIGNIFICANT CHANGES OBSERVED IN THE BILATERAL LOWER EXTREMITIES. THE SURGEON WAS INFORMED OF THE STATUS OF TCMEP RESPONSES AFTER EACH TEST AND THE FINAL RESULTS AT CLOSING.

Bite Block Used For All Stimulations: Yes

Bite Block Comments: BITEBLOCK IN PLACE BY ANESTH AS REQUESTED BY TECH AND VISUALLY CONFIRMED PRIOR TO RUNNING MOTORS

EEG

Results: EEG WAS SYMMETRIC THROUGHOUT THE PROCEDURE. NO LATERALIZING EVENTS WERE OBSERVED DURING THIS CASE.

TO4

Results: TOF TEST PRODUCED 4/4 TWITCHES DURING ALL SURGICAL STAGES WHERE EMG MONITORING WAS REQUIRED. PT PARALYZED FOR 1 HOUR AFTER BASELINES OBTAINED ACCORDING TO SURGEON'S PREFERENCE.

TO4 Response	TO4 TIME	TO4 Reliability
4	09:29 AM	Obtained
4	09:40 AM	Obtained
0	09:48 AM	Unable to obtain
0	09:58 AM	Unable to obtain
0	10:28 AM	Unable to obtain
1	10:59 AM	Obtained
1	11:29 AM	Obtained
4	11:52 AM	Obtained
4	12:28 PM	Obtained
4	12:59 PM	Obtained
4	01:29 PM	Obtained
4	01:58 PM	Obtained
4	02:28 PM	Obtained
4	02:56 PM	Obtained

Summary

AS INDICATED ABOVE, THIS WAS AN UNEVENTFUL PROCEDURE. SURGEON WAS NOTIFIED OF CLOSING RESULTS. SURGEON DECLINED PERICLIL TESTING.

NOTE: This report was signed via Electronic Signature by CAITLIN BAROODY, CNIM on 06/06/2022 06:56 PM.

Recv'd Date: 20220622 Bill DCN: 100122841739

Received: 06/23/2022

DataSet: DRS

Location Code: 22

Reading Location Name: SUMMERLIN HOSPITAL MED CTR

Reading Location State: NV

Location Name: SPRING VALLEY HOSPITAL

Referring Doctor Name: [REDACTED]

Birth Date: [REDACTED]

Referring Doctor: Flangas, Gary Michael

Visit No.: 912220811D

MRN: SVH35299488D

Order No.: 37-US-22-007236SVH2

CDSM Tool:

CDSM Outcome:

Exam Date: 6/8/2022

Exam Description: US LE VENOUS DUPLEX BILATERAL

Bill Type: P

Reason for Exam: DVT, R/O

Procedure Note:

ULTRASOUND BILATERAL LOWER EXTREMITY VENOUS DUPLEX:

HISTORY: DVT, R/O

Comparison: None.

TECHNIQUE: Real-time ultrasound examination with permanent image recording was performed and reviewed on a PACS workstation. Examination includes gray scale, compression gray scale, color and duplex Doppler evaluation of each vessel. Each vessel was evaluated for compressibility, color and spectral Doppler flow, respiratory phasicity, and augmentation.

FINDINGS: The bilateral common femoral, femoral, popliteal, proximal greater saphenous, and proximal posterior tibial and peroneal veins are compressible with normal color doppler flow. Normal respiratory phasicity and augmentation are present.

CONCLUSION: No sonographic evidence of bilateral lower extremity DVT.

Dictating Doctor Name:

Dictated Date:

Dictated Time:

Approving Doctor Name: HSU, FRANK

Approval Date: 06/08/2022

Approval Time: 08:11

Contract:

Exam Time: 07:00

POS Code: I

DocID: 1147553983

Gary Flangas, M.D.
American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

FOLLOW-UP CONSULTATION

Patient: [REDACTED]
Date: June 23, 2022

The patient returns today for follow-up status post L3-4 lumbar interbody fusion with pedicle screw stabilization on 06/06/22. The patient, with regards to his back, is doing relatively well. He has back discomfort radiating into his hips. He does not have any radicular symptoms or paresthesias. Last night, he developed diffuse swelling with pruritus and urticaria spread out throughout. His wife states that his lips turned blue temporarily. It happened approximately 2 hours after taking his Vallum. He is currently taking Percocet, Vallum and aspirin. The symptoms are gradually improving, although he is still itching and he still has some scattered urticarial lesions and diffuse swelling of the hands and feet as well as the face.

On Exam


- **General:** His incision is healing well.
- **Gait:** Slow and guarded, non-antalgic.
- **Station:** Normal.
- **Motor:** Stable.
- **Sensory:** Stable.

Assessment

1. Status post L3-4 lumbar interbody fusion with pedicle screw stabilization clinically stable.
2. Allergic reaction with urticaria, pruritus, and swelling.

Discussion of Management Options and Treatment Plan

The patient will go to the ER for evaluation of the allergic reaction. I have asked him to stop his medications including the Percocet, Vallum and aspirin, as we do not know which one is causing the symptoms or if it is actually coming from something else. He may need to see an allergist. We will plan on seeing him back in 1 month with an AP and lateral lumbar spine x-ray.


Gary Flangas, M.D.
American Board of Neurological Surgery
GF/fp

Dictated but not proofread.
Subject to transcription variance.

Official Use Only:
Rec'd by Health Detail: Rec'd by CCMST:
CC CCMST: CC Health Detail:
Employee's Full Name: [REDACTED] DOB: [REDACTED] SSN: [REDACTED] Classification: PO Date of Injury: 11/25/2021

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
MEDICAL EVALUATION FORM
OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE

ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696. HEALTH DETAIL FAX #: (702) 828-1539

Today's Date: 06/23/2022 Body Part(s)/Illness/Exposure: LUMBAR SPINE
☐ First Report ☒ Interim Report ☐ Final Report
☐ Discharged ☐ Condition Same ☐ Condition Improved ☒ Condition Worsened ☐ PT Prescribed
☐ Consultation Required ☐ Further Diagnostic Studies required Stable ☐ Yes ☒ No Ratable ☐ Yes ☐ No

Time off work: 06/23/2022 through 07/26/2022 Release to Full Duty: ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: PATIENT TO FOLLOW UP IN ONE MONTH WITH AP & LATERAL LUMBAR SPINE X-RAYS

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: through (Estimated) ☐ Continuation of a previously reported modified duty

**MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)

- ☐ No lifting over ☐ 10 ☐ 20 ☐ 50 Pounds ☐ No combat/altercation activities
☐ No pulling, pushing or carrying over ☐ No operating a marked patrol vehicle in the line of duty
☐ 10 ☐ 20 ☐ 50 Pounds ☐ No reaching/working above shoulder
☐ No repetitive motion to injured part ☐ Must wear splint/sling
Body Part: ☐ No climbing stairs/ladders
☐ Unable to carry or use weapon
☐ Other

**REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No
Range Qualification: ☐ Yes ☒ No Remarks:

Medication Prescribed

** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☐ Yes ☐ No Employee Is: ☐ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: 10:15AM Time out: 10:45AM Next Appointment: Date 07/26/2022 Time: 11:30AM
Physician or Clinician Print Name: DR. GARY M. FLANGAS Physician or Clinician Signature: [Signature] Date: 06/23/2022
Address (Include City, State, Zip): 8285 W ARBY AVE, #220, LAS VEGAS, NV 89113 Phone#: 702-737-7753

**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
5095 S. Rainbow Blvd Suite 101 Las Vegas, NV 89118
(702) 228-0031 • Fax (702) 228-7253 • www.pmiiv.com

Patient: [REDACTED]
X-Ray #: 405544
DOB: 06/13/1977
Referring Doctor: CARZ M. ELANCAS, MD

Exam Date: 07/21/2022
Exam Time: 04:55 PM
Accession #: 2127720

PROCEDURE: L-SPINE 2 OR 3 VIEW

LUMBAR SPINE SERIES 3 views

7/21/2022 4:55 PM PDT

HISTORY: back pain

COMPARISON: none

FINDINGS:

The vertebral bodies are of normal height. There are no significant degenerative changes. The patient has had surgery anterior and posterior lumbar fusion L3-4 level in normal alignment. Laminectomy defect is noted. Previous fusion L4-5 and L5-S1 levels as well.

Bony alignment is normal.

No acute fracture or dislocation.

Paraspinous soft tissues are unremarkable. Pedicles are intact.

IMPRESSION: Status post anterior and posterior lumbar fusion L3-4 level in normal alignment. Hardware appears intact and the spacer appears in normal position. Previous lumbar fusion L4-5 and L5-S1 levels.

Dictated By: Dana Murakami M.D. at 2022-07-21 19:08:44

Electronically Signed By: Dana Murakami M.D. at 2022-07-21 19:10:35

Workstation: 4S5ZDW2



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 #: 405544
DOB: [REDACTED]
Referring Doctor: GARY M FLANGAS, MD

Exam Date: 09/07/2022
Exam Time: 01:19 PM
Accession #: 2150393

PROCEDURE: L-SPINE 2 OR 3 VIEW

EXAM: L-SPINE 2 OR 3 VIEW 9/7/2022 1:19 PM PDT

COMPARISON: None

HISTORY: F/U L3-L4 FUSION 6-6-22

TECHNIQUE: 3 views

FINDINGS:

No acute fracture or dislocations. No compression fractures. Prior decompression surgery from L3 through L5. Posterior fusion at L3-4. Overall alignment of the spine is intact.

IMPRESSIONS:

1. No acute abnormalities noted.

Dictated By: Nader Beheshti M.D. at 2022-09-07 16:29:33

Electronically Signed By: Nader Beheshti M.D. at 2022-09-07 16:31:02

Workstation: FP841M3

Gary Flangas, M.D.
American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

FOLLOW-UP CONSULTATION

Patient: [REDACTED]
Date: September 8, 2022

The patient returns today for follow-up status post L3-4 lumbar interbody fusion with pedicle screw stabilization on 06/06/22. Clinically he is doing relatively well. He is having quite a bit of back discomfort, but the radicular symptoms are resolved.

On Exam

- **General:** On exam he is awake, alert, oriented x 4 and is in no apparent distress. His incision is healing well.
- **Gait:** Mildly antalgic.
- **Station:** Normal.
- **Motor:** Stable.
- **Sensory:** Stable.

Diagnostic Studies and Testing

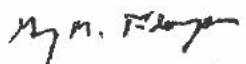
Plain x-rays of the lumbar spine reveal an excellent construct.

Assessment

Status post L3-4 lumbar interbody fusion with pedicle screw stabilization clinically stable.

Discussion of Management Options and Treatment Plan

He will start to taper his LSO brace. We will start him in physical therapy 3 times per week for 4 weeks. We will keep him off of work while he continues to convalesce. We will see him back in 1 month with AP and lateral lumbar spine x-rays.


Gary Flangas, M.D.
American Board of Neurological Surgery
GF/lp

Dictated but not proofread.
Subject to transcription variance.

**Pueblo Medical Imaging**

8551 W. Lake Mead Blvd., Suite 150, Las Vegas, NV 89128
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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 #: 405564
DOB: [REDACTED]
Referring Doctor: GARY M. FLANGAS, MD

Exam Date: 10/12/2022
Exam Time: 11:13 AM
Accession #: 2169138

PROCEDURE: L-SPINE 2 OR 3 VIEW

LUMBAR SPINE SERIES 3 views

10/12/2022 11:13 AM PDT

HISTORY: Post fusion

COMPARISON: July 21, 2022 and September 7, 2022

FINDINGS:

The vertebral bodies are of normal height. There are mild degenerative changes present.

The patient has had prior anterior fusion L3 to the S1 level. Posterior plates noted L3-4 level. Disc spacers appear in appropriate position. The L3-4 disc level does not appear fused but the L4-5 and L5-S1 levels are probably fused. Laminectomy defect noted posteriorly.

No acute fracture or dislocation.

Paraspinal soft tissues are unremarkable. Pedicles are intact.

IMPRESSION: Status post anterior and posterior fusion L3-4 level. Hardware appears intact and is in normal alignment. Previous anterior fusion L4-5 and L5-S1 levels..

Dictated By: Dana Murakami M.D. at 2022-10-12 13:43:01

Electronically Signed By: Dana Murakami M.D. at 2022-10-12 13:45:18

Workstation: PMILM03-D696GB2

Gary Flangas, M.D.
American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

FOLLOW-UP CONSULTATION

Patient: [REDACTED]
Date: October 13, 2022

The patient returns today for follow-up status post L3-4 lumbar interbody fusion with pedicle screw stabilization on 06/06/22. Clinically he continues to improve. He still has quite a bit of back discomfort, but no radicular symptoms.

On Exam

- **General:** On exam he is awake, alert, oriented x 4 and is in no apparent distress. His incision is healing well.
- **Gait:** Non-antalgic, but slow and stiff in nature.
- **Station:** Normal.
- **Motor:** Stable.
- **Sensory:** Stable.

Diagnostic Studies and Testing

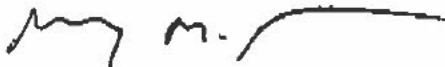
Plain x-rays reveal an excellent construct with early incorporation of the grafts.

Assessment

Status post L3-4 lumbar interbody fusion with pedicle screw stabilization clinically improving.

Discussion of Management Options and Treatment Plan

Again we will reorder his physical therapy, which has not yet been started. We will return him back to work next week on light duty status. We will see him back in 1 month with AP and lateral lumbar spine x-rays.



Gary Flangas, M.D.
American Board of Neurological Surgery
GF/lp

Dictated but not proofread.
Subject to transcription variance.



DHPT-Aliante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Irene Khair, PT
Prim Phy:
Phy Phone: Not Specified
Phy Fax: Not Specified
Sec Phy: Not Specified
Inj. Date: Not Specified
Surg. Date: Not Specified

Visit Date: Nov 03, 2022
FSC: Workers Compensation
Payor: Not Specified
Insured: Not Specified
Employer: Not Specified
Case Mgr: Not Specified
Visits: 1
Cxl/Ns: 0

Initial Evaluation

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt is a [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status:

- Premorbid Status: Work status: Full time / Full duty.
- Current Status: Work status: Full time / Light duty.
- Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying
- Occupation: Police officer

The Modified Oswestry Disability Index (MODI) is used to assess symptoms and severity of low back pain in terms of disablement and the degree to which back or leg pain impacts functional activities.

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

Rehabilitation Expectations/Goals: Return to Work Activities: Unrestricted/Symptom Free.

ADL / Functional Status: Current Status: ADL / IADL: Activities:

- Forward Bending: Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing: Difficulty standing for long period of time
- Walking: Difficulty walking for 20-30 min secondary to increase pain

Functional Comorbidity Index: Body Measurements:

- Height (in): 71 Inches
- Weight (lbs): 280 Pounds
- Body Mass Index - Calculated: 39.0

Chief Complaint: Pain: Severity:

- Current: 6/10
- At Best: 5/10

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 03, 2022

At Worst

8/10

Objective Examination**Spine**

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Functional Tests: Return to Participation: Occupational Tests: Deferred secondary to current status and surgery

Gait/Locomotion: Mild antalgic gait decreased stance phase on L side

Muscle Testing: Lower Extremity MMT:**Left****Right**

• Hip Abduction:	+3/5	+4/5
• Hip Adduction	+3/5	+4/5
• Hip Flexion	+3/5	+4/5
• Knee Extension	+3/5	+4/5
• Knee Flexion	+3/5	+4/5

Flexibility:**Left****Right**

• Piriformis	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction

Special Tests: Spine: Lumbar:**Left****Right**

• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness
----------------------	---------------------	---------------------

Range of Motion: Spine: Pre-Treatment: Active Lumbosacral (%):

• Extension(w/pain)	10%
• Flexion(w/pain)	30%
• Rotation Left	WNL%
• Rotation Right	WNL%
• Side Bending Left	WNL%
• Side Bending Right	WNL%

Treatments**Spine****Pt./Family Education:**

- Written Home Exercise Program

Activity: Provided & Reviewed, Description: Diagnosis Specific, Time Elapsed: 6 Minutes, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 6 Minutes.

- Patient Education 1

Description: Pt edu on POC, HEP, PR AND DX, Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 10 Minutes.

Exercise Activities: Aerobic Conditioning:**Exercise Activities: Isometrics:**

- Adduction Hip

Repetitions: 10, **Sets:** 2, **Hold.:** 5 sec Seconds, **Position:** Supine, **Additional Detail:** ball squeeze, **Time Elapsed:** 3 Minutes, **Charge As:** Neuromuscular Reeducation, **Performed by:** Irene Khair, PT, 3 Minutes.

Exercise Activities: Flexibility (L. Quarter):

- Hamstring Muscle

Time Elapsed: 3 Minutes, **Repetitions:** 3, **Side:** Bilateral, **Technique:** Active, **Body Position:** long sit, **Hold.:** 30 sec Seconds, **Charge As:** Therapeutic Exercise, **Performed by:** Irene Khair, PT, 3 Minutes.

- Gluteus Maximus mm

Time Elapsed: 3 Minutes, **Repetitions:** 3, **Side:** Bilateral, **Technique:** Active, **Body Position:** supine, **Hold.:** 30 sec Seconds, **Charge As:** Therapeutic Exercise, **Performed by:** Irene Khair, PT, 3 Minutes.

- Piriformis Muscle

Time Elapsed: 3 Minutes, **Repetitions:** 3, **Side:** Bilateral, **Technique:** Active, **Body Position:** supine, **Hold.:** 30 sec Seconds, **Charge As:** Therapeutic Exercise, **Performed by:** Irene Khair, PT, 3 Minutes.

- Psoas Musculature

Repetitions: 3, **Technique:** Active Assistive, **Body Position:** Standing, **Hold.:** 30 Seconds, **Time Elapsed:** 3 Minutes, **Charge As:** Therapeutic Exercise, **Performed by:** Irene Khair, PT, 3 Minutes.

Exercise Activities: Isotonics (L. Quarter):**Exercise Activities: Tubing/Bands (L. Quarter):**

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 03, 2022

Hip Abduction (Tubing)

Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Time Elapsed: 3 Minutes,
 Charge As: Therapeutic Activities, Performed by: Irene Khair, PT, 3 Minutes.

Exercise Activities:Stabilization Training:Supine Position:**Exercise Activities:Stabilization Training:Bridging Position:****Therapy Session Time**

• Therapy Session Start Time 11/03/2022 02:00 PM
 • Therapy Session Stop Time 11/03/2022 03:00 PM
 • Total Therapy Session Time 60 Minutes

Documented Procedural Code SummaryDocumented Procedural Code Summary:

Description	Code	Units	Minutes
• Evaluation, Moderate Complexity	97162	1	n/a
• Neuromuscular Reeducation	97112	1	3
• Therapeutic Activities	97530	1	3
• Therapeutic Procedure	97110	2	28

Timed Code Total Time: 34 Minutes**Assessment**

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good.

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Evaluation Components:

- Barriers to Rehab: None Identified.
- Barriers to Learning: None Identified.
- Signs of Abuse: No Signs of Abuse Observed.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain.
- Improve Balance.
- Improve Function.
- Improve Motor Control.
- Increase Range of Motion.
- Increase Strength.
- Return to Premorbid State.

Presentation: Pt is [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. Pt presents with decreased L/S ROM, BLE L>R and core strength, gait abnormalities and pain limiting ability to perform activities of daily living. CLOF he is having difficulty performing activities of daily living including: Walking, standing, bending and squatting to retrieve objects from the ground. PLOF pt has no difficulty in the aforementioned activities. Pt would benefit from skilled PT with POC including aerobic conditioning to improve endurance, active and passive stretching to improve joint ROM, resisted ther ex to improve strength of the LE/core, transfer and gait training to improve safe mobility, modalities to reduce pain and edema, and home exercise program instruction, ther-a-act to improve functional mobility and ADLs performance with emphasis post op protocol.

Problems & Goals**Spine****Problem #1****Chief Complaint: Pain: Severity:***LTG Achieve by Dec 01, 2022.***Symptomatic Improvements: Decreasing Pain: to 2/10.****Problem #2****Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.***LTG Achieve by Nov 24, 2022.***Client Education: Independent Home Exercise/Self Care Program.****Problem #3****Range of Motion: Spine: Pre-Treatment: Active Lumbosacral (%):**

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 03, 2022

*LTG Achieve by Dec 01, 2022.***Range of Motion Improvements to:Spine:Active Lumbosacral (%):**

- Extension 20%
- Flexion 60%

Problem #4**Flexibility:***LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In:Soft Tissue Flexibility to:**

- | | Left | Right |
|--------------|------------------|------------------|
| • Piriformis | Mild Restriction | Mild Restriction |
| • Hamstrings | Mild Restriction | Mild Restriction |

Problem #5**Muscle Testing: Lower Extremity MMT:***LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In:Lower Extremity Strength to:**

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | 4/5 | -5/5 |
| • Hip Adduction | 4/5 | -5/5 |
| • Hip Extension | 4/5 | -5/5 |
| • Hip Flexion | 4/5 | -5/5 |
| • Knee Extension | 4/5 | -5/5 |
| • Knee Flexion | 4/5 | -5/5 |

Problem #6**ADL / Functional Status: Current Status: ADL/ IADL: Activities:***LTG Achieve by Dec 15, 2022.***ADL Improvements In: Overall Function to Pre Morbid Levels.****Plan****Spine**

Amount, Frequency and Duration: Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 6 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

- Active Assistive Range of Motion Activities.
- Active Range of Motion Activities.
- Aerobic Conditioning:
 - Recumbent Stepper.
- Aerobic Conditioning:
 - Recumbent Bicycle.
- Client Education.
- Gait Training.
- Group Therapy.
- Home Exercise Program.
- Joint Mobilization Techniques.
- Manual Range of Motion Activities.
- Manual Therapy Techniques.
- Modalities: As Needed.
- Neural Mobilization Techniques.
- Neuromuscular Re-education.
- Proprioceptive/Closed Kinetic Chain Activities.
- Resistive Activities:
 - Isokinetic.
- Resistive Activities:

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

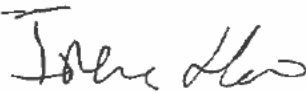
Visit Date: Nov 03, 2022

- Isometric.
- Resistive Activities:
 - Isotonic.
- Resistive Activities:
 - PNF.
- Resistive Activities:
 - Tubing/Bands.
- Self Care/Home Management.
- Soft Tissue Mobilization Techniques.
- Stretching/Flexibility Activities.
- Therapeutic Activities.
- Therapeutic Exercise.

The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

The patient and/or family were instructed to call therapist regarding problems or questions.

The goals and plan were discussed with the patient and/or family and they concur.



Irene J. Khair, PT, PT(NV Lic: 4755)
Signed on Nov 03, 2022 16:41:59

**Dignity Health**

Physical Therapy

in partnership with Select Medical

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]
 Clinician: Irene Khair, PT
 Prim Phy:
 Phy Phone: Not Specified
 Phy Fax: Not Specified
 Sec Phy: Not Specified
 Inj. Date: Not Specified
 Surg. Date: Not Specified

Visit Date: Nov 03, 2022
 FSC: Workers Compensation
 Payor: Not Specified
 Insured: Not Specified
 Employer: Not Specified
 Case Mgr: Not Specified
 Visits: 1
 Cxl/Ns: 0

DHPT-Aliante
 2550 Nature Park Drive
 Suite 250
 North Las Vegas, NV, USA, 89084
 Phone: (702) 859-4710
 Fax: (702) 859-4711

Plan of Care

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

Subjective Examination

Spine

The Modified Oswestry Disability Index (MODI) is used to assess symptoms and severity of low back pain in terms of disablement and the degree to which back or leg pain impacts functional activities.

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

ADL / Functional Status:

- Premorbid Status: Work status: Full time / Full duty.
- Current Status: Work status: Full time / Light duty.
- Occupation: Police officer
- Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Rehabilitation Expectations/Goals: Return to Work Activities: Unrestricted/Symptom Free.

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

Functional Comorbidity Index: Body Measurements:

- Height (in) 71 Inches
- Weight (lbs) 280 Pounds
- Body Mass Index - Calculated 39.0

Chief Complaint: Pain: Severity:

- At Best 5/10
- At Worst 8/10
- Current 6/10

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good.

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Evaluation Components:

- Barriers to Rehab: None Identified.
- Barriers to Learning: None Identified.
- Signs of Abuse: No Signs of Abuse Observed.

Presentation: Pt is a [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. Pt presents with decreased L/S ROM, B LE L>R and core strength, gait abnormalities and pain limiting ability to perform activities of daily living. CLOF he is having difficulty performing activities of daily living including: Walking, standing, bending and squatting to retrieve objects from the ground. PLOF pt has no difficulty in the aforementioned activities. Pt would benefit from skilled PT with POC including aerobic conditioning to improve endurance, active and passive stretching to improve joint ROM, resisted ther ex to improve strength of the core, transfer and gait training to improve safe mobility, modalities to reduce pain and edema, and home exercise program instruction, thera-act to improve functional mobility and ADLs performance with emphasis post op protocol.

Recommendations: Skilled Intervention: Required To:

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 03, 2022

- Decrease Pain.
- Improve Balance.
- Improve Function.
- Improve Motor Control.
- Increase Range of Motion.
- Increase Strength.
- Return to Premorbid State.

Problems & Goals**Spine****Problem #1****Chief Complaint:Pain:Severity:**

- At Best 5/10
- At Worst 8/10
- Current 6/10

*LTG Achieve by Dec 01, 2022.***Symptomatic Improvements: Decreasing Pain: to 2/10.****Problem #2****Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.***LTG Achieve by Nov 24, 2022.***Client Education: Independent Home Exercise/Self Care Program.****Problem #3****Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):**

- Extension(w/pain) 10%
- Flexion(w/pain) 30%
- Rotation Left WNL%
- Rotation Right WNL%
- Side Bending Left WNL%
- Side Bending Right WNL%

*LTG Achieve by Dec 01, 2022.***Range of Motion Improvements to:Spine:Active Lumbosacral (%):**

- Extension 20%
- Flexion 60%

Problem #4**Flexibility:**

- Hamstrings
- Piriformis

LeftModerate Restriction
Moderate Restriction**Right**Moderate Restriction
Moderate Restriction*LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In:Soft Tissue Flexibility to:**

- Piriformis
- Hamstrings

LeftMild Restriction
Mild Restriction**Right**Mild Restriction
Mild Restriction**Problem #5****Muscle Testing:Lower Extremity MMT:**

- Hip Abduction:
- Hip Adduction
- Hip Flexion
- Knee Extension
- Knee Flexion

Left+3/5
+3/5
+3/5
+3/5
+3/5**Right**+4/5
+4/5
+4/5
+4/5
+4/5*LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In:Lower Extremity Strength to:**

- Hip Abduction:

Left

4/5

Right

-5/5

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 03, 2022

• Hip Adduction	4/5	-5/5
• Hip Extension	4/5	-5/5
• Hip Flexion	4/5	-5/5
• Knee Extension	4/5	-5/5
• Knee Flexion	4/5	-5/5

Problem #6**ADL / Functional Status:Current Status:ADL/ IADL:Activities:**

- Forward Bending Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing Difficulty standing for long period of time
- Walking Difficulty walking for 20-30 min secondary to increase pain

LTG Achieve by Dec 15, 2022.

ADL Improvements In: Overall Function to Pre Morbid Levels.**Plan****Spine**

The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

The patient and/or family were instructed to call therapist regarding problems or questions.

The goals and plan were discussed with the patient and/or family and they concur.

Amount, Frequency and Duration: Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 3 visits a week with an expected duration of 6 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

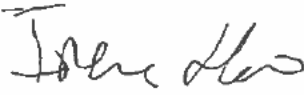
Therapeutic Contents:

- Active Assistive Range of Motion Activities.
- Active Range of Motion Activities.
- Aerobic Conditioning:
 - Recumbent Stepper.
- Aerobic Conditioning:
 - Recumbent Bicycle.
- Client Education.
- Gait Training.
- Group Therapy.
- Home Exercise Program.
- Joint Mobilization Techniques.
- Manual Range of Motion Activities.
- Manual Therapy Techniques.
- Modalities: As Needed.
- Neural Mobilization Techniques.
- Neuromuscular Re-education.
- Proprioceptive/Closed Kinetic Chain Activities.
- Resistive Activities:
 - Isokinetic.
- Resistive Activities:
 - Isometric.
- Resistive Activities:
 - Isotonic.
- Resistive Activities:
 - PNF.
- Resistive Activities:
 - Tubing/Bands.
- Self Care/Home Management.
- Soft Tissue Mobilization Techniques.

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

Visit Date: Nov 03, 2022

- Stretching/Flexibility Activities.
- Therapeutic Activities.
- Therapeutic Exercise.



Irene J. Khair, PT, PT(NV Lic: 4755)
Signed on Nov 03, 2022 16:41:59

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions**Physician/NPP Signature****Date****Print Name and Credentials****Patient:** [REDACTED]**DOB:** [REDACTED]**Facility Fax:** (7 [REDACTED])



DHPT-Aliante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Brien Campbell, PT
Prim Phy:
Phy Phone: Not Specified
Phy Fax: Not Specified
Sec Phy: Not Specified
Inj. Date: 11/25/2021
Surg. Date: Not Specified

Visit Date: Nov 07, 2022
FSC: Workers Compensation
Payor: CCMSI
Insured: Not Specified
Employer: Not Specified
Case Mgr: Not Specified
Visits: 2
Cxl/Ns: 0

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt is a [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on june they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on june they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status:Current Status:ADL/ IADL:Activities:

- Forward Bending Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing Difficulty standing for long period of time
- Walking Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint:Pain:Severity:

- Current 6/10
- At Best 5/10
- At Worst 8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Muscle Testing:Lower Extremity MMT:

	Left	Right
• Hip Abduction:	+3/5	+4/5
• Hip Adduction	+3/5	+4/5
• Hip Flexion	+3/5	+4/5
• Knee Extension	+3/5	+4/5
• Knee Flexion	+3/5	+4/5

Flexibility:

Left Right

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 07, 2022

Piriformis
 • Hamstrings
Special Tests:Spine:Lumbar:
 • Straight Leg Raise
Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):
 • Extension(w/pain)
 • Flexion(w/pain)
 • Rotation Left
 • Rotation Right
 • Side Bending Left
 • Side Bending Right

Moderate Restriction
 Moderate Restriction
 Left
 Hamstring Tightness
 Moderate Restriction
 Moderate Restriction
 Right
 Hamstring Tightness

Treatments**Spine****Pt./Family Education:**

- Patient Education 1(This visit)

Did Not Perform: This visit

Exercise Activities:Aerobic Conditioning:

- Recumbent Stepper

Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 10 Minutes.

Exercise Activities:Isometrics:

- Adduction Hip

Repetitions: 10, Sets: 3, Hold.: 5 sec Seconds, Position: Supine, Additional Detail: ball squeeze, Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Flexibility(L. Quarter):

- Hamstring Muscle

Repetitions: 5, Time Elapsed: 3 Minutes, Side: Bilateral, Technique: Active, Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

- Piriformis Muscle

Sets: 1, Additional Detail: Bilateral, Time Elapsed: 3 Minutes, Repetitions: 5, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Weight - Pounds: Body Weight Pounds, Time Elapsed: 4 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Exercise Activities:Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing)

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Charge As: Therapeutic Activities, Performed by: Natalia Villa, PTA, 5 Minutes.

- Tubing/Bands 1

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 6 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace

Time Elapsed: 5 Minutes, Body Position: supine, Hold.: 2-3 sec Seconds, Additional Detail: 2 min with red ball, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Stabilization Training:Bridging Position:

- Bridging

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Additional Detail: c TB around knees, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 6 Minutes.

Modalities:

- Cryotherapy

Location: Posterior, Additional Detail: Lower back, Clinical Use: Post Activity, Time Elapsed: 6 Minutes, Charge As: Hot or Cold Packs, Performed by: Natalia Villa, PTA, 6 Minutes.

Documented Procedural Code SummaryDocumented Procedural Code Summary:

Description	Code	Units	Minutes
-------------	------	-------	---------

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

Visit Date: Nov 07, 2022

Hot or Cold Packs	97010	1	n/a
• Neuromuscular Reeducation	97112	2	22
• Therapeutic Activities	97530	1	5
• Therapeutic Procedure	97110	2	20

Timed Code Total Time: 47 Minutes

Assessment

Pt arrived and eager to start his exercise program. Introduced core stabilization exercises to reduce lower back pain symptoms. Pt was able to complete all sets and reps without any discomfort. Pt demonstrated good performance with all exercises. Ended tx with cryotherapy to decrease any onset soreness in lower back.

Plan**Spine****Daily Plan:** Continue w/ Current Rehabilitation Program.

Brien Campbell, PT, PT(NV Lic: 4531)
Signed on Nov 08, 2022 10:00:27



Natalia . Villa, PTA, PTA(NV Lic: A-1410)
Signed on Nov 07, 2022 17:05:57



DHPT-Aliante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Brien Campbell, PT
Prim Phy: Gary M. Flangas
Phy Phone: (702) 737-7753
Phy Fax: (702) 407-7066
Sec Phy: Not Specified
Inj. Date: 11/25/2021
Surg. Date: Not Specified

Visit Date: Nov 09, 2022
FSC: Workers Compensation
Payor: CCMSI
Insured: Not Specified
Employer: Not Specified
Case Mgr: Not Specified
Visits: 3
Cxl/Ns: 0

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1

Weakness

General Information

History of Injury: Pt is [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Spine

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status:Current Status:ADL/ IADL:Activities:

- Forward Bending Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing Difficulty standing for long period of time
- Walking Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint:Pain:Severity:

- Current 6/10
- At Best 5/10
- At Worst 8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Muscle Testing:Lower Extremity MMT:

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | +3/5 | +4/5 |
| • Hip Adduction | +3/5 | +4/5 |
| • Hip Flexion | +3/5 | +4/5 |
| • Knee Extension | +3/5 | +4/5 |
| • Knee Flexion | +3/5 | +4/5 |

Flexibility:

Left Right

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 09, 2022

Piriformis	Moderate Restriction	Moderate Restriction
Hamstrings	Moderate Restriction	Moderate Restriction
Special Tests:Spine:Lumbar:	Left	Right
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness
Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):		
• Extension(w/pain)	10%	
• Flexion(w/pain)	30%	
• Rotation Left	WNL%	
• Rotation Right	WNL%	
• Side Bending Left	WNL%	
• Side Bending Right	WNL%	

Treatments*Spine***Pt./Family Education:**

- Patient Education 1(This visit)

Did Not Perform: This visit

Modalities:

- Cryotherapy(This visit)

Did Not Perform: This visit

Exercise Activities:Aerobic Conditioning:

- Recumbent Stepper

Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 10 Minutes.

Exercise Activities:Isometrics:

- Adduction Hip

Repetitions: 10, Sets: 3, Hold.: 5 sec Seconds, Position: Supine, Additional Detail: ball squeeze, Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Flexibility(L. Quarter):

- Hamstring Muscle

Time Elapsed: 3 Minutes, Repetitions: 4, Side: Bilateral, Technique: Active, Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

- Piriformis Muscle

Sets: 1, Additional Detail: Bilateral, Time Elapsed: 3 Minutes, Repetitions: 5, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

- Psoas Musculature(This visit)

Did Not Perform: This visit

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Weight - Pounds: Body Weight Pounds, Time Elapsed: 4 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

- Wall Squats;

Repetitions: 10, Sets: 3, Time Elapsed: 4 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Exercise Activities:Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing)

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Blue, Charge As: Therapeutic Activities, Performed by: Natalia Villa, PTA, 3 Minutes.

- Tubing/Bands 1

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Tubing/Band Color: Red, Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 6 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace

Time Elapsed: 5 Minutes, Body Position: supine, Hold.: 2-3 sec Seconds, Additional Detail: 2 min with red ball, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 5 Minutes.

- Marching In Place

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail: c ab bracing with yellow ball, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Stabilization Training:Bridging Position:

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

Visit Date: Nov 09, 2022

Bridging

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Additional Detail: c TB around knees, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 6 Minutes.

Documented Procedural Code Summary Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	2	27
• Therapeutic Activities	97530	1	3
• Therapeutic Procedure	97110	2	24

Timed Code Total Time: 54 Minutes

Assessment

Pt arrived to therapy with no soreness in the lower back but soreness in his quads from exercises last visit. Continuing tx to focus on decreasing lower back pain and strengthening LE and core. Introduced wall squats to increase bilateral leg strength and performed well with necessary rest breaks to finish exercise. Pt agreed to ice lower back at home after therapy.

Plan***Spine*****Daily Plan: Continue w/ Current Rehabilitation Program.**

Brien Campbell, PT, PT(NV Lic: 4531)
Signed on Nov 09, 2022 18:17:20



Natalia . Villa, PTA, PTA(NV Lic: A-1410)
Signed on Nov 09, 2022 17:29:52

Gary Flangas, M.D.
American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

FOLLOW-UP CONSULTATION

Patient: [REDACTED]

Date: November 15, 2022

The patient returns today for follow-up status post L3-4 lumbar interbody fusion with pedicle screw stabilization on 06/06/22. Clinically he states he has some good days and bad days. He does not have any radicular symptoms, but he still has some back discomfort.

On Exam

- **General:** On exam he is awake, alert, oriented x 4 and is in no apparent distress.
- **Gait:** Non-antalgic.
- **Station:** Normal.
- **Motor:** Stable.
- **Sensory:** Stable.

Diagnostic Studies and Testing

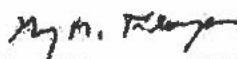
Plain x-rays reveal an excellent construct.

Assessment

Status post L3-4 lumbar interbody fusion with pedicle screw stabilization with slow clinical improvement.

Discussion of Management Options and Treatment Plan

Continue physical therapy. Continue light duty work restrictions. Follow-up in 1 month with AP and lateral lumbar spine x-rays.


Gary Flangas, M.D.
American Board of Neurological Surgery
GF/fp

Dictated but not proofread.
Subject to transcription variance.

Official Use Only: Rec'd by Health Detail: _____ Rec'd by CCMSI: _____		LAS VEGAS METROPOLITAN POLICE DEPARTMENT MEDICAL EVALUATION FORM OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE	
CC CCMSI: _____	CC Health Detail: _____	Classification PO	Date of Injury 11/25/2021
<p>ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696. HEALTH DETAIL FAX #: (702) 828-1608</p>			
Today's Date 11/15/2022	Body Part(s)/Illness/Exposure: LUMBAR SPINE	<input type="checkbox"/> First Report	<input checked="" type="checkbox"/> Interim Report
<input type="checkbox"/> Discharged <input type="checkbox"/> Condition Same <input checked="" type="checkbox"/> Condition Improved <input type="checkbox"/> Condition Worsened <input checked="" type="checkbox"/> PT Prescribed <input type="checkbox"/> Consultation Required <input checked="" type="checkbox"/> Further Diagnostic Studies required Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ratable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Time off work: _____ through _____ Release to Full Duty: _____ ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: **PATIENT TO FOLLOW UP IN ONE MONTH WITH AP & LATERAL LUMBAR SPINE X-RAYS/ CONT. PHYSICAL THERAPY @ DIGNITY HEALTH: 3XWK/4 WKS.**

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: **11/15/2022** through **12/20/2022** (Estimated) ☐ Continuation of a previously reported modified duty

**MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input checked="" type="checkbox"/> No lifting over <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input checked="" type="checkbox"/> No combat/altercation activities |
| <input checked="" type="checkbox"/> No pulling, pushing or carrying over <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input checked="" type="checkbox"/> No operating a marked patrol vehicle in the line of duty |
| <input checked="" type="checkbox"/> No repetitive motion to injured part | <input type="checkbox"/> No reaching/working above shoulder |
| Body Part: LUMBAR SPINE | <input type="checkbox"/> Must wear splint/sling |
| | <input type="checkbox"/> No climbing stairs/ladders |

☐ Unable to carry or use weapon

☒ Other **NO DUTY BELT**

**REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No

Range Qualification: ☐ Yes ☒ No Remarks: _____

Medication Prescribed

** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☒ Yes ☐ No Employee Is: ☒ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: 10:30AM	Time out: 11:15AM	Next Appointment Date: 12/20/2022	Time: 11:15AM
Physician or Clinician Print Name: DR. GARY M. FLANGAS		Physician or Clinician Signature: <i>Gary M. Flangas</i>	Date: 11/15/2022
Address (include City, State, Zip) 8285 W ARBY AVE, #220, LAS VEGAS, NV 89113		Phone: 702-737-7753	



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 #: 403844
DOB: [REDACTED]
Referring Doctor: GARY M. PIANGAS, MD

Exam Date: 11/15/2022
Exam Time: 07:41 AM
Accession #: 2188943

PROCEDURE: L-SPINE 2 OR 3 VIEW

L-SPINE 2 OR 3 VIEW

INDICATION: Postoperative follow-up study, surgery on 6/6/2022..

COMPARISON: Lumbar spine radiographs 10/12/2022, 9/7/2022, 7/21/2010..

FINDINGS:

There are five non-rib-bearing lumbar vertebral bodies. The patient is status post posterior fusion at L3-L4 with intact stabilization rods and pedicle screws bilaterally. There is artificial disc at L3-L4. Prior fusion hardware at L4-L5 and L5-S1 seen on the MRI on 12/22/2021 has been removed. There is probable ankylosis of the L4-L5 and L5-S1 levels. There are facet hypertrophic changes in the lower lumbar spine. Bone mineralization is normal. There is no evidence for acute fracture or dislocation. The sacroiliac joints are normal. The visible portion of the pelvic ring is intact.

IMPRESSION:

Status post removal of fusion hardware from L4 to S1 since 12/22/2021 with probable ankylosis; intact posterior fusion at L3-L4 with intact orthopedic hardware.

Dictated By: Marc Levin M.D. at 2022-11-15 10:20:12

Electronically Signed By: Marc Levin M.D. at 2022-11-15 10:23:27

Workstation: PMILM03-D696GB2



DHPT-Aliante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Irene Khair, PT
Prim Phy: Gary M. Flangas
Phy Phone: (702) 737-7753
Phy Fax: (702) 407-7066
Sec Phy: Not Specified
Inj. Date: 11/25/2021
Surg. Date: Not Specified

Visit Date: **Nov 16, 2022**
FSC: Workers Compensation
Payor: CCMSI
Insured: Not Specified
Employer: LVMPD
Case Mgr: Not Specified
Visits: 4
Cxl/Ns: 2

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt is a [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status:Current Status:ADL/ IADL:Activities:

- Forward Bending Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing Difficulty standing for long period of time
- Walking Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint:Pain:Severity:

- Current 6/10
- At Best 5/10
- At Worst 8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Muscle Testing:Lower Extremity MMT:

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | +3/5 | +4/5 |
| • Hip Adduction | +3/5 | +4/5 |
| • Hip Flexion | +3/5 | +4/5 |
| • Knee Extension | +3/5 | +4/5 |
| • Knee Flexion | +3/5 | +4/5 |

Flexibility:

Left Right

Patient: [REDACTED]

Acct #: 035R240986652

Visit Date: Nov 16, 2022

DOB: [REDACTED]

Piriformis	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction
Special Tests:Spine:Lumbar:	Left	Right
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness
Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):		
• Extension(w/pain)	10%	
• Flexion(w/pain)	30%	
• Rotation Left	WNL%	
• Rotation Right	WNL%	
• Side Bending Left	WNL%	
• Side Bending Right	WNL%	

Treatments**Spine****Pt./Family Education:**

- Patient Education 1(This visit)

Did Not Perform: This visit

Exercise Activities:Aerobic Conditioning:

- Recumbent Stepper

Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 10 Minutes.

Exercise Activities:Isometrics:

- Adduction Hip

Repetitions: 10, Sets: 3, Hold.: 5 sec Seconds, Position: Supine, Additional Detail: ball squeeze, Time Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation, Performed by: Irene Khair, PT, 5 Minutes.

Exercise Activities:Flexibility(L. Quarter):

- Hamstring Muscle

Time Elapsed: 3 Minutes, Repetitions: 4, Side: Bilateral, Technique: Active, Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 3 Minutes.

- Gluteus Maximus mm

Time Elapsed: 3 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 3 Minutes.

- Piriformis Muscle

Sets: 1, Additional Detail: Bilateral, Time Elapsed: 3 Minutes, Repetitions: 5, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 3 Minutes.

- Psoas Musculature(This visit)

Did Not Perform: This visit

- Gastrocnemius Slantboard

Repetitions: 3, Subtalar Position: Neutral, Hold.: 30 Seconds, Time Elapsed: 3 Minutes, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 3 Minutes.

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 4 Minutes.

- Wall Squats;

Repetitions: 10, Sets: 3, Time Elapsed: 4 Minutes, Charge As: Therapeutic Exercise, Performed by: Irene Khair, PT, 4 Minutes.

Exercise Activities:Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing)(This visit)

Did Not Perform: This visit

- Tubing/Bands 1

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Tubing/Band Color: Black, Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams, Charge As: Neuromuscular Reeducation, Performed by: Irene Khair, PT, 6 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace

Time Elapsed: 5 Minutes, Body Position: supine, Hold.: 2-3 sec Seconds, Additional Detail: 2 min with red ball, Charge As: Neuromuscular Reeducation, Performed by: Irene Khair, PT, 5 Minutes.

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

Visit Date: Nov 16, 2022

• Marching In Place

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail: c ab
bracing with yellow ball, Charge As: Neuromuscular Reeducation, Performed
by: Irene Khair, PT, 5 Minutes.

Exercise Activities: Stabilization Training: Bridging Position:**• Bridging**

Time Elapsed: 6 Minutes, Repetitions: 10, Sets: 2, Additional Detail: c TB
around knees BLK + hip abd, Charge As: Neuromuscular Reeducation,
Performed by: Irene Khair, PT, 6 Minutes.

Modalities:**• Cryotherapy (This visit)**

Did Not Perform: This visit

Documented Procedural Code Summary Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	2	27
• Therapeutic Procedure	97110	2	30

Timed Code Total Time: 57 Minutes**Assessment**

Tx has been focused on abdominal/L.E strengthen, flexibility and stabilizers muscle. No complaints. Required frequent breaks to be able to finish the clams ex otherwise did well. Motivated.

Plan***Spine*****Daily Plan: Continue w/ Current Rehabilitation Program.**

Irene . Khair, PT, PT(NV Lic: 4755)
Signed on Nov 16, 2022 17:21:11



Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Irene Khair, PT
Prim Phy: Gary M. Flangas
Phy Phone: (702) 737-7753
Phy Fax: (702) 407-7066
Sec Phy: Not Specified
Inj. Date: 11/25/2021
Surg. Date: Not Specified

Visit Date: **Nov 21, 2022**
FSC: Workers Compensation
Payor: CCSI
Insured: Not Specified
Employer: LVMPD
Case Mgr: Not Specified
Visits: 5
Cxl/Ns: 3

DHPT-Allante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Re-Evaluation

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt is a [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Spine

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status:

- Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying
- Current Status: Work status: Full time / Light duty.

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status: Current Status: ADL /

IADL: Activities:

- Forward Bending

- Standing
- Walking

Chief Complaint: Pain: Severity:

- Current
- At Best
- At Worst

Current

Nov 21, 2022

- Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Difficulty standing for long period of time
- Difficulty walking for 20-30 min secondary to increase pain

Current

Nov 21, 2022

- 6/10
- 3/10
- 8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Functional Tests: Return to Participation: Occupational Tests: NT

Muscle Testing: Lower Extremity MMT:

Current

Nov 21, 2022

Left

Right

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 21, 2022

Hip Abduction:

- Hip Adduction
- Hip Flexion
- Knee Extension
- Knee Flexion

+4/5 * +4/5

+4/5 * +4/5

+4/5 * +4/5

+4/5 * +4/5

+4/5 * +4/5

Flexibility:

- Piriformis
- Hamstrings

Current

Nov 21, 2022

Left Right

* Moderate Restriction * Moderate Restriction

* Moderate Restriction * Moderate Restriction

Current

Nov 21, 2022

Left Right

* Hamstring Tightness * Hamstring Tightness

Special Tests:Spine:Lumbar:

- Straight Leg Raise

Range of Motion:Spine:Pre-Treatment:Active

Lumbosacral (%):

- Extension(w/pain)
- Flexion(w/pain)
- Rotation Left
- Rotation Right
- Side Bending Left
- Side Bending Right

Current

Nov 21, 2022

15%

50%

* WNL%

* WNL%

* WNL%

* WNL%

Treatments**Spine****Pt./Family Education:**

- Patient Education 1(This visit)

Exercise Activities:Aerobic Conditioning:

- Recumbent Stepper

Exercise Activities:Isometrics:

- Adduction Hip

Exercise Activities:Flexibility(L. Quarter):

- Hamstring Muscle(This visit)
- Gluteus Maximus mm

- Piriformis Muscle

- Psoas Musculature(This visit)
- Gastrocnemius Slantboard

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

- Wall Squats;

Exercise Activities:Tubing/Bands(L. Quarter):

- Hip Abduction (Tubing)(This visit)

Did Not Perform: This visit

Time Elapsed: 10 Minutes, Charge As: No Charge, Performed by: Natalia Villa, PTA, 10 Minutes.

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 3, Hold.: 5 sec Seconds, Position: Supine, Additional Detail: ball squeeze, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 3 Minutes.

Did Not Perform: This visit

Time Elapsed: 3 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Sets: 1, Time Elapsed: 7 Minutes, Additional Detail: Bilateral, Repetitions: 5, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 7 Minutes.

Did Not Perform: This visit

Repetitions: 3, Subtalar Position: Neutral, Hold.: 30 Seconds, Time Elapsed: 3 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Time Elapsed: 8 Minutes, Repetitions: 10, Sets: 3, Charge As: No Charge, Performed by: Natalia Villa, PTA, 8 Minutes.

Did Not Perform: This visit

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 21, 2022

Tubing/Bands 1

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Tubing/Band Color: Black, Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 6 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace

Time Elapsed: 3 Minutes, Body Position: supine, Hold.: 2-3 sec Seconds, Additional Detail: 2 min with red ball, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 3 Minutes.

- Marching In Place

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail: c ab bracing with yellow ball, Charge As: No Charge, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Stabilization Training:Bridging Position:

- Bridging

Time Elapsed: 8 Minutes, Repetitions: 10, Sets: 2, Additional Detail: c TB around knees BLK + hip abd, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 8 Minutes.

Modalities:

- Cryotherapy(This visit)

Did Not Perform: This visit

Documented Procedural Code SummaryDocumented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	1	12
• Reevaluation	97164	1	n/a
• Therapeutic Procedure	97110	2	25

Timed Code Total Time: 37 Minutes

Assessment

Focusing tx to continue strengthening core to decrease lower back pain. Pt mentions all interventions are helping with lower back ability and doesn't feel symptoms of pain as much.

Pain currently is 6/10 standing for too long, bending/twisting motion, therapy bridges are the hardest in therapy thus far. sleeping has been better.

Pt has received a total of 5 visits of skilled PT intervention. Per objective measurements pt has made improvement in ROM and strength however limitation remains. Pt currently is working light duty and able to ambulate for longer period of time, Still having difficulty standing, and bending/twisting motion but overall is progressing well. Pt will continue to benefit from skilled PT intervention to address residual deficits, improve core strength and reach to PLOF for safe return to work full duty.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain.
- Improve Balance.
- Improve Function.
- Improve Motor Control.
- Increase Range of Motion.
- Increase Strength.
- Return To Work.

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Problems & Goals**Spine****Problem #1**

Chief Complaint: Pain: Severity:

LTG Achieve by Dec 01, 2022.

Symptomatic Improvements: Decreasing Pain: to 2/10.

Problem #2

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

LTG Achieve by Nov 24, 2022.

Client Education: Independent Home Exercise/Self Care Program.

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 21, 2022

Problem #3**Range of Motion: Spine: Pre-Treatment: Active Lumbosacral (%):***LTG Achieve by Dec 01, 2022.***Range of Motion Improvements to: Spine: Active Lumbosacral (%):**

- | | |
|-------------|-----|
| • Extension | 20% |
| • Flexion | 60% |

Problem #4**Flexibility:***LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In: Soft Tissue Flexibility to:**

- | | Left | Right |
|--------------|------------------|------------------|
| • Piriformis | Mild Restriction | Mild Restriction |
| • Hamstrings | Mild Restriction | Mild Restriction |

Problem #5**Muscle Testing: Lower Extremity MMT:***LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In: Lower Extremity Strength to:**

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | -5/5 | -5/5 |
| • Hip Adduction | -5/5 | -5/5 |
| • Hip Extension | -5/5 | -5/5 |
| • Hip Flexion | -5/5 | -5/5 |
| • Knee Extension | -5/5 | -5/5 |
| • Knee Flexion | -5/5 | -5/5 |

Problem #6**ADL / Functional Status: Current Status: ADL/ IADL: Activities:***LTG Achieve by Dec 15, 2022.***ADL Improvements In: Overall Function to Pre Morbid Levels.****Plan****Spine****Therapeutic Contents:**

- Active Assistive Range of Motion Activities.
- Active Range of Motion Activities.
- Client Education.
- Cognitive Skills Development.
- Gait Training.
- Group Therapy.
- Home Exercise Program.
- Joint Mobilization Techniques.
- Joint Protection.
- Manual Range of Motion Activities.
- Manual Therapy Techniques.
- Neural Mobilization Techniques.
- Neuromuscular Re-education.
- Passive Range of Motion Activities.
- Proprioceptive/Closed Kinetic Chain Activities.
- Resistive Activities:
 - Isokinetic.
- Resistive Activities:
 - Isometric.
- Resistive Activities:
 - Isotonic.

Patient: Michael Adcox
Acct #: 035R240986652
DOB: Jun 13, 1977

Visit Date: Nov 21, 2022

- Resistive Activities:
 - Tubing/Bands.
- Soft Tissue Mobilization Techniques.
- Stretching/Flexibility Activities.
- Therapeutic Activities.
- Therapeutic Exercise.

Amount, Frequency and Duration: as per rx



Irene . Khair, PT, PT(NV Lic: 4755)
Signed on Nov 21, 2022 21:44:57



Natalia . Villa, PTA, PTA(NV Lic: A-1410)
Signed on Nov 21, 2022 12:45:29

**Dignity Health**

Physical Therapy

in partnership with Select Medical

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]
 Clinician: Irene Khair, PT
 Prim Phy: Gary M. Flangas
 Phy Phone: (702) 737-7753
 Phy Fax: (702) 407-7066
 Sec Phy: Not Specified
 Inj. Date: 11/25/2021
 Surg. Date: Not Specified

Visit Date: Nov 21, 2022
 FSC: Workers Compensation
 Payor: CCSI
 Insured: Not Specified
 Employer: LVMPD
 Case Mgr: Not Specified
 Visits: 5
 Cxl/Ns: 3

DHPT-Alliant
 2550 Nature Park Drive
 Suite 250
 North Las Vegas, NV, USA, 89084
 Phone: (702) 859-4710
 Fax: (702) 859-4711

Plan of Care

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1

Weakness

Subjective Examination

Spine

ADL / Functional Status: Current Status: Work status: Full time / Light duty.

Chief Complaint: Pain: Severity:

- At Best 3/10
- At Worst 8/10
- Current 6/10

Assessment

Focusing tx to continue strengthening core to decrease lower back pain. Pt mentions all interventions are helping with lower back mobility and doesn't feel symptoms of pain as much.

pain currently is 6/10 standing for too long, bending/twisting motion, therapy bridges are the hardest in therapy thus far. sleeping has been better.

Pt has received a total of 5 visits of skilled PT intervention. Per objective measurements pt has made improvement in ROM and strength however limitation remains. Pt currently is working light duty and able to ambulate for longer period of time, Still having difficulty standing, and bending/twisting motion but overall is progressing well. Pt will continue to benefit from skilled PT intervention to address residual deficits, improve core strength and reach to PLOF for safe return to work full duty.

The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

Recommendations: Skilled Intervention: Required To:

- Decrease Pain.
- Improve Balance.
- Improve Function.
- Improve Motor Control.
- Increase Range of Motion.
- Increase Strength.
- Return To Work.

Problems & Goals

Spine

Problem #1

Chief Complaint: Pain: Severity:

- At Best 3/10
- At Worst 8/10
- Current 6/10

LTG Achieve by Dec 01, 2022.

Symptomatic Improvements: Decreasing Pain: to 2/10.

Problem #2

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

LTG Achieve by Nov 24, 2022.

Client Education: Independent Home Exercise/Self Care Program.

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 21, 2022

Problem #3**Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):**

- | | |
|----------------------|------|
| • Extension(w/pain) | 15% |
| • Flexion(w/pain) | 50% |
| • Rotation Left | WNL% |
| • Rotation Right | WNL% |
| • Side Bending Left | WNL% |
| • Side Bending Right | WNL% |

*LTG Achieve by Dec 01, 2022.***Range of Motion Improvements to:Spine:Active Lumbosacral (%):**

- | | |
|-------------|-----|
| • Extension | 20% |
| • Flexion | 60% |

Problem #4**Flexibility:**

- | | Left | Right |
|--------------|----------------------|----------------------|
| • Hamstrings | Moderate Restriction | Moderate Restriction |
| • Piriformis | Moderate Restriction | Moderate Restriction |

*LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In:Soft Tissue****Flexibility to:**

- | | Left | Right |
|--------------|------------------|------------------|
| • Piriformis | Mild Restriction | Mild Restriction |
| • Hamstrings | Mild Restriction | Mild Restriction |

Problem #5**Muscle Testing:Lower Extremity MMT:**

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | +4/5 | +4/5 |
| • Hip Adduction | +4/5 | +4/5 |
| • Hip Flexion | +4/5 | +4/5 |
| • Knee Extension | +4/5 | +4/5 |
| • Knee Flexion | +4/5 | +4/5 |

*LTG Achieve by Dec 01, 2022.***Musculoskeletal Improvements In:Lower Extremity Strength to:**

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | -5/5 | -5/5 |
| • Hip Adduction | -5/5 | -5/5 |
| • Hip Extension | -5/5 | -5/5 |
| • Hip Flexion | -5/5 | -5/5 |
| • Knee Extension | -5/5 | -5/5 |
| • Knee Flexion | -5/5 | -5/5 |

Problem #6**ADL / Functional Status:Current Status:ADL/ IADL:Activities:**

- | | |
|-------------------|--|
| • Forward Bending | Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness |
| • Standing | Difficulty standing for long period of time |
| • Walking | Difficulty walking for 20-30 min secondary to increase pain |

*LTG Achieve by Dec 15, 2022.***ADL Improvements In: Overall Function to Pre Morbid Levels.****Plan****Spine**

Amount, Frequency and Duration: as per rx

Therapeutic Contents:

- Active Assistive Range of Motion Activities.
- Active Range of Motion Activities.
- Client Education.

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 21, 2022

- Cognitive Skills Development.
- Gait Training.
- Group Therapy.
- Home Exercise Program.
- Joint Mobilization Techniques.
- Joint Protection.
- Manual Range of Motion Activities.
- Manual Therapy Techniques.
- Neural Mobilization Techniques.
- Neuromuscular Re-education.
- Passive Range of Motion Activities.
- Proprioceptive/Closed Kinetic Chain Activities.
- Resistive Activities:
 - Isokinetic.
- Resistive Activities:
 - Isometric.
- Resistive Activities:
 - Isotonic.
- Resistive Activities:
 - Tubing/Bands.
- Soft Tissue Mobilization Techniques.
- Stretching/Flexibility Activities.
- Therapeutic Activities.
- Therapeutic Exercise.



Irene J. Khair, PT, PT(NV Lic: 4755)
 Signed on Nov 21, 2022 21:44:57

Natalia J. Villa, PTA, PTA(NV Lic: A-1410)
 Signed on Nov 21, 2022 12:45:29

Please Sign and Return

I have reviewed the Plan of Care established for skilled therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Comments/Revisions

Physician/NPP Signature

Date

Print Name and Credentials

Patient: [REDACTED]

DOB: [REDACTED]

Facility Fax: [REDACTED]

**Dignity Health**

Physical Therapy

in partnership with Select Medical

DHPT-Allante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Brien Campbell, PT
Prim Phy: Gary M. Flangas
Phy Phone: (702) 737-7753
Phy Fax: (702) 407-7066
Sec Phy: Not Specified
Inj. Date: 11/25/2021
Surg. Date: Not Specified

Visit Date: Nov 23, 2022
FSC: Workers Compensation
Payor: CCMIS
Insured: Not Specified
Employer: LVMPD
Case Mgr: Not Specified
Visits: 6
Cxl/NS: 3

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Spine

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status:Current Status:ADL/ IADL:Activities:

- Forward Bending Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing Difficulty standing for long period of time
- Walking Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint:Pain:Severity:

- Current 6/10
- At Best 3/10
- At Worst 8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Muscle Testing:Lower Extremity MMT:

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | +4/5 | +4/5 |
| • Hip Adduction | +4/5 | +4/5 |
| • Hip Flexion | +4/5 | +4/5 |
| • Knee Extension | +4/5 | +4/5 |
| • Knee Flexion | +4/5 | +4/5 |

Flexibility:

Left Right

Patient: [REDACTED]

Acct #: 035R240986652

Visit Date: Nov 23, 2022

DOB: [REDACTED]

Piriformis	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction
Special Tests:Spine:Lumbar:	Left	Right
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness
Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):		
• Extension(w/pain)	15%	
• Flexion(w/pain)	50%	
• Rotation Left	WNL%	
• Rotation Right	WNL%	
• Side Bending Left	WNL%	
• Side Bending Right	WNL%	

Treatments**Spine****Pt./Family Education:**

- Patient Education 1(This visit)

Did Not Perform: This visit

Exercise Activities:Aerobic Conditioning:

- Recumbent Stepper

Level: 2, Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 10 Minutes.

Exercise Activities:Isometrics:**Exercise Activities:Flexibility(L. Quarter):**

- Hamstring Muscle

Time Elapsed: 3 Minutes, Repetitions: 4, Side: Bilateral, Technique: Active, Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Time Elapsed: 3 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Time Elapsed: 4 Minutes, Sets: 1, Additional Detail: Bilateral, Repetitions: 5, Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Did Not Perform: This visit

Repetitions: 3, Subtalar Position: Neutral, Hold.: 30 Seconds, Time Elapsed: 3 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 5 Minutes.

- Wall Squats;

Exercise Activities:Tubing/Bands(L. Quarter):**Exercise Activities:Stabilization Training:Supine Position:**

- Abdominal Brace

Time Elapsed: 3 Minutes, Body Position: seated, Hold.: 2-3 sec Seconds, Additional Detail: 2 min with red ball, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 3 Minutes.

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail: c ab bracing with yellow ball, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 5 Minutes.

- Marching In Place

Exercise Activities:Stabilization Training:Bridging Position:**Modalities:**

- Cryotherapy(This visit)

Did Not Perform: This visit

Documented Procedural Code SummaryDocumented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	1	3

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

Visit Date: Nov 23, 2022

Therapeutic Procedure

97110

3

37

Timed Code Total Time: 40 Minutes

Assessment

Pt arrived to therapy with no symptoms of pain in the lower back and believes pain is decreasing overall. Performs all core exercises with increased stamina and correct body mechanics. Agrees to try new interventions next visit to improve spine mobility. Deferred some exercises D/T Pt having to leave tx early today.

Plan***Spine*****Daily Plan: Continue w/ Current Rehabilitation Program.**

Brien Campbell, PT, PT(NV Lic: 4531)
Signed on Nov 23, 2022 14:34:51



Natalia . Villa, PTA, PTA(NV Lic: A-1410)
Signed on Nov 23, 2022 10:05:34

**Dignity Health**

Physical Therapy

in partnership with Select Medical

DHPT-Aliante
2550 Nature Park Drive
Suite 250
North Las Vegas, NV, USA, 89084
Phone: (702) 859-4710
Fax: (702) 859-4711

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]
Clinician: Brien Campbell, PT
Prim Phy: Gary M. Flangas
Phy Phone: (702) 737-7753
Phy Fax: (702) 407-7066
Sec Phy: Not Specified
Inj. Date: 11/25/2021
Surg. Date: Not Specified

Visit Date: Nov 25, 2022
FSC: Workers Compensation
Payor: CCMSI
Insured: Not Specified
Employer: LVMPD
Case Mgr: Not Specified
Visits: 7
Cxl/Ns: 3

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1

Weakness

General Information

History of Injury: Pt is [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-s1 and on june they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Occupation: Police officer**Summary List: Significant Medical DX/Conditions:** DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-s1 and on june they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying**Client Knowledge/Awareness of: Home Exercise Program:** Lacks appropriate program.**ADL / Functional Status:Current Status:ADL/ IADL:Activities:**

- Forward Bending

Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness

- Standing

Difficulty standing for long period of time

- Walking

Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint:Pain:Severity:

- Current

6/10

- At Best

3/10

- At Worst

8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae**Muscle Testing:Lower Extremity MMT:**

Left

Right

- Hip Abduction:

+4/5

+4/5

- Hip Adduction

+4/5

+4/5

- Hip Flexion

+4/5

+4/5

- Knee Extension

+4/5

+4/5

- Knee Flexion

+4/5

+4/5

Flexibility:

Left

Right

Patient: 
 Acct #: 035R240986652
 DOB: 

Visit Date: Nov 25, 2022

Piriformis	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction
Special Tests:Spine:Lumbar:	Left	Right
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness
Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):		
• Extension(w/pain)	15%	
• Flexion(w/pain)	50%	
• Rotation Left	WNL%	
• Rotation Right	WNL%	
• Side Bending Left	WNL%	
• Side Bending Right	WNL%	

Treatments**Spine****Pt./Family Education:**

- Patient Education 1(This visit)

Did Not Perform: This visit

Exercise Activities:Aerobic Conditioning:

- Recumbent Bicycle(This visit)
- Recumbent Stepper

Did Not Perform: This visit

Level: 2, Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise,
 Performed by: Natalia Villa, PTA, 10 Minutes.

Exercise Activities:Isometrics:**Exercise Activities:Flexibility(L. Quarter):**

- Hamstring Muscle

Time Elapsed: 3 Minutes, Repetitions: 4, Side: Bilateral, Technique: Active,
 Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic
 Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Time Elapsed: 3 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active,
 Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic
 Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

Did Not Perform: This visit

Did Not Perform: This visit

Repetitions: 3, Subtalar Position: Neutral, Hold.: 30 Seconds, Time Elapsed:
 5 Minutes, Charge As: No Charge, Performed by: Natalia Villa, PTA, 5
 Minutes.

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body
 Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Natalia
 Villa, PTA, 4 Minutes.

- Wall Squats;

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Charge As: Therapeutic
 Exercise, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Tubing/Bands(L. Quarter):

- Tubing/Bands 1

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Tubing/Band Color: Black,
 Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams,
 Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 6
 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace
- Marching In Place

Time Elapsed: 5 Minutes, Body Position: seated, Hold.: 2-3 sec Seconds,
 Additional Detail: 2 min with red ball, Charge As: Therapeutic Exercise,
 Performed by: Natalia Villa, PTA, 5 Minutes.

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail: c ab
 bracing with yellow ball, Charge As: No Charge, Performed by: Natalia Villa,
 PTA, 5 Minutes.

Exercise Activities:Stabilization Training:Bridging Position:

- Bridging

Time Elapsed: 8 Minutes, Repetitions: 10, Sets: 2, Additional Detail: c TB
 around knees BLK + hip abd, Charge As: No Charge, Performed by: Natalia
 Villa, PTA, 8 Minutes.

Modalities:

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 25, 2022

Cryotherapy

Location: Posterior, Additional Detail: Lower back, Clinical Use: Post Activity,
 Time Elapsed: 6 Minutes, Charge As: Hot or Cold Packs, Performed by:
 Natalia Villa, PTA, 6 Minutes.

Documented Procedural Code Summary

Description	Code	Units	Minutes
• Hot or Cold Packs	97010	1	n/a
• Neuromuscular Reeducation	97112	1	6
• Therapeutic Procedure	97110	2	30

Timed Code Total Time: 36 Minutes

Assessment

Continuing tx with previously performed exercises to decrease lower back pain. Pt presents minimal difficulty performing bridges today D/T fatigue. Needed minimal rest breaks to complete all exercises today.

Plan

Spine

Daily Plan: Continue w/ Current Rehabilitation Program.



Brien Campbell, PT, PT(NV Lic: 4531)
 Signed on Nov 25, 2022 13:57:24



Natalia . Villa, PTA, PTA(NV Lic: A-1410)
 Signed on Nov 25, 2022 11:29:01

**Dignity Health.**

Physical Therapy

in partnership with Select Medical

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]
 Clinician: Brien Campbell, PT
 Prim Phy: Gary M. Flangas
 Phy Phone: (702) 737-7753
 Phy Fax: (702) 407-7066
 Sec Phy: Not Specified
 Inj. Date: 11/25/2021
 Surg. Date: Not Specified

Visit Date: Nov 30, 2022
 FSC: Workers Compensation
 Payor: CCMSI
 Insured: Not Specified
 Employer: LVMPD
 Case Mgr: Not Specified
 Visits: 8
 Cxl/Ns: 4

DHPT-Aliante
 2550 Nature Park Drive
 Suite 250
 North Las Vegas, NV, USA, 89084
 Phone: (702) 859-4710
 Fax: (702) 859-4711

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt is [REDACTED] male referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-S1 and on June they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status: Current Status: ADL / IADL: Activities:

- Forward Bending Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness
- Standing Difficulty standing for long period of time
- Walking Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint: Pain: Severity:

- Current 6/10
- At Best 3/10
- At Worst 8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Muscle Testing: Lower Extremity MMT:

- | | Left | Right |
|------------------|------|-------|
| • Hip Abduction: | +4/5 | +4/5 |
| • Hip Adduction | +4/5 | +4/5 |
| • Hip Flexion | +4/5 | +4/5 |
| • Knee Extension | +4/5 | +4/5 |
| • Knee Flexion | +4/5 | +4/5 |

Special Tests: Spine: Lumbar:

Left Right

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Nov 30, 2022

Straight Leg Raise**Flexibility:**

- Piriformis
- Hamstrings

Hamstring Tightness**Left**

- Moderate Restriction
- Moderate Restriction

Hamstring Tightness**Right**

- Moderate Restriction
- Moderate Restriction

Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):

- Extension(w/pain) 15%
- Flexion(w/pain) 50%
- Rotation Left WNL%
- Rotation Right WNL%
- Side Bending Left WNL%
- Side Bending Right WNL%

Treatments***Spine*****Exercise Activities:Aerobic Conditioning:**

- Recumbent Bicycle(This visit)
- Recumbent Stepper

Did Not Perform: This visit

Level: 2, Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise,
 Performed by: Brien Campbell, PT, 10 Minutes.

Exercise Activities:Isometrics:**Exercise Activities:Flexibility(L. Quarter):**

- Hamstring Muscle

Time Elapsed: 3 Minutes, Repetitions: 4, Side: Bilateral, Technique: Active,
 Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic
 Exercise, Performed by: Brien Campbell, PT, 3 Minutes.

Time Elapsed: 3 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active,
 Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic
 Exercise, Performed by: Brien Campbell, PT, 3 Minutes.

Did Not Perform: This visit

Did Not Perform: This visit

Repetitions: 3, Subtalar Position: Neutral, Hold.: 30 Seconds, Time Elapsed:
 5 Minutes, Charge As: Therapeutic Exercise, Performed by: Brien Campbell,
 PT, 5 Minutes.

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body
 Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Brien
 Campbell, PT, 4 Minutes.

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Charge As: Therapeutic
 Exercise, Performed by: Brien Campbell, PT, 5 Minutes.

Exercise Activities:Tubing/Bands(L. Quarter):

- Tubing/Bands 1

Repetitions: 10, Sets: 2, Time Elapsed: 6 Minutes, Tubing/Band Color: Black,
 Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams,
 Charge As: Neuromuscular Reeducation, Performed by: Brien Campbell, PT,
 6 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace

Time Elapsed: 5 Minutes, Body Position: seated, Hold.: 2-3 sec Seconds,
 Additional Detail: 2 min with red ball, Charge As: Therapeutic Exercise,
 Performed by: Brien Campbell, PT, 5 Minutes.

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail:
 supine/ ab brace, Charge As: Neuromuscular Reeducation, Performed by:
 Brien Campbell, PT, 5 Minutes.

Repetitions: 30, Hold: 3 Minutes, Additional Detail: supine ab bracing, Time
 Elapsed: 5 Minutes, Charge As: Neuromuscular Reeducation, Performed by:
 Brien Campbell, PT, 5 Minutes.

Exercise Activities:Stabilization Training:Bridging Position:

- Bridging

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 2, Additional Detail: c TB
 around knees BLK + hip abd, Charge As: Neuromuscular Reeducation,
 Performed by: Brien Campbell, PT, 5 Minutes.

Patient: [REDACTED]

Acct #: 035R240986652

Visit Date: Nov 30, 2022

DOB: [REDACTED]

Exercise Activities:Range of Motion:

- Rotation

Repetitions: 10 sec, Sets: 5 BIL, Side: Bilateral, Technique: Active Assistive, Body Position: Supine LTRs, ROM Performed: Pain Free, Time Elapsed: 4 Minutes, Charge As: Therapeutic Exercise, Performed by: Brien Campbell, PT, 4 Minutes.

Modalities:

- Cryotherapy(This visit)

Did Not Perform: This visit

Documented Procedural Code SummaryDocumented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	2	21
• Therapeutic Procedure	97110	3	39

Timed Code Total Time: 60 Minutes

Assessment

Therapy continued w/ POC to target core stability and mobility. Pt reports no increase in symptoms today. Continue to progress as appropriate.

Plan***Spine*****Daily Plan: Continue w/ Current Rehabilitation Program.**

Brien Campbell, PT, PT(NV Lic: 4531)
Signed on Nov 30, 2022 17:14:38

**Dignity Health**

Physical Therapy

in partnership with Select Medical

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]
 Clinician: Brien Campbell, PT
 Prim Phy: Gary M. Flangas
 Phy Phone: (702) 737-7753
 Phy Fax: (702) 407-7066
 Sec Phy: Not Specified
 Inj. Date: 11/25/2021
 Surg. Date: Not Specified

Visit Date: Dec 05, 2022
 FSC: Workers Compensation
 Payor: CCMSI
 Insured: Not Specified
 Employer: LVMPD
 Case Mgr: Not Specified
 Visits: 9
 Cx/Ns: 5

DHPT-Alante
 2550 Nature Park Drive
 Suite 250
 North Las Vegas, NV, USA, 89084
 Phone: (702) 859-4710
 Fax: (702) 859-4711

Daily Note

Diagnoses

Spine M54.50 Low back pain, unspecified

R53.1 Weakness

General Information

History of Injury: Pt is a [REDACTED] referred to PT complaining of low back pain, s/p lumbar fusion on 6/6/22. MOI pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-s1 and on june they fused L4-5 and changes the metal from L4-S1 as per pt reports. CLOF pt is having difficulty walking for >30 mins, standing >30 mins, bending and squatting. PLOF pt has no difficulty in the aforementioned activities.

Summary List: Significant Medical DX/Conditions: DDD, anxiety attacks, ringing in the ear, distal clavicle Resection and labrum repair 11/2017

Occupation: Police officer

Treatment Guidelines:

- Precautions

1: lumbar fusion on 6/6/22

Subjective Examination

Spine

Mechanism of Injury: pt reports on 11/25/21, pain began with gradual onset while going to work and using his motorcycle he felt a shooting pain towards his L leg with worsen progression associated with numbness and tingling towards the calf muscle. Pt reports he had previous surgery on 2013 but the screw got loose and he had to undergo surgery and the previous sx was L4-s1 and on june they fused L4-5 and changes the metal from L4-S1 as per pt reports.

ADL / Functional Status: Occupational Activities: Requirements: 45 lb weight uniform using for 10 HOUR SHIFT, occasional pulling/pushing or lifting/carrying

Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

ADL / Functional Status:Current Status:ADL/ IADL:Activities:

- Forward Bending

Difficulty bending multiple times to retrieve object from the ground secondary to pain and stiffness

- Standing

Difficulty standing for long period of time

- Walking

Difficulty walking for 20-30 min secondary to increase pain

Chief Complaint:Pain:Severity:

- Current

6/10

- At Best

3/10

- At Worst

8/10

Objective Examination

Spine

Palpation: Lumbosacral Region: hypertonicity noted paraspinal and erector spinae

Muscle Testing:Lower Extremity MMT:

- Hip Abduction:

Left

Right

+4/5

+4/5

- Hip Adduction

+4/5

+4/5

- Hip Flexion

+4/5

+4/5

- Knee Extension

+4/5

+4/5

- Knee Flexion

+4/5

+4/5

Flexibility:

Left

Right

Patient: [REDACTED]
 Acct #: 035R240986652
 DOB: [REDACTED]

Visit Date: Dec 05, 2022

Piriformis	Moderate Restriction	Moderate Restriction
• Hamstrings	Moderate Restriction	Moderate Restriction
Special Tests:Spine:Lumbar:	Left	Right
• Straight Leg Raise	Hamstring Tightness	Hamstring Tightness
Range of Motion:Spine:Pre-Treatment:Active Lumbosacral (%):		
• Extension(w/pain)	15%	
• Flexion(w/pain)	50%	
• Rotation Left	WNL%	
• Rotation Right	WNL%	
• Side Bending Left	WNL%	
• Side Bending Right	WNL%	

Treatments*Spine***Exercise Activities:Aerobic Conditioning:**

- Recumbent Bicycle(This visit)
- Recumbent Stepper

Did Not Perform: This visit

Level: 2, Time Elapsed: 10 Minutes, Charge As: Therapeutic Exercise,
 Performed by: Natalia Villa, PTA, 10 Minutes.

Exercise Activities:Isometrics:

- Adduction Hip(This visit)

Did Not Perform: This visit

Exercise Activities:Flexibility(L. Quarter):

- Hamstring Muscle

Time Elapsed: 3 Minutes, Repetitions: 4, Side: Bilateral, Technique: Active,
 Body Position: long sit, Hold.: 30 sec Seconds, Charge As: Therapeutic
 Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

- Gluteus Maximus mm

Time Elapsed: 3 Minutes, Repetitions: 3, Side: Bilateral, Technique: Active,
 Body Position: supine, Hold.: 30 sec Seconds, Charge As: Therapeutic
 Exercise, Performed by: Natalia Villa, PTA, 3 Minutes.

- Piriformis Muscle

Time Elapsed: 4 Minutes, Sets: 1, Additional Detail: Bilateral, Repetitions: 5,
 Side: Bilateral, Technique: Active, Body Position: supine, Hold.: 30 sec
 Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA,
 4 Minutes.

- Psoas Musculature

Repetitions: 3, Technique: Active Assistive, Body Position: Standing, Hold.:
 30 Seconds, Time Elapsed: 3 Minutes, Charge As: Therapeutic Exercise,
 Performed by: Natalia Villa, PTA, 3 Minutes.

- Gastrocnemius Slantboard

Time Elapsed: 3 Minutes, Repetitions: 3, Subtalar Position: Neutral, Hold.: 30
 Seconds, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA,
 3 Minutes.

Exercise Activities:Isotonics(L. Quarter):

- Heel Raises.

Additional Detail: slant, Time Elapsed: 4 Minutes, Weight - Pounds: Body
 Weight Pounds, Charge As: Therapeutic Exercise, Performed by: Natalia
 Villa, PTA, 4 Minutes.

- Wall Squats;

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Charge As: Therapeutic
 Exercise, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities:Tubing/Bands(L. Quarter):

- Tubing/Bands 1

Time Elapsed: 3 Minutes, Repetitions: 10, Sets: 2, Tubing/Band Color: Black,
 Resistance: Concentric/Eccentric, Additional Detail: s/l, Description: clams,
 Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 3
 Minutes.

Exercise Activities:Stabilization Training:Supine Position:

- Abdominal Brace(This visit)
- Marching In Place

Did Not Perform: This visit

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 3, Additional Detail:
 supine/ ab brace, Charge As: Neuromuscular Reeducation, Performed by:
 Natalia Villa, PTA, 5 Minutes.

- Transverse Abdominus

Time Elapsed: 3 Minutes, Repetitions: 30, Hold: 3 Minutes, Additional Detail:
 supine ab bracing, Charge As: Neuromuscular Reeducation, Performed by:
 Natalia Villa, PTA, 3 Minutes.

Patient: [REDACTED]
Acct #: 035R240986652
DOB: [REDACTED]

Visit Date: Dec 05, 2022

Exercise Activities: Stabilization Training: Bridging Position:

- Bridging

Time Elapsed: 5 Minutes, Repetitions: 10, Sets: 2, Additional Detail: c TB around knees BLK + hip abd, Charge As: Neuromuscular Reeducation, Performed by: Natalia Villa, PTA, 5 Minutes.

Exercise Activities: Range of Motion:

- Rotation

Repetitions: 10 sec, Sets: 5 BIL, Side: Bilateral, Technique: Active Assistive, Body Position: Supine LTRs, ROM Performed: Pain Free, Time Elapsed: 4 Minutes, Charge As: Therapeutic Exercise, Performed by: Natalia Villa, PTA, 4 Minutes.

Modalities:

- Cryotherapy (This visit)

Did Not Perform: This visit


Documented Procedural Code Summary Documented Procedural Code Summary:

Description	Code	Units	Minutes
• Neuromuscular Reeducation	97112	2	16
• Therapeutic Procedure	97110	3	39


Timed Code Total Time: 55 Minutes

Assessment

Pt arrived to therapy stating he had some LBP D/T sitting at a baseball tournament this weekend. Demonstrated increased core strength with bridges and abdominal bracing while standing. Was able to complete all exercises and push through LBP discomfort.

Plan***Spine*****Daily Plan: Continue w/ Current Rehabilitation Program.**

Brien Campbell, PT, PT(NV Lic: 4531)
Signed on Dec 06, 2022 09:33:48



Natalia . Villa, PTA, PTA(NV Lic: A-1410)
Signed on Dec 05, 2022 17:51:07

Pueblo Medical Imaging

ID: #1967149 Page 1 of 1



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.pmilv.com

Patient: [REDACTED]

X-Ray #: [REDACTED]

DOB: [REDACTED]

Referring Doctor: GARY M FLANGAS, MD

Exam Date: 12/20/2022

Exam Time: 08:18 AM

Accession #: 2206107

PROCEDURE: L-SPINE 2 OR 3 VIEW

LUMBAR SPINE SERIES 2 views

12/20/2022 7:18 AM PST

HISTORY: back pain

COMPARISON: November 15, 2022

FINDINGS:

The vertebral bodies are of normal height. There are mild degenerative changes present.

The patient has had anterior posterior fusion L3-4 level. Hardware appears in appropriate position. Laminectomy noted at this site. Previous fusion L4-5 and L5-S1 levels.

No acute fracture or dislocation.

Paraspinous soft tissues are unremarkable. Pedicles are intact.

IMPRESSION: Status post anterior and posterior lumbar fusion L3-4 level. Hardware appears in appropriate position and is intact. Minimal change from prior examination.

Dictated By: Dana Murakami M.D. at 2022-12-20 10:40:16

Electronically Signed By: Dana Murakami M.D. at 2022-12-20 10:42:09

Workstation: PMILM03-D696GB2

Gary Flangas, M.D.
American Board of Neurological Surgery
8285 W. Arby Avenue, #220
Las Vegas, Nevada 89113
(702) 737-7753 Fax 407-7066

FOLLOW-UP CONSULTATION

Patient: [REDACTED]

Date: December 20, 2022

The patient returns today for follow-up. He is status post L3-4 lumbar interbody fusion with pedicle screw stabilization on 06/06/22. Clinically he has had significant improvement compared to his preoperative status. Physical therapy really seemed to help. He feels like he has plateaued at this point in time. He does not have any radicular symptoms, but he does still have some back discomfort which is currently tolerable.

On Exam

- **General:** On exam he is awake, alert, oriented x 4 and is in no apparent distress.
- **Gait:** Normal.
- **Station:** Normal.
- **Motor:** Intact.
- **Sensory:** Intact.

Diagnostic Studies and Testing


Plain x-rays reveal an excellent construct with probable incorporation of the grafts along the posterolateral margins.

Assessment

Status post L3-4 lumbar interbody fusion with pedicle screw stabilization with significant improvement compared to his preoperative status, but now clinically plateaued.

Discussion of Management Options and Treatment Plan

At this point in time the patient is MMI, stable and ratable. We will refer him for a Functional Capacity Evaluation to determine permanent work restrictions. We will keep him on his light duty work restrictions for the time being.


Gary Flangas, M.D.
American Board of Neurological Surgery
GF/tp

Dictated but not proofread.
Subject to transcription variance.

Official Use Only: Rec'd by Health Detail: Rec'd by CCMSI:		LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
		MEDICAL EVALUATION FORM	
CC CCMSI: CC Health Detail:		OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE	
Employee's Full Name: [REDACTED]		Classification PO	Date of Injury 11/25/2021

ATTN, PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696. HEALTH DETAIL FAX #: (702) 828-1509

Today's Date 12/20/2022	Body Part(s)/Illness/Exposure: LUMBAR SPINE	<input type="checkbox"/> First Report	<input type="checkbox"/> Interim Report	<input checked="" type="checkbox"/> Final Report
<input type="checkbox"/> Discharged <input type="checkbox"/> Condition Same <input checked="" type="checkbox"/> Condition Improved		<input type="checkbox"/> Condition Worsened		<input type="checkbox"/> PT Prescribed
<input type="checkbox"/> Consultation Required <input type="checkbox"/> Further Diagnostic Studies required		Stable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ratable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Time off work: _____ through _____ Release to Full Duty: _____ ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: **PATIENT IS MMI - STABLE AND RATEABLE**
SEND FOR FCE FOR PERMANENT WORK RESTRICTIONS-DISMISS FROM CARE

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: **12/20/2022** through **FCE** (Estimated) ☐ Continuation of a previously reported modified duty

****MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)**

- | | |
|--|--|
| <input checked="" type="checkbox"/> No lifting over <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input checked="" type="checkbox"/> No combat/altercation activities |
| <input checked="" type="checkbox"/> No pulling, pushing or carrying over <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input checked="" type="checkbox"/> No operating a marked patrol vehicle in the line of duty |
| <input checked="" type="checkbox"/> No repetitive motion to injured part | <input type="checkbox"/> No reaching/working above shoulder |
| Body Part: LUMBAR SPINE | <input type="checkbox"/> Must wear splint/sling |
| | <input type="checkbox"/> No climbing stairs/ladders |

☐ Unable to carry or use weapon

☒ Other **NO DUTY BELT**

****REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?**

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No

Range Qualification: ☐ Yes ☒ No Remarks: _____

Medication Prescribed

**** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.**

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☒ Yes ☐ No Employee is: ☒ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: 11:15AM	Time out: 11:45AM	Next Appointment: Date N/A	Time:
Physician or Clinician Print Name: DR. GARY M. FLANGAS		Physician or Clinician Signature: <i>[Signature]</i>	Date: 12/20/2022
Address (Include City, State, Zip) 8285 W ARBY AVE, #220, LAS VEGAS, NV 89113		Phone#: 702-737-7753	



Page 1

3831 W. Charleston Blvd
Las Vegas, NV 89102
Tel: (702) 876-1733
Fax: (702) 878-2018

Functional Capacity Evaluation

Claimant: [REDACTED]
Claim#: 21D34-J953-196
D.O.B. [REDACTED]

Job Position: Police Officer II

D.O.I.: 11/25/2021

Test Date: 01/18/2023

Total Pages: 15

Physician: Gary M. Flangas, M.D.
Nurse Case Manager: n/a
Adjuster: Stephanie Macy, CCMSI
cc:

Quick Glance Summary

Test Results: Valid xx Invalid _____
(Consistent effort) (Inconsistent effort)

Dept. of Labor Physical Demand Category of Claimant: **Medium**

Do Demonstrated Capabilities Meet Job Requirements?

Yes _____ No xx Unknown _____

Additional comments: Does not meet strength job requirements.

*NOTE: The documents accompanying this fax/email transmission contain confidential and/or legally privileged information from Kelly Hawkins Physical Therapy. The information is intended only for the use of the individual or entity named on this transmission. If you are not the intended recipient of this message, please be advised that any unauthorized use, disclosure, copying, or distribution of the information contained herein is strictly prohibited. If you receive this transmission in error, please notify the sender at 702-876-1733 or reply e-mail and destroy all copies of the original message. Thank you.

Physical Work Performance Evaluation™
 Kelly Hawkins Physical Therapy
 3831 W. Charleston Blvd, Las Vegas, NV 89102
 Phone 702-876-1733 Fax 702-410-7406

Name: [REDACTED]	Claim # 21D34-J953-196
Occupation: LVMPD	
Employer: Police Officer II	
Injury/Onset Date: 11/25/2021	
Evaluation Date: 01/18/2023	
Test Start, End, Duration: 1:00 PM, 5:14 PM, 4:13 hours	
Diagnosis: Lumbar Spine	
Height, Weight: 6'1", 292 lb.	
Starting BP, HR, Pain: 136/101, 100 bpm, Pain 4 out of 10	

This report summarizes the results of the ErgoScience FCE Physical Work Performance Evaluation™. This evaluation is substantiated by reliability and validity research conducted at the University of Alabama at Birmingham and reported in the *Journal of Occupational Medicine*, September 1994¹

Overall Level of Work: Abilities as tested fall within the Medium level of work range.

- Demonstrated the capability to lift up to 70 lbs. and carry up to 75 lbs.
- Frequent tolerances (34-66% of the workday) for sitting, standing, kneeling, climbing stairs, squatting, walking, twisting.
- Occasional tolerances (1-33% of workday) for overhead reaching and bending/stooping.

Based on the job description provided, [REDACTED] does not appear to be capable of safely performing all of his pre-injury job duties (Police Officer II for LVMPD) without modification. Specifically, he appears to fall short of the requirement for "Strength to subdue persons, to drag, carry and lift persons and objects." Additionally, his limitations with bending may preclude him from safely performing all of his pre-injury job duties.

Medium Definition - Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work. Please note that the dynamic strength/manual materials handling section of the report indicates a higher level of work than that determined by considering the client's performance on the entire test. Our research shows that the safe, overall level of work is significantly influenced by non-materials handling (i.e. position tolerance and mobility) abilities. To ignore these non-materials handling demands, negatively impacts the validity of the test. Please see the Task Performance Table for specific abilities.

Tolerance for the 8-Hour Day: Based on this evaluation, the client is capable of sustaining the Medium level of work for an 8-hour day/40-hour week or another full-time schedule.

Self Limiting Behavior: Client participated fully in all tasks. No self-limiting behavior noted.

- Self Limiting < 20% of tasks = Within normal limits¹
- Self Limiting 21% to 33% of tasks = Exceeds normal limits¹
- Self Limiting > 33% of tasks = Significantly exceeds normal limits¹

¹When compared to a matched group of patients who participated in research.

¹ Lechner DE, et al. *Journal of Occupational Medicine*. September 1994 Volume 36, No. 9: pages 997-1004.

RESULTS OF FORMAL CONSISTENCY OF EFFORT TESTING

- The ErgoScience FCE utilizes a formal consistency of effort protocol established and validated by Stokes et al.¹ In this protocol, three (3) different statistical calculations on grip strength testing data are performed. These results are then combined with any evidence of clinical inconsistencies or self-limiting behavior observed during the ErgoScience FCE. The final consistency of effort conclusion indicates the strength of all of this evidence combined.
- Combining the results of the clinical consistency comparisons, the presence of self-limiting behavior and the three formal consistency cross comparisons of the grip strength data, indicates that there is no evidence of low effort and inconsistent behavior. The client appeared to give a full maximum effort throughout the ErgoScience FCE.

SUBJECTIVE PAIN STATEMENTS

The client made the following subjective pain statements during the test:

- "When I stand for prolonged periods, I feel pain in my glutes"
- "I feel a pinching sensation in my back"
- These pain statements were consistent with the observed movement patterns.

PAIN BEHAVIORS AND THEIR IMPACT ON TEST RESULTS

The client demonstrated the following pain behaviors during the test:

- Verbalization of pain and stretches his back occasionally before and after tasks.
- These pain behaviors were consistent with the observed movement patterns.
- These pain behaviors correlated with the client's self-reported pain.

OTHER EXTERNAL FACTORS THAT MIGHT IMPACT TEST RESULTS

No external factors noted that might impact test results.

BODY MECHANICS AND MOVEMENT PATTERNS

The client demonstrated safe body mechanics and movement patterns during the test.

BRIEF SUMMARY OF MEDICAL HISTORY

reports he felt lower back when getting on his Motorcycle. He reports he has a history of back pain and underwent a lumbar fusion in 2013. Client reports he had a recent lumbar spinal fusion in 06-06-22 for L3-L4 vertebra. He reports he went to PT for 12 visits spanning 4 four weeks which provided a little bit of improvement. Client reports he had two injections prior to his surgery but only felt temporary relief. He reports he has been in light duty as of April of 2022.

MEDICATIONS

Medication	Dose	Frequency	Last Dose Taken
Ibuprofen	800 mg	twice daily	this morning

BRIEF MUSCULOSKELETAL SCREEN

- Lumbar Spine AROM: 62° flexion, 13° extension, 14° right lateral flexion, 17° left lateral flexion, 40° right rotation and 30° left rotation.
- Bilateral Lower Extremity MMT: 5/5 hip flexion, 4+/5 knee flexion, 4+/5 knee extension, and 5/5 for dorsiflexion.
- Ankle plantar/dorsiflexion distraction test: Positive bilaterally.
- DTR: 2+ bilaterally for Patellar tendon and 2+ bilaterally for Achilles tendon.

TEST LENGTH AND REST BREAKS

The test lasted 4:13 hours. Short pauses of 2-3 minutes between tasks occur while the evaluator is setting up equipment and documenting scores. No additional extended rest breaks were taken.

ErgoScience™

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TASK PERFORMANCE

abilities as tested were compared to the known physical demands of his pre-injury job as a Police Officer II for LVMPD.

Tasks	Client Performance ¹	Job Demand Employer	Match Employer
Floor to waist lift	70 lb Occasionally	"Strength to subdue persons, to drag, carry and lift persons and objects"	No
Waist to eye level lift	60 lb Occas.		
Two handed carrying	75 lb Occas.		
Pushing	75 lb Force Occas. ²		
Pulling	68 lb Force Occas. ²		
Sitting	Frequently	At least Frequently	Yes
Standing	Frequently	At least Frequently	Yes
Work arms over head-standing	Occasionally	Not specified	n/a
Work bent over-standing/snooping	Occasionally	Not specified	n/a
Work kneeling	Frequently	Not specified	n/a
Climbing stairs	Frequently	At least Frequently	Yes
Repetitive squaring	Frequently	At least Frequently	Yes
Walking	Frequently	Not specified	n/a
Repetitive trunk rotation-standing	Frequently	Not specified	n/a
Balance on level surfaces	Adequate	Not specified	Yes
Balance on uneven surfaces	Adequate	Not specified	Yes

1 Occasionally = up to 1/3 of the day, Frequently = 1/3 to 2/3 of the day, Constantly = 2/3 to the full day. Frequent lifting = 50% of Occasional; Constant lifting = 20% of Occasional.

2 D.O.T. The aptitudes: 1 (90-100 percentile), 2 (67-89 percentile), 3 (34-66 percentile), 4 (11-33 percentile), 5 (0-10 percentile).

3 Pounds of force is the amount of force the client exerted during the pushing and pulling tasks. If pushing or pulling is required for work, the force required for the task should be measured with a force gauge for comparison.

I concur with the above Work
Tolerance results with my
changes indicated (if any)

DOCTOR:

M. J. M. Fr

Date:

2/14/23

Comments:

MAJOR AREAS OF DYSFUNCTION

- Dynamic Strength "to subdue persons, to drag, carry and lift persons and objects"

FACTORS UNDERLYING PERFORMANCE

- Reports of pain in low back and bilateral glutes.

EXIT INTERVIEW

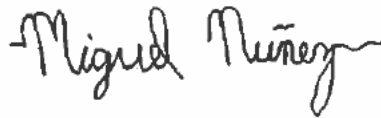
- There were no changes in musculoskeletal status from beginning to end.
- Pain Score: 6/10 in low back
- Gait pattern leaving the evaluation appeared the same compared to gait pattern used upon arriving for test.
- The client drove himself to the evaluation.

Thank you for the opportunity to perform the FCE for this claimant. If we can be of further assistance to you, please do not hesitate to contact us.

Sincerely,



Berne Leavitt, PT



Miguel Nuñez, PTA

Phone: 702-876-1733

Consistency of Effort Testing and Conclusion

The ErgoScience FCE utilizes a formal consistency of effort protocol established and validated by Stokes et al.² In this protocol, three (3) different statistical calculations on grip strength testing data are performed. These results are then combined with any evidence of clinical inconsistencies or self-limiting behavior observed during the ErgoScience FCE. The final consistency of effort conclusion indicates the strength of all of this evidence combined.

Statistical Test 1.**Right Hand**

The standard deviation of sustained maximum right grip strength across 5 handle positions was 17.48, indicating a normal bell shaped curve and maximum effort on the bell shaped curve test for the right hand.²

Left Hand

The standard deviation of sustained maximum left grip strength across 5 handle positions was 17.05, indicating a normal bell shaped curve and maximum effort on the bell shaped curve test for the left hand.²

Statistical Test 2.

The Rapid Exchange Grip (REG) is 9 pounds different from the peak slow sustained grip. Clinical studies demonstrate² that this difference is not significant and indicates that the client exerted maximum effort.

Statistical Test 3.

A regression analysis was calculated based on the peak effort of sustained grip and the maximum REG. This calculation indicates that the patient gave a maximum effort on grip strength tests.²

Self-Limiting Behavior

Self-Limiting behavior was $\leq 20\%$.

Clinical Inconsistencies

No additional significant clinical inconsistencies were noted during the FCE.

Conclusion Regarding Consistency of Effort. Combining the results of the clinical consistency comparisons, the presence of self-limiting behavior and the three formal consistency cross comparisons of the grip strength data, indicates that there is no evidence of low effort and inconsistent behavior.² The client appeared to give a full maximum effort throughout the ErgoScience FCE.

²Stokes, HM et al. Identification of Low-effort Patients Through Dynamometry. Journal of Hand Surgery. Vol 20A, No 6, November, 1995, pp. 1047 – 1055.

Conditions for Positive Results (indicating low effort) on Statistical Calculations:

- 1) SD of 5-position grip testing on right or left grip of ≤ 7.5
- 2) Difference between REG and peak grip of 5-position grip testing of ≥ 12 lb.
- 3) Regression equation results of ≥ 3.5

Criteria for Consistency of Effort Conclusion:

- 1) Significant clinical inconsistencies **or** SL behavior² present + all 3 statistical calculations are positive = **Very Strong evidence** of low effort and inconsistent behavior.
- 2) Significant clinical inconsistencies **or** SL behavior² present + 2 of the 3 statistical calculations are positive = **Strong evidence** of low effort and inconsistent behavior.
- 3) Significant clinical inconsistencies **or** SL behavior² present + 1 of the 3 statistical calculations are positive = **Significant evidence** of low effort and inconsistent behavior.
- 3a) Significant clinical inconsistencies present + 0 (none) of the 3 statistical calculations are positive = **Significant evidence** of low effort and inconsistent behavior.
- 4) No significant clinical inconsistencies **and** no SL behavior² present + all 3 statistical calculations are positive = **Moderate evidence** of low effort and inconsistent behavior.
- 5) No significant clinical inconsistencies **and** no SL behavior² present + 2 of the 3 statistical calculations are positive = **Weak evidence** of low effort and inconsistent behavior.
- 6) No significant clinical inconsistencies **and** no SL behavior² present + 1 of the 3 statistical calculations are positive = **Very Weak evidence** of low effort and inconsistent behavior.
- 6a) No significant clinical inconsistencies **but** SL behavior² present + 0 (none) of the 3 statistical calculations are positive = **Very Weak evidence** of low effort and inconsistent behavior.
- 7) No significant clinical inconsistencies **and** no SL behavior² present + 0 (none) of the 3 statistical calculations are positive = **No evidence** of low effort and inconsistent behavior. Patient gave full/maximum effort on all aspects of the test.

DATA DETAILS

Note: For each task, client participation is rated as:

Appropriate – Client and therapist agree on stopping task. Full, physical effort given.

Overextending – Therapist stops task. Client willing to continue despite maximum being reached. Full, physical effort given.

Self-limiting – Client stops task before objective signs indicate that a maximum physical effort has been reached.

Lift - Floor to Waist - Appropriate

- Completed 70 lb safely
- Pain Score = 5.00
- Pain Location = low back
- Ending HR = 105

Signs of Effort

- Elbow Extension
- Increased Time to Complete Repetitions

Climbing Stairs - Appropriate

- Completed 100 of 100 - 100% of task
- Pain Score = 2.00
- Pain Location = low back
- Ending HR = 115
- Within Normal Limits

Repetitive Squatting - Appropriate

- Completed 25 of 25 - 100% of task
- Pain Score = 2.50
- Pain Location = low back and glutes.
- Ending HR = 118
- Within Normal Limits

Lift - Waist Height to Eye Level - Appropriate

- Completed 60 lb safely
- Pain Score = 4.50
- Pain Location = low back
- Ending HR = 113

Signs of Effort

- Shaking/Quivering
- Raises on Tip Toe
- Increased Knee Flexion in Preparation for Lift

Bilateral Carry - Appropriate

- Completed 75 lb safely
- Pain Score = 6.00
- Pain Location = low back
- Ending HR = 111

Signs of Effort

- Post Trunk Lean
- Elbow Extension
- Raises Up on Toes

Maximum Dynamic Pushing - Appropriate

- Completed 75 lb of horizontal force safely
- Pain Score = 6.00
- Pain Location = low back
- Ending HR = 116

Signs of Effort

- Forward Lean Increases
- Elbow Position Changes from Sub-Max
- Toe Walking (Loses Heel-Strike)

Maximum Dynamic Pulling - Appropriate

- Completed 68 lb of horizontal force safely
- Pain Score = 6.50
- Pain Location = low back
- Ending HR = 106

Signs of Effort

- Posterior Lean Increases
- Elbow Position Changes from Sub-Max
- Hip and Knee Flexion Increases (Sit Down)
- Step Length Decreases

Sitting Tolerance - Appropriate

- Completed 5:00 of 5:00 minutes - 100% of task
- Position Adjustments = 1
- Pain Score 5 Min = 4
- Pain Location 5 Min = None
- Within Normal Limits

Standing Tolerance - Appropriate

- Completed 5:00 of 5:00 minutes - 100% of task
- Position Adjustments = 3
- Pain Score 5 Min = 4
- Pain Location 5 Min = Low to mid back
- Within Normal Limits

Work Arms Overhead & Standing - Appropriate

- Completed 5:00 of 5:00 minutes - 100% of task
- Position Adjustments = 4
- Pain Score 1 Min = 4.50 3 Min = 5.50 5 Min = 6
- Pain Location:
- 1 Min = Low back and bilateral glutes.
- 3 Min = Low back and bilateral glutes.
- 5 Min = Low back and bilateral glutes.
- Minimal Deviations
 - o Decreased Neck Extension

Work Bent Over / Stooping - Appropriate

- Completed 5:00 of 5:00 minutes - 100% of task
- Position Adjustments = 5
- Pain Score 1 Min = 5.50 3 Min = 6 5 Min = 7
- Pain Location:
- 1 Min = Low back and bilateral glutes
- 3 Min = Low back and bilateral glutes
- 5 Min = Low back and bilateral glutes
- Minimal Deviations
 - o Increased Hip and Knee Flexion Bilaterally

Kneeling - Appropriate

- Completed 5:00 of 5:00 minutes - 100% of task
- Position Adjustments = 2
- Pain Score 1 Min = 4 3 Min = 5 5 Min = 5
- Pain Location:
- 1 Min = Low back and bilateral glutes
- 3 Min = Low back and bilateral glutes
- 5 Min = Low back and bilateral glutes
- Within Normal Limits

Walking - Appropriate

- Completed 5:00 of 5:00 - 100% of task
- Pain Score = 4.00
- Pain Location = low back and bilateral glutes
- Ending HR = 112
- Within Normal Limits

Repetitive Trunk Rotation - Standing - Appropriate

- Completed 25 of 25 - 100% of task
- Pain Score = 5.00
- Pain Location = low back
- Ending HR = 105
- Within Normal Limits

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**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT**

September, 1982

December, 1996

**POLICE OFFICER I
POLICE OFFICER II**

Class specifications are intended to present a descriptive list of the range of duties performed by employees in the class. Specifications are not intended to reflect all duties performed within the job.

DEFINITION

To perform skilled law enforcement work on an assigned shift, serving in any of the patrol or specialized areas of police activities in the Las Vegas Metropolitan Police Department.

DISTINGUISHING CHARACTERISTICS

Police Officer I - This is the entry level class in the Police Officer series. This class is distinguished from the Police Officer II class in that the latter are fully trained to perform law enforcement work. This training may include any or all of the following: successful completion of a probationary period as determined by the LVMPD; this probationary period includes successful completion of the Post Certified Police Officer Academy and Field Training Program. Since this class is typically an entry level class, employees may have only limited or no directly related work experience.

Police Officer II - This is the full journey level class within the Police Officer series. Employees within this class are distinguished from the Police Officer I by the performance of the full range of duties as assigned. Employees at this level receive occasional instruction or assistance as new or unusual situations arise, and are fully aware of the operating procedures and policies of the LVMPD.

SUPERVISION RECEIVED AND EXERCISED

Police Officer I - Receives immediate supervision from various field training officers, Sergeants, and other supervisors as assigned.

Police Officer II - Receives general supervision from assigned supervisors.

May supervise Police Officer I in Field Training Program.

May supervise other personnel, both commissioned and civilian, in specific task assignment.

ESSENTIAL AND MARGINAL FUNCTION STATEMENTS—*Essential and other important responsibilities and duties may include, but are not limited to, the following:*

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Essential Functions:

1. Patrol assigned areas; participate in mutual aid situations, special enforcement activities, and search and rescue operations.
2. Maintain law and order; cite and arrest violators; execute search and arrest warrants.
3. Keep the peace in disorderly civil situations.
4. Conduct preliminary and follow-up investigations including background investigations; develop personal contacts and informants for investigative purposes.
5. Supervise undercover operations.
6. Determine stolen property and find proper ownership.
7. Provide information to the public; counsel children and youths; make crime prevention and safety education presentations.
8. Maintain proficiency in current law enforcement procedures, techniques, methods and equipment.
9. Participate in tactical operations; act as negotiator in hostage situations.
10. Participate in aerial or vehicular surveillance and photographic missions.
11. Analyze LVMPD procedures and practices; collect, analyze and disseminate statistical data.
12. Protect VIP's; escort hazardous convoys.
13. Dictate or write various reports, letters, memos, observations, affidavits, other legal paperwork.
14. Testify in court.
15. Qualify with department weapons.

Marginal Functions:

1. Maintain cleanliness and appearance of inside and outside of patrol vehicle.

QUALIFICATIONS**Special to this Classification:**

Must be 21 years of age at time of hire.

Must be Citizen of the United States at time of testing for the position.

Must have no convictions of any crime for which registration in the State of Nevada is required pursuant to NRS 207.090 or 207.152.

Successful completion of the LVMPD POST Certified Police Academy.

Police Officer I:-**Knowledge of:**

Correct English usage, including spelling, punctuation and grammar in order to write reports, memoranda, legal descriptions and observational descriptions.

Basic math calculations.

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**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT
Police Officer III**

Ability to:

Learn and apply city, state, and federal laws, statutes, ordinances and court decisions related to police activities.

Learn and apply criminal investigation principles, practices and techniques.

Learn and apply weaponry and associated safety practices.

Learn and apply LVMPD and auxiliary resources available and related to police activities.

Learn and apply policies and procedures related to the Field Training Program including officer safety and security policies and procedures.

Learn the 400 code; commit to memory, use code while operating radio.

Learn and apply proper force in a variety of situations; defend and protect self in physical confrontations.

Learn to evaluate situations and determine appropriate action to be taken; to anticipate situations and problems and initiate effective strategies; recognize safety hazards and exercise caution in all actions.

Learn to operate LVMPD vehicle safely in normal and emergency situations. Learn to operate various equipment including radio, computer, word processing and other equipment used in police activities.

Communicate with a variety of people in various situations; using persuasion, tact, self-restraint, common sense, judgment and strategy.

Give and follow verbal and written instructions.

Write and dictate clearly and concisely using grammatically correct English.

Read and interpret complex documents; collect, organize and analyze a variety of information and apply results to police activities.

Organize and prioritize work.

Observe, assimilate and recall facts and details.

Administer basic first aid.

Testify with proper courtroom demeanor.

Establish and maintain cooperative working relationships with those contacted in the course of work.

Maintain confidentiality.

Maintain physical condition appropriate to the performance of assigned duties and responsibilities which may include the following:

- Run for extended period of time after suspects.
- Climb over fences, through windows, onto roofs, jump high obstacles, across spaces.
- Strength to subdue resistant persons, lift, drag, or carry persons or objects.

Maintain effective audio-visual discrimination and perception needed for:

- Making observations
- Distinguishing objects at night.
- Communicating with others in person, on radio or telephone.
- Distinguishing voices in a crowd.
- Reading and writing.

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**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT
Police Officer I/II**

- Operating assigned equipment
- Maintain mental capacity which allows the capability of:
- Making sound decisions
- Demonstrating intellectual capabilities.

Experience and Training Guidelines

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience:

No experience required.

Training:

Equivalent to the completion of the twelfth grade.

Successful completion of the LVMPD POST Certified Police Training Academy.

License or Certificate

Possession of an appropriate valid Nevada driver's license at the time of hire.

Police Officer II - **In addition to the qualifications for Police Officer I

Knowledge of:

Intelligence operations as related to police activities.

Approved POST Training techniques in order to conduct POST Certified training classes.

Motorcycle, helicopter, fixed wing aircraft and other methods of transportation use in the performance of police activities.

Principles of lead supervision, training and performance evaluation.

Ability to:

Organize and review the work of lower level staff.

Effectively negotiate in hostile situations.

Research, organize and analyze information.

Interpret and explain Department policies and procedures.

Experience and Training Guidelines:

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:



Kelly Hawkins

Physical Therapy

Date 1/18/23

I, [REDACTED], have completed the Functional Capacity Evaluation administered by Kelly Hawkins Physical Therapy Works. I certify that I have given my best effort and that no pressure was applied on me in any way to perform any activity that I felt might be harmful to myself.

[REDACTED]
Client Signature

Margaret M. M. M.
Witness

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**LAS VEGAS METROPOLITAN
POLICE DEPARTMENT
Police Officer I/II**

Experience:

Successful completion of the Field Training Program, probationary period and additional training as indicated to meet LVMPD standards for the full journey level classification.

Training:

Same as above

WORKING CONDITIONS

Environmental Conditions:

Office and field environment; exposure to potentially hostile environment, body fluids, waste and infectious materials.

Physical Conditions

Essential and marginal functions may require maintaining physical condition necessary for running, climbing, standing, squatting, and sitting for prolonged periods of time; strength to subdue persons, to drag, carry and lift persons and objects; dexterity to write and to shoot a gun; to be heard in noisy group situation.

Other Conditions which apply to this classification:

Wear a uniform and maintain a neat and clean appearance; use deadly force in the course of duty, if necessary; break up physical altercations; work any shift, weekend and holidays and work overtime; testify in court on and off duty; obey and enforce the laws of the State of Nevada, the city of Las Vegas, and the County of Clark; accept an assignment in any of the resident offices of Clark County.



Contracted Network: _____
Employer: _____
Insured's S.S. Number: _____
Patient Name: _____
Patient Number: 912220811 _____
Admit/Discharge Date: _____

This amount should be included with other applicable reimbursement (per diem, add-on's, CT Scans, MRI, etc.) when remitting payment.

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01/11/2023

RE: Claim Number : 21D34J953196
Injury Date : 11/25/2021
Employer : LVMPD
Insurer : LVMPD
Type Injury/Body Part : Lumbar Spine

Dear [REDACTED] :

This letter is to inform you that you have been scheduled for a Permanent Partial Disability Evaluation appointment. Your appointment information is as follows:

Date : 02-07-23
Time : 9am / 8:30am Arrival
Doctor : Dr. Kenneth Hogan
Address : 2675 E. Flamingo Rd., #9
Las Vegas, NV 89121
Telephone : 702-650-2227

The purpose of this appointment is to determine if you have any residual impairment as a direct result of your above-referenced claim. Please call the doctor's office to confirm the date and time of the above-mentioned appointment. ***Please clarify with the rating physician's office if you will need to bring a translator. In the event that you will need a translator, this will be at the expense of you or the physician.***

If you plan to have an attorney or other representative present during the rating evaluation, you must advise us in writing and at least 5 working days before the evaluation of your intent to do so. ***Please take to this appointment all films that have been taken for this claim, such as MRI, CT scan, x-ray films, etc., or the physician will not be able to see you. You must take some form of photo identification such as a driver's license to the appointment.***

It is very important that you fully cooperate with the rating physician. If, in the course of the evaluation, you fail to cooperate or the doctor notes inconsistencies, your claim may close without a disability rating. If you are a no call/no show to this scheduled appointment, you may be responsible for any applicable charges. ***Also, your claim is closed for further medical treatment as of the date of the evaluation.***

Cannon Cochran Management Services, Inc.

P.O. Box 35350 • Las Vegas, NV 89133

866-446-142 • 702-477-7011 • Fax: 702-477-7011 • www.ccmsi.com

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

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

Sincerely,

Stephanie Macy
Claims Representative II

Enclosure: D-12a, D-13, Explanation of Effects of Claim Closure

CC: File, LVMPD

Kenneth J. Hogan, D.C.

2675 E. Flamingo Road, Suite 9
Las Vegas, NV 89121
(702) 650-2227

Impairment Rating

Claimant: [REDACTED]
Exam date: 2-7-23
Injury date: 11-25-21
Date of birth: [REDACTED]
M.M.I./stable/ratable: 12-20-22
Claim: 21d34j953196
T.P.A.: CCMSI
Requesting Party: Stephanie Macy
Employer: LVMPD
D-35 Body Part(s): Lumbar Spine
Previously seen: No

The above named claimant entered my office today for the purpose of a permanent impairment rating. The claimant was advised that the purpose of the evaluation was to provide medical information so that an administrative decision could be made, not to provide treatment. The claimant was advised that the information would not be held in confidence and that a written report will be sent to the requesting entity.

Prior to the examination, the claimant was instructed in the importance of cooperation and expected effort during today's examination. The patient was also advised not to engage in any physical maneuvers beyond tolerance or that might cause injury. The appropriate area was warmed by the patient prior to examination.

I am required under Nevada law, to evaluate all industrially accepted body parts/conditions that are included on their D-35 form.

Preexisting Status: He suffered a July 2012 industrial injury to his lumbar spine that ultimately required L4-5-S1 microdiscectomy/decompression with interbody fusion with Dr. Flangas. On November 7, 2013, Dr. Rod Perry rated him at 22% whole person impairment due to impaired motion and a specific spine disorder. Prior 8% whole person impairment for right shoulder industrial injury.

Injury: "Mounting Police M/C to start shift felt pull pop in lower back sciatic pain, keeps weak".

CLAIMANT: [REDACTED]
EXAM DATE: 2-7-23

Clinical Management Summary: On November 26, 2021, Dr. David Winn prescribed NSAID and muscle relaxant for his lumbar back strain/left sciatica. No fracture on film, bilateral transpedicular screws and vertically oriented rods are present from L4-S1. Multiple follow up visits occurred while awaiting orthopedics.

On December 22, 2021, Dr. Nader Beheshti interpreted his lumbar MRI: Moderate spinal stenosis with severe left subarticular recess narrowing at L3-4 with synovial cyst from left facet joint with minimal disc bulge and moderate ligamentum flavum and facet hypertrophy. Suspected left L4 nerve root compression. L4-5-S1 fusion/laminectomies with no disc bulge/protrusion.

On January 13, 2022, Dr. Gary Flangas noted decreased left quadriceps strength and sensation reduced for right anterolateral thigh. Consider L3-4 epidural.

On February 7, 2022, Dr. Joseph Schifini recommended a left T.F.E.S.I. Absent ankle jerk on right side only. Injection was given at L4-5 on February 15, 2022. Follow up on February 24, 2022 revealed pain down to 1-2/10, return to work full duty. Second injection was given on March 1, 2022 at the left L3-4 level.

On March 29, 2022, Dr. Flangas reported he was doing well at work full duty, MMI, stable and ratable. On April 26, 2022, reported return of symptoms and surgery was recommended.

On June 6, 2022, Dr. Flangas performed: Surgical removal of instrumentation at L4-S1, L3 and L4 laminectomies, bilateral L3-4 Smith-Petersen osteotomies, resection of left L3-4 cyst, L3-4 posterior lumbar interbody fusion, L3-4 posterolateral fusion, L3-4 pedicle screw stabilization. Normal intraoperative neurophysiology testing. On June 8, 2022, negative sonographic evidence of bilateral lower extremity DVT.

On June 23, 2022, Dr. Flangas reported his back was well, but had discomfort radiating to hips, lacking radicular symptoms. Prior night he developed pruritis and urticaria with blue lips temporarily after taking Valium. Sent to E.R. Stop taking all meds.

On July 21, 2022, Dr. Dana Murakami interpreted his lumbar XR: Post fusion L3-4 with intact hardware and previous L4-5-S1 fusions.

On September 8, 2022, Dr. Flangas reported quite a bit of back discomfort, but radicular symptoms had resolved. Taper LSO brace, start P.T., keep off work. Follow up October 13, 2022, reported quite a bit of back discomfort, no therapy started yet. On November 15, 2022, he reported some good/bad days for back without radicular symptoms, stable motor/sensory exam. On December 20, 2022, significant improvement reported compared to preoperative status, P.T. really helped, but has plateaued. No radicular symptoms but has back discomfort that is tolerable. Intact motor and sensory function. F.C.E needed. Stable and ratable.

Care was provided at Dignity Health Physical Therapy.

CLAIMANT: [REDACTED]
EXAM DATE: 2-7-23

Current Status: His lower back pain is moderately intense and constant, which has not worsened since discharge. This pain radiates to both glutes and mid hamstrings, more on the right than left. Decreased right thigh and foot area sensation. He continues his prescribed exercises but finds his pain prevents activities. Flexeril and pain medication eases his pain. Any prolonged activity such as prolonged sitting or standing flares his back pain. The most recent surgery helped ease his left sided weight bearing aggravation, but otherwise has similar pain. Denies any specific lower extremity weakness, but does fatigue in the legs. No urinary leakage, but occasional "shart" and occasional stool in his underwear. He felt embarrassed about this and has not discussed with Dr. Flangas.

Functional Status: In regards to activities of daily living, the claimant can no longer perform the following activities, which could be performed prior to injury. "Tie shoes, Intimacy with spouse, Run/Jog, putting socks on without assistance (most of the time) Vehicle maintenance, Walking more than 20 minutes, yard work/Gardening."

The claimant struggles with the following activities of daily living due to his lower back problem: dressing oneself, standing, sitting, walking, climbing stairs, lifting, riding, driving, flying, orgasm, ejaculation, restful sleep". He has not returned to normal work duty as a Police Officer. Restrictions include: No firearms training, no marked unit, no defensive tactics, no lifting over 20 pounds nor repetitive motion of lower back. He anticipates being medically disabled due to his back.

PAST MEDICAL HISTORY

Childhood Illness:	CHICKEN POX
Childhood Injury(s):	Denied
Allergies:	SEASONAL
Drug Allergies:	Denied
Present Medications:	IBUPROFEN, FLEXERIL, VENLAFAXINE
Surgeries:	APPENDECTOMY, SPINAL SURGERY, RT. SHOULDER
Adult Illnesses:	PTSD
Adult Injuries:	Right shoulder and spinal

FAMILY HISTORY: Noncontributory

REVIEW OF SYSTEMS:

Ear/Nose/Throat:	Negative
Eyes:	Negative
Lung/Respiratory Tract:	Negative
Liver:	Negative
Gastrointestinal:	Bowel leakage occasionally
Kidneys/Bladder:	Negative
Skin:	Negative
Neurological:	Negative
Heart/Circulation:	Negative
Psychological:	PTSD, DEPRESSION, ANXIETY

CLAIMANT: [REDACTED]
EXAM DATE: 2-7-23

CLINICAL EXAMINATION

The claimant was adequately disrobed for the evaluation. Identification revealed a height of 74 inches and weight of 250 pounds. Ambulation, posture and gait were normal, arising from the exam table was challenging and took a moment to stabilize.

LUMBOSACRAL SPINE EXAMINATION

Observation revealed no antalgia or gross postural distortion. Normal lordosis evident. Narrow, vertical scar incision that measured 15 cm over L2-S1. Palpation revealed significant muscular guarding/spasm paralumbars and upper gluteals. Palpation revealed spinous tenderness of L2-S1. Rigid lower thoracic spine with joint play. No lower extremity edema evident, healthy skin and hair pattern.

RANGE OF MOTION

Extension was 10/10/11 degrees, 5% whole person impairment.

Sacral extension 2 degrees maximum.

Sacral flexion 11 degrees maximum.

Flexion was 31/26/28 degrees, 5% whole person impairment.

Right lateral flexion was 9/10/9 degrees, 3% whole person impairment.

Left lateral flexion was 10/10/9 degrees, 3% whole person impairment.

These motions combine to obtain 16% whole person impairment.

Orthopedic Testing

Right passive straight leg raise was 66 degrees with lower back pain and hamstring, seated caused hamstring pain.

Left passive straight leg rise was 71 degrees with lower back pain, seated caused lower back pain also.

Neurological Testing:

Deep tendon reflexes of each Patella and Achilles' were graded +2/2, except for left Achilles' of 1/2.

Light touch sensory evaluation of the lower extremities was graded +2/2, except for reduced right L4-S1 dermatomes. The maximum sensory impairment for L4/S1 is 5% lower extremity at each level. There is a 25% deficit (Grade 4) for each level. When multiplied, there is a 1.25% lower extremity impairment. Each rounds to 1%, resulting in 3% upper extremity impairment. Multiplication by 40% results in 1% whole person impairment.

Manual muscle testing of the lower extremities revealed:

Bilateral, hip flexion was graded 5/5.

Bilateral, knee flexion and extension was graded 5/5.

Bilateral, ankle dorsal and plantar flexion was graded 5/5.

Bilateral, ankle inversion and eversion was graded 5/5.

Bilateral, great toe extension was graded 5/5.

CLAIMANT: [REDACTED]
EXAM DATE: 2-7-23

Mensuration of right thigh was 59 cm and left was 56 cm. Right calf maximum girth measured 46.5 cm and left calf measured 46 cm (Table 17-6, pg. 530).

DIAGNOSIS LIST: Post, multiple lumbar decompressions and fusions, industrially related.

PROGNOSIS: It is my opinion that the claimant will have persisting complaints, but will not require significant treatment.

APPORTIONMENT: In compliance with NRS616c.099, the claimant's history and my review of the provided documents does provide a basis for award apportionment.

DISTRACTIVE BASED TESTS: The claimant's symptoms, range of motion and movement patterns were consistent between tests. The subjective complaints of pain were consistent with the objective clinical findings. There were no changes in pain behaviors which would indicate that the functional abilities were greater than demonstrated during this examination.

PERMANENT IMPAIRMENT SUMMARY:

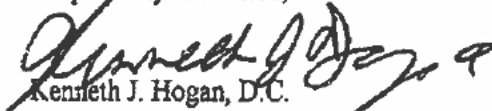
1. It is my opinion that there is consistency among the history, physical examination and studies.
2. Table 15-7, page 404 awards impairment, 12% (IV-D), 2% (IV-E) and 2% (IV-E1) for a total of 16% whole person impairment
3. Range of motion impairment totals 16% whole person impairment.
4. These are combined, not added, to obtain 26 % whole person impairment.
5. Neurologic impairment totals 1% whole person impairment.
6. Utilizing the combined values chart, there exists 27% whole person impairment.
7. 22% whole person impairment is subtracted due to a prior award by Dr. Perry, resulting in a new award of 5% whole person impairment, which is reasonable.
8. [REDACTED] was advised to discuss his bowel issues with Dr. Flangas during his post Functional Capacity Evaluation follow up consultation. If Dr. Flangas believes it is related, he can advise if additional impairment rating is indicated.
9. Because of a backlog in the processing of D-35 forms, my recommendation of total impairment is conditional. When I receive the actual D-35 form, I will only need to complete an addendum if there is a discrepancy in the approved body part(s). Otherwise, this rating recommendation should be considered appropriate.

CASE ANALYSIS: The above analysis is based upon the subjective complaints, the history given by the claimant, the medical records provided, questionnaires completed by the examinee and the physical findings. It is assumed that the material provided is correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this evaluation. The examiner's opinions are based upon reasonable medical probability and are totally independent of the requesting agent.

CLAIMANT: [REDACTED]
EXAM DATE: 2-7-23

The *Guides to the Evaluation of Permanent Impairment, Fifth Edition* were utilized to complete this examination.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Kenneth J. Hogan", with a stylized flourish at the end.

Kenneth J. Hogan, D.C.

Designated Impairment Rating Physician-State of Nevada

February 14, 2023



RE: Claim Number : 21D34J953196
Date of Injury : 11/25/21
Employer : LVMPD
Insurer : LVMPD

Dear [REDACTED]

CCMSI is in receipt of your Permanent Partial Disability (PPD). As a result of your permanent partial disability evaluation, you have been found to have a total of 5% whole person impairment for lumbar spine. A copy of the PPD report is enclosed for your reference.

Enclosed is the "Election of Lump Sum Payment Compensation" form. You may take this award in a lump-sum of approximately \$45,854.15 or in monthly installments of \$207.83 for a total pay-out of \$61,494.26.

Pursuant to NRS 616C.495, acceptance of payment for a permanent partial disability in a lump sum terminates all benefits for compensation and constitutes a final settlement of all factual and legal issues in the case, except as outlined on the form.

Should you choose to accept a lump sum, attached are the necessary forms for you to sign and have witnessed. **Only you may sign these forms; no one else may sign for you.** Please read the documents carefully. Upon receipt of the signed documents, a check will be issued. If you wish to receive installments, your payments will begin automatically however, CCMSI requests that you notify us either verbally or in writing.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intention, please complete the attached Request for Hearing form and return it to the Hearings Division at the address indicated on the form within 70 days from the date of this letter. Thank you for your cooperation.

Sincerely,

Stephanie Macy

Stephanie Macy
Claims Representative II

Enclosures: PPD Report
PPD calculation
Election of Lump Sum Payment Compensation
Reaffirmation/Retraction of Lump Sum Request
Request for Hearing Form

cc: LVMPD, file

Injured Employee: [REDACTED]
Claim No: 21034J953196
Employer: LVMPD

Date: 02/14/23
Date of Injury: 11/25/21
Insurer: LVMPD

ELECTION OF LUMP SUM PAYMENT OF COMPENSATION
Pursuant to NRS 616C.495(2) and (3)

When should this form be completed?

This form allows the injured worker to elect a lump sum payment of the permanent partial disability award. This form should only be completed when permanent partial disability has been determined to be 30 percent or less. This form can be completed at any time after a permanent partial disability award has been determined.

When should this form not be completed?

This form does not need to be completed in cases where NRS 616C.490(11) applies: "In the event of a dispute over an award of compensation for permanent partial disability, an insurer shall commence making installment payments to the injured employee for that portion of the award that is not in dispute..."

INSTALLMENT PAYMENTS

If I receive my compensation on an installment basis pursuant to NRS 616C.490(7), payments will begin on 02/01/23 and terminate on 06/12/2047 and will be paid at the *monthly/annual rate of \$207.83 totaling #292 of installment payments for a total of \$ 61,494.26 in installment payments.

LUMP SUM PAYMENT

If I elect to receive my entitlement on a lump sum basis, I will receive approximately \$45,854.15, as the insurer is required to calculate the lump sum payment by using the annuity factor pursuant to NRS 616C.495(6) that is in effect on the date I sign this election of lump sum payment of compensation. As provided by NRS 616C.495, if I elect to receive my payment for permanent partial disability in a lump sum, all my benefits for compensation terminate.

My acceptance of the lump sum payment constitutes a final settlement of all factual and legal issues in this case, including but not limited to, unresolved issues that are or could become the subject of pending litigation. By so accepting, I waive all my rights regarding the claim, including the right to appeal from the closure of the case or the percentage of my disability, except:

(a) My right to:

- (1) Reopen my claim in accordance with the provisions of NRS 616C.390; or
- (2) Have my claim considered by the insurer pursuant to NRS 616C.392;

- (b) Any counseling, training, or other rehabilitative services provided by the insurer;
- (c) My right to receive a benefit penalty in accordance with NRS 616D.120; and

(d) My right to conclude or resolve any contested matter which is pending at the time that I execute this election to receive my payment for a permanent partial disability in a lump sum. The provisions of this paragraph do not apply to:

- (1) The scope of my claim;
- (2) Whether I am stable and ratable; and
- (3) My average monthly wage.

Further, I understand that I have twenty (20) days after this notice has been mailed or personally delivered to me, within which to retract or reaffirm my request for a lump sum before payment may be made and my election becomes final. I also understand that I will not be paid a lump sum until I have reaffirmed this election in writing. I also understand that any lump sum I receive is subject to an offset based on any prior PPD payments I received before electing to accept a lump sum.

Having read and understood the above, I [REDACTED]

hereby elect to receive the above-referenced permanent partial disability compensation on a lump sum basis.

DATE: 2/14/23

INJURED EMPLOYEE: [REDACTED]

DATE: 2/14/23

WITNESS: Kellw Danto (Signature)

* Insurer: Designate whether monthly or annual rate.

Injured Employee: [REDACTED]

Claim No: 21D34J953196

Employer: LVMPD

Date of Injury: LVMPD

REAFFIRMATION/RETRACTION OF LUMP SUM REQUEST

(Pursuant to NRS 616C.495(3) and NAC 616C.499(1))

NAC 616C.499(1) provides: If an injured employee elects to receive his award for a permanent partial disability in a lump sum, he must reaffirm his election within 20 days after receiving notification from the insurer pursuant to subsection 3 of NRS 616C.495 before the lump sum will be paid.

Please indicate whether you wish to reaffirm or retract your request for a lump sum payment by checking the appropriate box below. Your decision as indicated on this form constitutes your final election regarding the lump sum payment.

Failure to return this form or not checking one of the boxes may result in a delay in the processing of your award.



I reaffirm the request for my lump sum payment. I understand that in doing so, I am waiving all of my rights regarding the claim, except my right to request reopening, request reopening for a permanent partial disability rating, vocational rehabilitation benefits, request a benefit penalty, and to continue to pursue pending contested matters except appeals on the scope of my claim; whether I am stable and ratable; and my average monthly wage.



I retract the request for my lump sum payment.

[REDACTED]
Signature of Injured Employee

2/14/23
Date

Kevin Danks
Witness

2/14/23
Date



May 6, 2022

RE: Claim Name: [REDACTED]
Claim Number: 21D34J953196
Date of Injury: 11/25/21
Employer: LVMPD
Insurer: LVMPD

Dear [REDACTED]

We are in receipt of your requested wages and have verified calculations in the amount of \$35,789.85 for the time period of 08/21/21 through 11/12/21. Your average monthly wage pursuant to State calculations is \$12,969.56. However, the maximum wage permitted under State regulations is \$6927.83 for a daily maximum rate of \$151.73. Your lost time and/or permanent partial disability benefits will be based on the State maximums.

Any benefits that may be due you for time lost from work will be sent separately from this letter. We have enclosed a copy of the Explanation of Wage Calculation Form for your review.

If you disagree with the above determination, you have the right to request a hearing regarding this matter. If this is your intent, please complete the enclosed Request for Hearing form and return it to the Department of Administration, Las Vegas office, within seventy (70) days from the date of this letter.

If you have any questions, please contact this office at the number listed below.

Sincerely,

Stephanie Macy
Stephanie Macy
Claim Representative II

Encl: Request for Hearing, Explanation of Wage Calculation Form, Wage Calculation Form, Employer's Wage Verification Form

Cc: LVMPD/file/

WAGE CALCULATION FORM FOR CLAIMS AGENT'S USE

RE: Injured Employee: [REDACTED] Date of Injury: 11/25/2021
[REDACTED] Claim No.: 21D34J953196
Employer: LVMPD Insurer: LVMPD
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 8/21/2021 through end date 11/12/2021
Gross earnings \$35,789.85 + tips \$0.00 ÷ by number of days
in wage history 84 x 30.44 = Average Monthly Wage: \$ 12969.56

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 OF 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 = \$0.00 ÷ 7 x 30.44 = Meals per Month: \$ 0.00

ADD applicable lines to obtain total Average Monthly Wage: \$ 12969.56

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

Average Monthly Wage 12969.56 x 8 ÷ 12 ÷ 30.44 Daily Rate: \$ 284.05

Date 3/6/2022 Signature Stephanie Macy

D-5 (rev. 2/99)

6927.83 max
151.73

Claimant:		DOI:	11/25/21	
Claim No.:		21D34J953196		
PERIOD BEGIN	PERIOD END	COMMENT	GROSS PAY	TIPS/ADJUSTMENT
8/21/21	9/3/21		\$4,572.54	
9/4/21	9/17/21		\$7,863.75	
9/18/21	10/1/21		\$4,572.54	
10/2/21	10/15/21		\$7,948.14	
10/16/21	10/29/21		\$4,572.54	
10/30/21	11/12/21		\$6,260.34	
			\$35,789.85	\$0.00

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: 5/6/22 Injured Employee's Name (Last/First/MI) [REDACTED]

Claim No.: 21D34J953196 Date of Injury: 11/25/21 Date of Hire: 8/2/04

Was employee hired to work 40 hours per week: X Yes No If no, # of hours per week: # of days per week: 4

On the date of injury, the employee's wage was: \$78.25 per X Hour Day Week Month Date the wage became effective:

Was vacation paid during the applicable twelve week period? Yes If so, during what pay period? 9/17/21, 10/1/21, 10/15/21, 10/29/21

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? No

Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: \$ 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: Explain:

Does the employee receive commissions? Yes No Period of commission earned to

Indicate the amount of commission received over the last 6 months, or since date of hire: \$

Does the employee receive bonuses/incentive pay? Yes No Period of bonuses/incentive pay earned to

Indicate the amount of bonuses received over last 12 months, or since date of hire: \$

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? Monetary value of meals \$ per Day Week Month

Lodging \$ 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)

Give payroll info from 08/21/21 through 11/12/21. 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		
08/21/21	09/03/21	4572.54					
09/04/21	09/17/21	7863.75					
09/18/21	10/01/21	4572.54					
10/02/21	10/15/21	7948.14					
10/16/21	10/29/21	4572.54					
10/30/21	11/12/21	6260.34					

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 X Friday Saturday											
Employee is paid: Weekly X Bi-Weekly Semi-Monthly Monthly Other											
Employee scheduled day(s) off: X Sunday X Monday X Tuesday Wednesday Thursday Friday Saturday Other											
Explain "other":											

Date the employee last worked AFTER injury occurred: Date returned to work:

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

By: Tracey Cychosz Title Accounting Specialist

Date: 5/6/22 Employer: LVMPD

Insurer: Third-Party Administrator: CCMSI

Official Use Only:
Rec'd by Health Detail: _____
Rec'd by CCMSI: _____

CC CCMSI: _____ CC Health Detail: _____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
MEDICAL EVALUATION FORM
OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE

Employee's Full Name: _____ Classification: **PO** Date of Injury: **11/25/2021**

ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3686.
HEALTH DETAIL FAX #: (702) 828-1509

Today's Date: **05/31/2022** Body Part(s)/Illness/Exposure: **LUMBAR SPINE**

☐ First Report ☒ Interim Report ☐ Final Report

☐ Discharged ☐ Condition Same ☐ Condition Improved ☒ Condition Worsened ☐ PT Prescribed

☐ Consultation Required ☐ Further Diagnostic Studies required Stable ☐ Yes ☒ No Ratable ☐ Yes ☐ No

Time off work: **06/06/2022** through **12/06/2022** Release to Full Duty: _____ ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis:

PATIENT SCHEDULED FOR SURGERY ON 06/06/2022

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3686.

Release to Modified Duty: **05/31/2022** through **06/05/2022** (Estimated) ☐ Continuation of a previously reported modified duty

**MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)

- ☒ No lifting over ☒ 10 ☐ 20 ☐ 50 Pounds ☒ No combat/altercation activities
- ☒ No pulling, pushing or carrying over ☒ 10 ☐ 20 ☐ 50 Pounds ☒ No operating a marked patrol vehicle in the line of duty
- ☒ No repetitive motion to injured part ☐ No reaching/working above shoulder
- Body Part: **LUMBAR SPINE** ☒ Must wear splint/sling
- ☒ No climbing stairs/ladders

☐ Unable to carry or use weapon

☐ Other _____

**REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No

Range Qualification: ☐ Yes ☒ No Remarks: _____

Medication Prescribed

** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.

Name of Medication	Dosage	Frequency	Quantity
FLEXARIL 10MG: 1 PO Q TID, #90			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☐ Yes ☐ No

Employee is: ☐ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: **10:45AM** Time out: **11:45AM** Next Appointment: Date **06/23/2022** Time: **10:15AM**

Physician or Clinician Print Name: **DR. GARY M. FLANGAS** Physician or Clinician Signature: _____ Date: **05/31/2022**

Address (include City, State, Zip): **8285 W ARBY AVE, #220, LAS VEGAS, NV 89113** Phone#: **702-737-7753**

Official Use Only:	
Rec'd by Health Detail:	Rec'd by CCMSI:
CC CCMSI:	CC Health Detail:

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
MEDICAL EVALUATION FORM
 OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE

E	Classification	Date of Injury
	PO	11/25/2021

ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696. HEALTH DETAIL FAX #: (702) 828-1509

Today's Date	Body Part(s)/Illness/Exposure:	<input type="checkbox"/> First Report	<input checked="" type="checkbox"/> Interim Report	<input type="checkbox"/> Final Report
06/23/2022	LUMBAR SPINE			
<input type="checkbox"/> Discharged	<input type="checkbox"/> Condition Same	<input type="checkbox"/> Condition Improved	<input checked="" type="checkbox"/> Condition Worsened	<input type="checkbox"/> PT Prescribed
<input type="checkbox"/> Consultation Required	<input type="checkbox"/> Further Diagnostic Studies required	Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No	

Time off work: 06/23/2022 through 07/26/2022 Release to Full Duty: ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: PATIENT TO FOLLOW UP IN ONE MONTH WITH AP & LATERAL LUMBAR SPINE X-RAYS

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: through (Estimated) ☐ Continuation of a previously reported modified duty

**MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> No lifting over <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input type="checkbox"/> No combat/altercation activities |
| <input type="checkbox"/> No pulling, pushing or carrying over <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input type="checkbox"/> No operating a marked patrol vehicle in the line of duty |
| <input type="checkbox"/> No repetitive motion to injured part | <input type="checkbox"/> No reaching/working above shoulder |
| Body Part: _____ | <input type="checkbox"/> Must wear splint/sling |
| | <input type="checkbox"/> No climbing stairs/ladders |

☐ Unable to carry or use weapon

☐ Other _____

**REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No
 Range Qualification: ☐ Yes ☒ No Remarks: _____

Medication Prescribed

** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: 10:15AM	Time out: 10:45AM	Next Appointment: Date 07/26/2022	Time: 11:30AM
Physician or Clinician Print Name:		Physician or Clinician Signature:	Date:
DR. GARY M. FLANGAS		<i>[Signature]</i>	06/23/2022
Address (include City, State, Zip)		Phone#:	
8285 W ARBY AVE, #220, LAS VEGAS, NV 89113		702-737-7753	

08-02-22 11:36AM

702-407-7000 Received: 08/15/2022

Official Use Only:
Rec'd by Health Detail: _____
Rec'd by CCMSI: _____

CC CCMSI: _____ CC Health Detail: _____

Employee Full Name: _____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

MEDICAL EVALUATION FORM

OCCUPATIONAL INJURY/ ILLNESS/ EXPOSURE

Classification

PO

Date of Injury

11/25/2021

ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696.

HEALTH DETAIL FAX #: (702) 828-1509

Today's Date 08/02/2022	Body Part(s)/Illness/Exposure: LUMBAR SPINE	<input type="checkbox"/> First Report	<input checked="" type="checkbox"/> Interim Report	<input type="checkbox"/> Final Report
<input type="checkbox"/> Discharged <input type="checkbox"/> Condition Same <input checked="" type="checkbox"/> Condition Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> PT Prescribed <input type="checkbox"/> Consultation Required <input type="checkbox"/> Further Diagnostic Studies required Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Rateable <input type="checkbox"/> Yes <input type="checkbox"/> No				

Time off work: **07/26/2022** through **09/08/2022** Release to Full Duty: _____ ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: **PATIENT TO FOLLOW UP IN ONE MONTH WITH AP & LATERAL LUMBAR SPINE X-RAYS**

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: _____ through _____ (Estimated) ☐ Continuation of a previously reported modified duty

****MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)**

- | | |
|--|---|
| <input type="checkbox"/> No lifting over <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input type="checkbox"/> No combat/altercation activities |
| <input type="checkbox"/> No pulling, pushing or carrying over <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input type="checkbox"/> No operating a marked patrol vehicle in the line of duty |
| <input type="checkbox"/> No repetitive motion to injured part | <input type="checkbox"/> No reaching/working above shoulder |
| Body Part: _____ | <input type="checkbox"/> Must wear splint/sling |
| <input type="checkbox"/> Unable to carry or use weapon | <input type="checkbox"/> No climbing stairs/ladders |
| <input type="checkbox"/> Other _____ | |

****REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?**

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No
Range Qualification: ☐ Yes ☒ No Remarks: _____

Medication Prescribed

**** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.**

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☐ Yes ☐ No Employee is: ☐ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time In: 11:15AM	Time out: 11:30AM	Next Appointment Date: 09/08/2022	Time: 11:30AM
Physician or Clinician Print Name: DR. GARY M. FLANGAS		Physician or Clinician Signature: <i>Gary M. Flangas</i>	Date: 08/02/2022
Address (include City, State, Zip) 8285 W ARBY AVE, #220, LAS VEGAS, NV 89113		Phone#: 702-737-7753	

Official Use Only: Rec'd by Health Detail: Rec'd by CCMSI:		LAS VEGAS METROPOLITAN POLICE DEPARTMENT	
CC CCMSI: CC Health Detail:		MEDICAL EVALUATION FORM	
Employee's Full Name: [REDACTED]		Classification: PO	Date of Injury: 11/25/2021

ATTN, PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696. **HEALTH DETAIL FAX #: (702) 828-1509**

Today's Date: 09/08/2022	Body Part(s)/Illness/Exposure: LUMBAR SPINE	<input type="checkbox"/> First Report	<input checked="" type="checkbox"/> Interim Report	<input type="checkbox"/> Final Report
<input type="checkbox"/> Discharged	<input type="checkbox"/> Condition Same	<input checked="" type="checkbox"/> Condition Improved	<input type="checkbox"/> Condition Worsened	<input type="checkbox"/> PT Prescribed
<input type="checkbox"/> Consultation Required	<input type="checkbox"/> Further Diagnostic Studies required	Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No	

Time off work: **09/08/2022** through **10/13/2022** Release to Full Duty: _____ ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: **PATIENT TO FOLLOW UP IN ONE MONTH WITH AP & LATERAL LUMBAR SPINE X-RAYS/ PHYSICAL THERAPY @ DIGNITY HEALTH: 3XWK/4 WKS.**

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: _____ through _____ (Estimated) ☐ Continuation of a previously reported modified duty

****MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)**

- | | |
|--|---|
| <input type="checkbox"/> No lifting over <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input type="checkbox"/> No combat/altercation activities |
| <input type="checkbox"/> No pulling, pushing or carrying over <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input type="checkbox"/> No operating a marked patrol vehicle in the line of duty |
| <input type="checkbox"/> No repetitive motion to injured part | <input type="checkbox"/> No reaching/working above shoulder |
| Body Part: _____ | <input type="checkbox"/> Must wear splint/casting |
| <input type="checkbox"/> Unable to carry or use weapon | <input type="checkbox"/> No climbing stairs/ladders |
| <input type="checkbox"/> Other _____ | |

****REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?**

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No
Range Qualification: ☐ Yes ☒ No Remarks: _____

Medication Prescribed**** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.**

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☐ Yes ☐ No Employee Is: ☐ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: 11:10AM	Time out: 12:10PM	Next Appointment: Date 10/13/2022	Time: 11:15AM
Physician or Clinician Print Name: DR. GARY M. FLANGAS		Physician or Clinician Signature: <i>[Signature]</i>	Date: 09/08/2022
Address (Include City, State, Zip): 8285 W ARBY AVE, #220, LAS VEGAS, NV 89113		Phone#: 702-737-7753	

Rec'd by Health Detail:	Official Use Only: Rec'd by CCMSI:
CC CCMSI:	CC Health Detail:

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

MEDICAL EVALUATION FORM

OCCUPATIONAL INJURY/ILLNESS/EXPOSURE

Employee's Full Name	Classification	Date of Injury
	PO	11/25/2021

ATTN. PHYSICIAN: The Las Vegas Metropolitan Police Department offers a structured Return-To-Work Program for injured/disabled employees during their medical recovery. Numerous tasks have been identified (Temporary Work Assignments) which are available and are designed to accommodate most injuries. Based on the detailed work restrictions provided below, a description of the Temporary Work Assignments will be offered to the employee. If you have questions or concerns, please contact the Health Detail Section at (702) 828-3696. HEALTH DETAIL FAX #: (702) 828-1609

Today's Date	Body Part(s)/Illness/Exposure:	<input type="checkbox"/> First Report	<input checked="" type="checkbox"/> Interim Report	<input type="checkbox"/> Final Report
10/13/2022	LUMBAR SPINE			
<input type="checkbox"/> Discharged	<input type="checkbox"/> Condition Same	<input checked="" type="checkbox"/> Condition Improved	<input type="checkbox"/> Condition Worsened	<input checked="" type="checkbox"/> PT Prescribed
<input type="checkbox"/> Consultation Required	<input checked="" type="checkbox"/> Further Diagnostic Studies required	Stable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No	

Time off work: 10/13/2022 through 10/16/2022 Release to Full Duty: ☐ Continuation of a previously reported full duty

Physician's Objective Findings/Treatments/Prognosis: PATIENT TO FOLLOW UP IN ONE MONTH WITH AP & LATERAL LUMBAR SPINE X-RAYS/ PHYSICAL THERAPY @ DIGNITY HEALTH; 3XWK/4 WKS.

Modified Duty

NOTE: IF THE EMPLOYEE/PATIENT IS BEING RELEASED TO WORK, MODIFIED DUTY, THE FOLLOWING INFORMATION MUST BE COMPLETED AND RETURNED TO THE HEALTH DETAIL PRIOR TO THE EMPLOYEE RETURNING TO WORK. IF YOU REQUIRE A COPY OF THE EMPLOYEE'S JOB DESCRIPTION, PLEASE CONTACT THE HEALTH DETAIL AT (702) 828-3696.

Release to Modified Duty: 10/17/2022 through 11/15/2022 (Estimated) ☐ Continuation of a previously reported modified duty

**MAY RETURN TO MODIFIED DUTY WITH FOLLOWING RESTRICTIONS: (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input checked="" type="checkbox"/> No lifting over <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input checked="" type="checkbox"/> No combat/altercation activities |
| <input checked="" type="checkbox"/> No pulling, pushing or carrying over <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 50 Pounds | <input checked="" type="checkbox"/> No operating a marked patrol vehicle in the line of duty |
| <input checked="" type="checkbox"/> No repetitive motion to injured part | <input type="checkbox"/> No reaching/working above shoulder |
| Body Part: LUMBAR SPINE | <input type="checkbox"/> Must wear splint/sling |
| | <input type="checkbox"/> No climbing stairs/ladders |

☐ Unable to carry or use weapon☒ Other NO DUTY BELT

**REQUIRED TRAINING: CAN EMPLOYEE PARTICIPATE IN THE FOLLOWING REQUIRED TRAINING?

Drivers Training: ☐ Yes ☒ No Defensive Tactics: ☐ Yes ☒ No AOST: ☐ Yes ☒ No
Range Qualification: ☐ Yes ☒ No Remarks:

Medication Prescribed

** ALL MEDICATIONS PRESCRIBED MUST BE LISTED.

Name of Medication	Dosage	Frequency	Quantity
VALIUM 5MG			
NORCO 10MG/325MG			

Physical Therapy

NOTE FOR PT APPOINTMENTS: This portion must be completed by the Therapists

Job Description Provided: ☒ Yes ☐ No Employee is: ☒ Improving ☐ Maintaining ☐ Regressing

Physician/Therapist Signature (form must be signed)

Time in: 11:00AM	Time out: 11:30AM	Next Appointment: Date 11/15/2022	Time: 10:30AM
Physician or Clinician Print Name: DR. GARY M. FLANGAS		Physician or Clinician Signature: <i>Gary M. Flangas MD</i>	Date: 10/13/2022
Address (Include City, State, Zip) 8285 W ARBY AVE, #220, LAS VEGAS, NV 89113		Phone#: 702-737-7753	



Toll Free: 888-442-4323 · Fax: 702-921-9546
 Website: www.capitalvoc.com
 6655 W. Sahara, Suite A 208
 Las Vegas, Nevada 89146

Vocational Services Referral Form

REFERRAL DATE: Click to enter DATE			
Claimant's Name:		Adjuster:	
<input checked="" type="checkbox"/> Mr. / <input type="checkbox"/> Ms. / <input type="checkbox"/> Mrs.		Stephanie Macy	
[Redacted]		Email: Stephanie.Macy@CCMSI.com	
Claimant's Address:		cc Documents Email:	
[Redacted]		Same as above	
[Redacted]		Insurance Company or TPA:	
[Redacted]		CCMSI	
[Redacted]		Address, City, State, Zip:	
21034 J 953196		P.O. Box 35350 LV, NV 89133	
Date of Injury:	Claimant's Date of Birth:	Adjuster's Phone Number:	Adjuster's Fax Number:
11/25/21	[Redacted]	702-477-7018	702-477-7019
Claimant's Phone Number(s):	Additional Call Info:	***REASON FOR REFERRAL***	
Home: [Redacted]		<input checked="" type="checkbox"/> Early Vocational Assessment only	
Cell: [Redacted]		<input type="checkbox"/> Job Description / Job Site Analysis	
Claimant's E-Mail Address:		<input type="checkbox"/> Early Return to Work Services (Light Duty development)	
M8416A@LVMPD.com		<input type="checkbox"/> Assistance to Employer for Perm Mod offer development	
Language Spoken by Claimant:		<input type="checkbox"/> Vocational Services at MMI (No Perm Mod available)	
english		<input type="checkbox"/> Other: _____	
Diagnosis:			
Lumbar Strain			
Treating Physician(s) / Address:		Phone:	Fax:
Dr. Gary Flangas 8285 Arby Ave Ste 220		702-737-7753	702-737-1779
Claimant's Attorney: Las Vegas, NV 89113		Attorney's Assistant:	
N/A		N/A	
Attorney's Email:		Assistant's Email:	
[Redacted]		[Redacted]	
Attorney's Address:		Phone:	Fax:
[Redacted]		[Redacted]	[Redacted]
Defense Attorney / Address: N/A		Phone:	Fax:
[Redacted]		[Redacted]	[Redacted]
Occupation:	AMW:	TD Daily Rate:	Contact Person:
Police Officer	\$6927.83	\$151.73	Bernadine Welch
Employer Name:	Phone Number:		Fax:
Las Vegas Metro Police Dept.	702 828 3400		
Employer Address:	Contact Person's Email:		
400 S Martin Luther King Las Vegas, NV	B15379W@LVMPD.com		
Special Instructions/Reason for Assignment:		Forms Requested:	
[Redacted]		<ul style="list-style-type: none"> • Counselor Assignment letter • Claims Acceptance Letter • C3, C4 • Wage Calculation Form, Wage Letter • Functional Capacity Report (FCE) • First Medical Report, Operative Report • Last 3 Medical Reports, and MMI Report 	
Counselor Selected: Click to Select Counselor			

Send to: vbernal@capitalvoc.com or Fax to 702-921-9546



Professional services with a personalized approach.

Vocational Rehabilitation Services - Introduction Letter

4/21/2023



Re: Claimant: [REDACTED]
Claim Number: 21D34J953196
Referral Source: CCMSI
DOI: 11/25/2021

Dear [REDACTED]

Welcome to Vocational Rehabilitation Services!

Your treating physician has determined that you have Permanent Work Restrictions that preclude you from returning to your pre-injury job. Nevada State requires that Injured Employees with Permanent Restrictions be provided with Vocational Rehabilitation Services to assist them to safely return to gainful employment. For this reason, CCMSI has requested Capital Voc Consulting to provide Vocational Rehabilitation Services under your Workers Compensation claim.

An appointment has been scheduled for **Thursday, April 27, 2023 at 2:00 pm** to review your vocational options. Appointment will be with **Ms. Veriuska Bernal, BS, CDMS, CEAS**, and it will take place at the following location:

Capital Voc Consulting: 6655 W. Sahara Avenue, Suite A-208, Las Vegas, NV 89146
(Marbeya Business Park - Building A - Second floor. Elevators located in the east and west side of the complex)

If vocational rehabilitation is provided, we must follow the Nevada Revised Statutes (NRS) 616C.555, which is the regulations pertaining to Vocational Rehabilitation Services. If you have access to the Internet, you can visit our web site for more information: www.capitalvoc.com, or Nevada State/legislature and search the above mentioned Statute.

In preparation for your appointment, we ask that you complete the forms and consent. Any sections that you are unclear with, leave blank and we will review in the meeting. Please bring **two (2)** forms of ID. If you have any questions, please call us at our Toll Free number 888-442-4323.

See you soon,

Capital Voc Consulting

Enclosures: Vocational Priorities and Procedures Guide, Initial Assessment Form, HIPAA form.

cc: Stephanie Macy/CCMSI; IW email



VOCATIONAL REHABILITATION PRIORITIES AND PROCEDURES

A GUIDE TO VOCATIONAL REHABILITATION SERVICES
YOUR LIFE- YOUR GOALS- YOUR FUTURE

The following information is designed to be a general orientation of your potential Vocational Rehabilitation benefits. It is an explanation of the services/benefits/roles and responsibilities of the parties involved in Vocational Rehabilitation Services.

This document is not a binding agreement between Capital Voc Consulting and an injured employee.

★ Why have you been referred to Vocational Services?

According to (Nevada Revised Statute) NRS 616C.590(1)(a) a claimant is eligible for services when the treating physician or chiropractor approves the return of the injured employee to work but imposes permanent restrictions that prevent the injured employee from returning to the position that he held at the time of his injury.

You can also be referred for an initial assessment prior to reaching Maximum Medical Improvement- An Early Vocational Assessment.

★ What is the main goal of Vocational Rehabilitation Services?

The purpose/goal of Vocational Rehabilitation Services is to assist you to return to work in a position that is physically appropriate to your current physical condition, within the expected rate of pay.

The goal is to be reached within a reasonable amount of time after the injury.

★ According to Nevada Regulation, what steps are followed?

You and your counselor will work together in a **step-by-step** process to help you in your return- to-work process.

Each step in this process is considered a **priority**, which **must** be accomplished before you can proceed to the next.

No everyone follows the same steps; no everyone needs retraining. Some people have existing skills that can be utilized in similar jobs to the ones they have before, within their past 7 years of work history.

Return-to-Work Priorities (Steps):

Per, (Nevada Revised Statute) NRS 616C.530. Priorities for returning injured employee to work are as follows:

1. Return the injured employee to the job he had before his injury. (If able to perform job within his permanent restrictions)
2. Return the injured employee to a job with the employer he worked for before his accident that accommodates any limitation imposed by his injury.



To explore if any of the first two priorities are possible, the counselor will contact the current employer to see if there is a modified job or alternative work available within your permanent limitations. Offer presented by your current employer (worker's compensation case) will be forwarded to your physician for his review and approval.

If your employer is unable to provide accommodations, counselor will move forward with an analysis of your skills to determine if you will need to move to step 3 or step 4 of the priorities.

3. Return the injured employee to employment with another employer in a job that uses his existing skills. (Able to do other jobs using his skills, and knowledge without the need for retraining- called: **Direct Placement Services**.)

During Placement Services assistance, your counselor will help develop your resume, help you with interviewing skills and assist with Job Search activities.

According to the Nevada Revised Status, time frame allowed for Direct Placement activities should not exceed 6 months of services.

If no transferable skills are present, you will move directly into a **Plan Development** phase to explore priorities 4 and 5.

4. Provide training for the injured employee while he is working in another vocation. (Also known as **On-the-Job training**. Taken place at a different employer. A Plan Development Service)
5. Provide formal training or education for the injured employee in another vocation. (A Plan Development Service)

According to Nevada Revised Status, the time frame for vocational plan development activities should not exceed 60 days from the date of the eligibility for services.

(Added to NRS by 1991, 2396) — (Substituted in revision for NRS 616.378)

★ *What happens if you have skills for other jobs within your permanent limitations?*

During Placement Services assistance, your counselor will help develop your Resume, help you with interviewing skills and assist with Job Search activities.

According to the Nevada Revised Status, time frame allowed for Direct Placement activities should not exceed 6 months of services.

★ *What happens if you do NOT have skills to return-to-work right away?*

If no transferable skills are present, you will move directly into a **Plan Development** (60 Days to design a viable retraining plan).

During this 60 Day- time frame (**Plan Development**) your counselor will:



1. **Administer a series of Career Assessments and tests to have a better idea of your areas interest, your vocational preferences, your abilities, etc.**
2. **The assigned counselor will review assessment results with you and help you identified occupations that might interest you based your testing results.**
3. **Once occupations are identified, will attempt to establish an On-The-Job Training program (in these programs, an employer agrees to train you in a new job skill consistent with your physical limitations and agrees to hire you at the end of the training, if possible). The objective is to give the injured worker a new job skill to overcome the disability. Insurance carrier will provide reasonable tools and supplies to learn the new skill. At the end of the training period, you return to work.**
4. **If we are unable to identify an On-the-Job training program. A formal training will be explored for the occupation(s) you have selected from your testing results.**
 - **The occupation selected must have a healthy number of jobs within the local labor market.**
 - **The training facility needs to be an approved provider by the Nevada Commission on Post-Secondary Education.**
 - **The training must be in an occupation that you are physically capable of performing. Your assigned counselor will contact the physician that set your permanent limitation to confirm the occupation selected for retraining is within your limitations.**
 - **Information about retraining program will be presented to your insurance carrier for their review and approval.**
 - **This training will last no longer than the length of your eligibility for services, based on your Permanent Partial Disability (PPD) rating. (Counselor will explain information in-detail)**
 - **Insurance carrier pays you Vocational Rehabilitation Maintenance (VRM) benefits during the length of training, tuition, books, and reasonable supplies.**
 - **At the end of training, you may be given 28 days of rehabilitation maintenance benefits if needed for job placement. And this step will conclude your Vocational Rehabilitation.**

For you to benefit the most from rehabilitation services, it is important that you spend as much time and effort possible on your vocational future.

Your Vocational Rehabilitation Counselor is available to act as a resource to find a suitable vocational direction. Identifying a suitable vocational direction will require much effort to due to research necessary to find a vocational objective that will enable you to obtain suitable and gainful employment.

Please note that vocational rehabilitation services are provided according to Nevada Revised Statutes, and the outcome of services will depend on your full participation.



★ Do you get paid while you participate in Vocational Rehabilitation Services?

Yes, you will receive a benefit called Vocational Rehabilitation Maintenance (VRM). Same amount you received on TTD.

Your full participation will be required to be considered in compliance.

Full participation guidelines for Injured Employee:

1. Able to involve yourself on vocational activities during regular business hours: 8:00 a.m. to 5:00 p.m., Monday through Friday. And present yourself to scheduled meetings with counselor, potential employers for training facilities, on a timely manner.
2. Get sincerely involved on vocational activities with the objective of returning to gainful employment (Counseling sessions, job search activities, vocational testing and/or training)
3. Maintain record of mileage and vocational activities. (Per Nevada Regulations miles for vocational services are compensated if more than 50 miles per day)

According to an NRS 616 C.590 (7) any injured employee eligible for compensation other than accident benefits may not be paid those benefits if he refuses counseling, training or other vocational rehabilitation services offered by the insurer.

Should you have any questions regarding above information, please ask your vocational counselor for further information. If you are not interested in participating in Vocational Rehabilitation Services, please contact your attorney or insurance carrier (if not represented) to review options.

I have read the above information and understand its content. Copy has been provided for my records.



Date: _____

Claimant Name: _____



Date: _____

Vocational Counselor: _____

Please keep this document in a safe place with all your vocational records; it will help you understand the process and stay on track.

NOTE: Please remember to complete the "Vocational Questionnaire" prior to our first meeting.

VR Guide / Page 4 of 4



Vocational Rehabilitation Services / Servicios de Rehabilitación Vocacional

Initial Assessment Form / Formulario para la Evaluación Inicial

Welcome to Vocational Rehabilitation Services. Please complete ALL PAGES of this form in preparation for our meeting. Any sections you are unclear with, leave blank and it will be reviewed during the initial meeting. This information will cover all the information needed from you in order to conduct Vocational Assessment and identify your eligibility for Vocational Rehabilitation Services. Our time together will be used to review in detail what vocational rehabilitation services are according to Nevada Regulations.

Bienvenido a los Servicios de Rehabilitación Vocacional. Por favor complete TODAS LAS PAGINAS de este formulario en preparación para nuestra cita. Cualquier sección que no tenga clara, déjela en blanco por ahora. Este formulario contiene toda la información que necesitaremos de usted para determinar su elegibilidad para servicios. Nuestro tiempo con usted será utilizado para ver en detalle que son los servicios de Rehabilitación Vocacional de acuerdo con los estatutos del estado de Nevada.

1. Personal Information / Información Personal:

Last Name [REDACTED]		First Name and MI Primer y 2do Nombre	
Birth Date Fecha Nacimiento		SSN (last 4 digits) SS (últimos 4)	
Home Address dirección			Apart. #
City Ciudad	State Estado	Zip Código Postal	
Yes Citizen / Si Ciudadano <input type="checkbox"/> Birth / Nacimiento <input type="checkbox"/> Naturalization / Naturalización		Primary Language / Primera Idioma:	
Not Citizen / No Ciudadano Resident / Residente INS: _____ Expiration Date / Fecha de Expiración: _____		Other Languages / Otras Idiomas:	
Home Phone / Teléfono Casa:		Cell Phone / Celular:	
Email / Correo Electrónico:			Okay to Text? / ¿Textos? <input type="checkbox"/>

2. Socio Economic Information / Información Socio-Económica:

Marital Status / Estado Civil: _____ Number of Dependents / Número de dependientes: _____

List of all people in household / Lista de personas en su hogar:

Name / Nombre	Age / Edad	Relationship / Relación con usted

General Socio-Economic Information: (Space used by counselor) / (Espacio llenado por Consejera)

What are your average monthly expenses? ¿Cuáles es el promedio de sus gastos mensuales? \$ _____
 Include rent/mortgage, utilities, internet, phone, insurance bills, car payment, gasoline for your vehicle, monthly food expense, and min credit card payments / Incluye alquiler/hipoteca, utilidades, internet, teléfono, gastos de seguros, pago del automóvil, gasolina, gastos mensuales de comida, y pago mínimo a tarjetas de crédito.

Do you have / Tiene usted -

Driver's License / Licencia de conducir: ☐ Yes/Si ☐ No

Access to Motor Vehicle / Acceso a Vehículo: ☐ Yes/Si ☐ No

Hobbies/Recreation/Volunteer activities / Lista de pasatiempos, actividades recreativas:

List of your hobbies and volunteer activities. Include ALL activities prior to injury / Liste pasatiempos, actividades recreativas al igual que actividades como voluntario, en las que participaba antes del accidente.

Have ever been convicted of a Felony? / ¿Alguna vez ha sido condenado por un delito grave? ☐ Yes/Si ☐ No

This could affect your ability to apply for certain jobs, please answer the question.

Esto puede afectar su posibilidad para aplicar a ciertos trabajos, por favor conteste la pregunta.

3. Medical Information / Historial Médico:

Please make a list of ALL prior surgeries, allergies, medical conditions, or prior injuries such as high blood pressure, diabetes, asthma, etc. / Liste aquí TODA información sobre cualquier cirugía, alergias, condiciones médicas, o lesiones previas tales como presión alta, diabetes, asma, etc.

Surgery / Allergy / Medical Condition / Injury Cirugías / Alergias / Condiciones Médica / Lesiones	Year Año

COVID-19

If you received the vaccine against COVID-19 / Si usted recibió la vacuna contra COVID-19

Which Vaccine did you get: Moderna, Pfizer, or Johnson & Johnson? ¿Qué vacuna recibió: Moderna, Pfizer o Johnson & Johnson?	
Date of First Shot / Fecha de la primera vacuna:	
Date of Second Shot (Moderna or Pfizer) / Fecha de la segunda vacuna (Moderna o Pfizer):	

If you have NOT received the vaccine / Si NO ha recibido la vacuna

Are you planning to get the vaccine? if so, when will you get it? ¿Está pensando en vacunarse? si es así, ¿cuándo lo obtendrás?	
--	--

If you have **not** received your Covid vaccine, or are **not** planning to get vaccinated you will be required to **wear** a face mask for all in-person meetings (covering nose and mouth).
Si no ha recibido su vacuna Covid, o no planea vacunarse, se le pedirá que use una mascarilla para todas las reuniones en persona (cubriéndose la nariz y la boca).

Please initial here:
Escriba sus iniciales:

Medications / Medicinas (medicamentos):

List ALL medications you are currently taking and indicate the condition you are taking medication for. / Escriba TODAS las medicinas que está actualmente tomando, e indique para que condición está tomando el medicamento.

Name Nombre	Purpose Propósito	Physician that Prescribed Médico que prescribió

Treating Physician(s) for industrial injury / Médico(s) tratantes para su lesión industrial:

Name / Nombre	Specialty / Especialidad

Level of Independency / Nivel de Independencia:

Do you need **help** bathing? / ¿Necesita ayuda para bañarse?

☐ Yes/Si ☐ No

Do you need **help** dressing? / ¿Necesita ayuda para vestirse?

☐ Yes/Si ☐ No

Do you need **help** feeding yourself? / ¿Necesita ayuda para alimentarse solo?

☐ Yes/Si ☐ No

4. Vocational Information / Información Vocacional:

Current Work Status / Situación Laboral Actual:

Total Temporary Disability / Incapacidad Total Temporal: (TTD)

☐ Yes/Si ☐ No

Light Duty / Trabajo Liviano (Light Duty):

☐ Yes/Si ☐ No

Discharged from care with permanent restrictions:

Dado de alta con restricciones permanentes:

☐ Yes/Si ☐ No

Number of days you have been off work / Número de días que ha estado sin trabajar: _____

Potential barriers to employment / Barreras potenciales para el empleo:

Describe in **your own words** how your if injury is a **potential barrier** to employment, or **not**. / Describa en sus propias palabras cómo su lesión es una **barrera potencial** para el empleo, o si no lo es.

Educational History / Educación:

High School Diploma or GED completed / Diploma Escuela Secundaria o GED
 If not, highest grade completed / Si no, grado más alto terminado: _____

☐ Yes/Si ☐ No

Any College education / Alguna educación Universitaria:

☐ Yes/Si ☐ No

Area of Training / Área de Estudios: _____

Graduated? / ¿Se graduó?

☐ Yes/Si ☐ No

Any Vocational Training / Escuela Vocacional:

☐ Yes/Si ☐ No

Area of Training / Área de Estudios: _____

Graduated? / ¿Se graduó?

☐ Yes/Si ☐ No

Formal Education / Educación Formal:

Name of the School / State or Country Nombre de la Institución / Estado o País	Field of Study Estudios realizados	Year / Año Completion
	Elementary School / Primaria	
	High School or GED / Secundaria o GED	
	If College / Si tiene estudios universitarios Field / Área:	
	If Vocational School / Si asistió a Escuela Vocacional Area of Training / Área:	

On the Job Training (OJT) / Entrenamientos en el puesto de trabajo:

Please list ALL the jobs you have learned since you started working. If you were given the opportunity to learn "how to do the job", that is considered an "On-The-Job-Training". Por favor escriba todos los trabajos donde le dieron la oportunidad de aprender "como hacer el trabajo", esto es considerado "Entrenamiento en Puesto de Trabajo".

Only list the time and employer where you learned the job.

Solo escriba el año y el nombre del empleador donde usted aprendió este trabajo.

Employer / State or Country Empleador / Estado o País	On The Job Training (OJT) Entrenamiento en el Trabajo (OJT)	Year-Training Received Año en que recibió el Entrenamiento
EXAMPLE: Walmart, Las Vegas	Cashier / Cajero	1982

Other qualifications such as special skills, abilities or honors that should be considered:

Otras calificaciones, tales como habilidades especiales, habilidades o honores que deben considerarse:

Types of computers, software, and other equipment you are qualified to operate or repair:

Tipos de computadoras, software y otros equipos para los que está calificado para operar o reparar:

Professional licenses, certifications, or registrations:
Licencias profesionales, certificaciones o inscripciones:

Additional skills, including supervisory skills, other languages:
Habilidades adicionales, incluyendo habilidades de supervisión, otros idiomas:

Self-Employment information / Self-Employment information:

Have you **ever** owned a business? / ¿Alguna vez ha tenido un negocio?

☐ Yes/Si ☐ No

Do you **have** a current business license? / ¿Tiene una licencia de negocio actual?

☐ Yes/Si ☐ No

Have you **own** and operated a business within the past 10 years?

¿Ha sido propietario y operado un negocio en los últimos 10 años?

☐ Yes/Si ☐ No

Military Background / Servicio Militar:

Are you a **Veteran**? / ¿Es Veterano(a)? Branch / Rama: _____

☐ Yes/Si ☐ No

Duty/Specialized training / Deberes/Entrenamiento especial: _____

Years in service / Años de Servicio: _____ Type of Discharge / Tipo de Alta: _____

Employment History / Historial de Empleo:

Please **provide** the past 10 years of work history, from **present** to past. Make sure to mention any employment gaps.

Por favor **escriba** los últimos 10 años de historial de trabajo, del **presente** al pasado. Mencione aquellos periodos en los cuales **no** trabajó.

EXAMPLE / EJEMPLO:

Employer Name / City Empleador / Ciudad	Job Title / Duties: Posición / Deberes:	Start date: Desde cuando:	End date: Hasta cuando:
Name / Nombre: <i>Target</i>	Job Title / Posición: <i>Cashier / Cajero</i>	Feb. 2008	Dec. 2012
City / Ciudad: <i>Las Vegas</i>	Duties: <i>receive payment for purchase, process</i> Deberes: <i>recibir pagos por compras, procesar</i>	Reason for leaving: Motivo por qué se fue:	
Hourly Pay / Pago por hora: \$ 9.00	<i>transactions, and bag products for customer.</i> <i>Transacciones y envolver productos.</i>	<i>Better job / Mejor trabajo</i>	

List **ALL** the jobs you have done for the past 10 years (**present** to past)

Liste **TODOS** los trabajos que ha tenido en los últimos 10 años (del **presente** al pasado). Refiérase al ejemplo anterior.

Employer Name / City	Job Title / Duties:	Start date:	End date:
Name:	Job Title:		
City:	Duties:	Reason for leaving:	
Hourly Pay: \$			
Employer Name / City	Job Title / Duties:	Start date:	End date:
Name:	Job Title:		
City:	Duties:	Reason for leaving:	
Hourly Pay: \$			

Employer Name / City	Job Title / Duties:	Start date:	End date:
Name:	Job Title:		
City:	Duties:	Reason for leaving:	
Hourly Pay: \$			
Employer Name / City	Job Title / Duties:	Start date:	End date:
Name:	Job Title:		
City:	Duties:	Reason for leaving:	
Hourly Pay: \$			
Employer Name / City	Job Title / Duties:	Start date:	End date:
Name:	Job Title:		
City:	Duties:	Reason for leaving:	
Hourly Pay: \$			
Employer Name / City	Job Title / Duties:	Start date:	End date:
Name:	Job Title:		
City:	Duties:	Reason for leaving:	
Hourly Pay: \$			

If you need to add more entries under employment history, please add a page
 Si necesita agregar más información laboral, por favor añada una página.

Do you have any job goals at this time? / ¿Tiene alguna meta de trabajo en este momento?

5. Legal Information / Información Legal:

Are you represented by an attorney? / ¿Está representado(a) por un abogado?

☐ Yes/Si ☐ No

Name / Nombre: _____

*Signing this document indicates that you have provided information to the best of your knowledge.
 La firma de este documento indica que usted ha proporcionado información con lo mejor de su conocimiento.*

Injured Worker Signature / Firma del Trabajador Lesionado

Date / Fecha

**THANK YOU!
 ¡GRACIAS!**



Vocational Rehabilitation Services – Coronavirus Guidance

Dear injured worker,

In light of the ongoing developments with Coronavirus (COVID-19) and in an effort to continue our commitment to providing appropriate Vocational Rehabilitation services, while trying to keep us safe, we are asking you to follow these guidelines:

1. If you are experiencing Covid like symptoms, we ask that you notify us immediately, so that we can coordinate following appointments to be via telehealth and not in-person. We will continue services as normal as possible, while you recuperate, in order to keep you in compliance. Until your Covid testing results are Negative.
2. Provide us a copy of test results to support your request. Information will be sent to TPA or Insurance carrier for their records.
3. If you have received an email or communications from the Health Department advising that you have been exposed to someone with Covid and you should Quarantine. Please notify us immediately and follow the CDC and Health Department guidance. Provide supportive records (information will need to be sent to TPA or Insurance carrier.)

We thank you for your understanding and cooperation.

Stay safe and stay healthy!

Capital Voc Consulting

Notification of Eligibility for 60 Days of Plan Development
(NO TRANSFERABLE AND MARKETABLE SKILLS IDENTIFIED)
TIME FRAME: 05/09/2023 TO: 07/06/2023

5/9/2023



RE:

Claimant:

Claim #: 21D34J953196

Employer: Las Vegas Metro Police Dept

DOI: 11/25/2021

Dear

As part of the vocational rehabilitation process a transferable/marketable skills assessment has been completed, to determine what assistance may be necessary to assist you to return to the work force within your physical limitations. The Skills Assessment indicated that you do not have at the present time a combination of transferable and marketable skills, therefore a Vocational Rehabilitation plan needs to be developed to ensure that you are able to safely return to gainful employment.

Per Nevada regulations, we only have 60 days to work together to develop a viable Vocational Plan.

Nevada Administrative Code 616C.577 states, "An insurer shall pay vocational rehabilitation maintenance to an injured employee for not more than 60 days during the period in which the program of vocational rehabilitation is being developed." Per the above regulation, you are herein extended sixty (60) days of benefits for plan development, to begin **May 9, 2023** and end **July 6, 2023**. You were verbally notified of your eligibility for services during our meeting on May 9, 2023.

On behalf of **CCMSI**, it has been determined that you may be eligible for a vocational rehabilitation program. The Nevada Revised Statute NRS 616C.555 will be used as a guideline.

NRS 616C.555 section 3 reads as following:

If the counselor determines in a written assessment requested pursuant to NRS 616C.550 that the injured employee does not have existing marketable skills, the plan must consist of a program which trains or educates the injured employee and provides job placement assistance. Except as otherwise provided in NRS 616C.560, such a program must not exceed (effective July 1, 2019):

(a) If the injured employee has incurred a permanent disability as a result of which permanent restrictions on the ability of the injured employee to work have been imposed but no permanent

physical impairment rating has been issued, or a permanent disability with a permanent physical impairment of 0 percent, 9 months.

(b) If the injured employee has incurred a permanent physical impairment of 1 percent or more, but less than 6 percent, 12 months.

(c) If the injured employee has incurred a permanent physical impairment of 6 percent or more, 24 months.

Capital Voc Consulting consultants will explain in-detail activities during plan development, administer Vocational Assessments and Career Surveys to help you identify your next Career Path.

On the Job Training Programs (OJT).

A suitable vocational plan will first focus on the development of an **On-the-Job-Training (OJT) Program**. The best OJT would be one that could build on any skills and training you already have. The employer would need to agree to train you in a new job consistent with your physical abilities and employ you at the end of the training and the insurance carrier would need to approve the plan. During an OJT, the employer pays 50% of the wages and the insurance carrier will pay the balance of the wage to equal your rehab maintenance rate. After 90 days of employment following the OJT, carrier will reimburse the employer the wages paid during the training. At the end of the training period, rehabilitation ends.

A Formal Training program.

If we are unable to identify an OJT program, carrier will consider formal training at a vocational/technical school. School selected by the injured employee must be able to provide information regarding training time as a **full-time student**, and time frame should not exceed the maximum allowed time per PPD rating.

Insurance Carrier pays tuition, books, supplies, and mileage (if applicable to regulations for Vocational Services of 50 miles per day). During the training, rehabilitation maintenance payments will continue. The training must be in an occupation where jobs are available that fit your interests, abilities, and physical limitations.

At the completion of training, you may receive up to 28 days of rehabilitation maintenance while looking for work. Rehabilitation Maintenance ends after 28 days or upon employment, whichever comes first.

Please note that Nevada Revised Statute (NRS) 616C.601 states in part:

"Anyone who rejects a suitable program of vocational rehabilitation which is offered to him; rejects employment which is within the limitations prescribed by a treating physician or chiropractor; or refuses to cooperate with the insurer in the development of a program of vocational rehabilitation or a search for a job, is subject to suspension or termination of vocational rehabilitation benefits."



Professional services with a personalized approach.

If you or your employer disagrees with this decision, you have the right to file an appeal and mail it directly to the Hearing Officer at:

Department of Administration
2200 South Ranch Drive, Suite 210
Las Vegas, NV 89102

Your request needs to reach the Hearings Division within seventy (70) days from the date of this letter, otherwise you may lose your right to appeal the decision.

Should you have any questions regarding the above information, do not hesitate to contact me at (888) 442-4323. If you are not interested in participating in Vocational Rehabilitation Services, please contact your attorney or insurance carrier (if not represented) to review options.

Sincerely,

A handwritten signature in black ink, appearing to read 'Veriuska V. Bernal'.

Veriuska Bernal, BS, CDMS, CEAS
Sr. Vocational Consultant

cc: Stephanie Macy/CCMSI

Enclosed: Appeal Form

Vocational Assessment Report
Eligibility Determination: Plan Development
Time Frame: 05/09/2023 to 07/06/2023

To:
CCMSI
Attn: Stephanie Macy
PO Box 35350
Las Vegas, NV 89133

Assessment Report Date: 05/09/2023

Referral Date: 04/21/2023

RE:

Claimant:		Claim #	21D34J953196
Employer:	Las Vegas Metro Police Dept	Insurer:	CCMSI
DOI:	11/25/2021	Eligibility:	Plan Development

The following assessment has been conducted as requested by CCMSI, in accordance with Nevada Revised Statutes, in order to identify [REDACTED] Eligibility for Vocational Rehabilitation Services as a part of his Worker's Compensation Claim # 21D34J953196

NRS 616C.550 (3) Written assessment of injured employee. The written assessment must contain a determination as to whether the employee is eligible for vocational rehabilitation services pursuant to NRS 616C.590. If the insurer, with the assistance of the counselor, determines that the employee is eligible for vocational rehabilitation services, a plan for a program of vocational rehabilitation must be completed pursuant to NRS 616C.555.

1. Personal Information:

Last Name:		First Name & MI:	
Date of Birth:		Social Security:	
Primary Language:	English	Other Languages:	None
Residency Status:			

2. Socio Economic Information:

Marital Status: [REDACTED] **Number of Dependents:** [REDACTED]

General Socio- Economic information: Claimant's Average Monthly expenses are approximately \$6,100.00.

Driver's License: Yes **Access to Motor Vehicle:** Yes

Hobbies/Recreation/Volunteer activities: claimant enjoys hunting, fishing, camping, baseball coach, swimming, kayaking, hiking, and shooting.

3. Medical Information:

Diagnoses: Accepted Body Part:

1. Lumbar Strain

Number of pages reviewed: 45

Date	Report Summary
11/25/2021	C3 – reviewed and on file / I strained my lower back mounting my police motorcycle at the start of my shift. No first eight provided
11/25/2021	C4 – reviewed and on file / Mounting police bike to start shift, felt pull pop in lower back sciatica pain (not legible) weak.
12/17/2021	Acceptance Letter: Accepted Body Parts & Diagnose; Lumbar Strain
05/06/2022	Wage letter: AMW and TTD rate; \$6,927.83 and \$151.73
11/26/2021	Enterprise Quick Care, David Huynh Winn, DO Chief Complaint: Patient presents with workers' compensation f/u back pain 11/25. HPI: <ul style="list-style-type: none"> WC Initial visitation for a left sided lumbar back pain with sciatica symptoms and left leg. Pt states that he was trying to get on his motorcycle when he felt a sudden pop and pain in his left back. Since then, he has been experiencing sharp radiating pain down the posterior leg with activity. Improves with rest. Off note he has a history of lumbar spine surgery. His back surgery has hardware that is MRI compatible. He last saw a spine surgeon in 2017 and was told that MRI was negative and has not seen a surgeon since then. ASSESSMENT: Diagnosis and all orders for this visit: <ol style="list-style-type: none"> Lumbar sprain Spine/Ortho; Referral Patient would likely benefit from time off work initially for 3 days and return to modified duty starting early next week.
06/06/2020	Spring Valley Hospital Medical Center, Flangas, Gary M, MD Operative Reports: Preoperative diagnosis: Lumbar radiculopathy, spinal stenosis, left L4-L5, Left L3-L4 synovial cyst Postoperative diagnosis: Lumbar radiculopathy, spinal stenosis, left L4-L5, Left L3-L4 synovial cyst Procedure Performed: (Not completely legible-blurry) Remove instrumentation, exploration fusion, laminectomies for decompression
09/08/2022	Gary Flanges, MD, American Board of Neurological Surgery F/U consultation: <ul style="list-style-type: none"> Pt returns today status post L3-4 lumbar interbody fusion with pedicle screw stabilization on 06/06/22. Clinically he is doing relatively well. He is having quite a bit of backed as copper, but the radicular symptoms are resolved. Discussion of Management Options and Treatment Plan:

	He will start to taper his LSO brace. We will start him in physical therapy 3 times per week for 4 weeks. We will keep him off work while he continues to convalesce. We will see him back in one month with AP and lateral lumbar spine X-ray.
10/13/2022	Gary Flanges, MD, American Board of Neurological Surgery F/U consultation: Discussion of Management Options and Treatment Plan: Again, we will reorder his physical therapy, which has not been started. We will return him back to work next week on light duty status. We will see him back in one month with AP and lateral lumbar spine X-rays.
12/20/2022	Gary Flanges, MD, American Board of Neurological Surgery F/U consultation: <ul style="list-style-type: none"> Clinically he has had significant improvement compared to his pre operated status. Physical therapy will be seen to help. He feels like he has plateaued at this point in time. He does not have any radicular symptoms, but he does still have some back discomfort which is currently tolerable. Discussion of Management Options and Treatment Plan: At this point in time the patient is MMI, Stable and Ratable. We will refer him for a functional capacity evaluation to determine permanent work restrictions. We will keep him on his light duty work restrictions for the time being.
01/18/2023	Kelly Hawkins Physical Therapy FCE: Diagnosis: Lumbar Spine Test Results: VALID, Physical Demand Category: MEDIUM, Meet Job Requirement? NO <ul style="list-style-type: none"> Demonstrated that capability to lift up to 70 lbs. and carry up to 75 lbs. Frequent tolerance (34-66% of workday) for sitting, standing, kneeling, climbing stairs, squatting, walking, twisting. Occasional tolerance (1-33% of workday) for overhead reaching and bending/stooping. Based on the job description provided, [REDACTED] does not appear to be capable of safely performing all of his preinjury job duties (Police Officer II for LVMPD) without modifications. Tolerance for the 8-hour day: Based on this evaluation, the client is capable of sustaining the Medium level of work for an 8-hour day/40-hour week or another full-time schedule TASK: <ol style="list-style-type: none"> Floor to waist lift: 70 LB occasionally Waist to eye level lift: 70 LB occasionally Two handed carrying: 75 LB occasionally Pushing: 75 LB force occasionally Pulling: 68 LB force occasionally Sitting: frequently Standing: frequently Work arms overhead-standing: occasionally Work bent over-standing/stooping: occasionally Work kneeling: frequently Climbing stairs: frequently Repetitive squatting: frequently Walking: frequently Repetitive trunk rotation-standing: frequently

	15. Balance on level surfaces: adequate 16. Balance on level surfaces: adequate
02/07/2023	<p>Kenneth J. Hogan, D.C.</p> <p>PPD:</p> <p>Impairment Rating:</p> <p>Body Part: Lumbar Spine</p> <p>Pre-existing status:</p> <ul style="list-style-type: none"> He suffered July 2012 industrial injury to his lumbar spine and ultimately required L4-5-S1 microdiscectomy/decompression with interbody fusion with Dr. Fangas, On November 7, 2013, Dr. Rod Perry rated him at 22% whole person impairment due to impaired motion and a specific spine disorder. Prior 85 whole person impairment for right shoulder industrial injury. <p>Injury:</p> <ul style="list-style-type: none"> Mounting police M/C to start shift felt a pop in lower back sciatica pain <p>Clinical Management Summary:</p> <ul style="list-style-type: none"> Records reviewed form 11/26/2021 through 12/20/2022 <p>Permanent Impairment Summary:</p> <ul style="list-style-type: none"> It is my opinion that there is consistency among the history, physical examination and studies. Table 15-7, page 404 awards impairment, 12% (IV-D), 2% (IV-E) and 2% (IV-E1) for a total of 16% whole person impairment. Range of motion impairment totals 16% whole person impairment. There are combined, not added, to obtain 26% whole person impairment. Neurologic impairment total 1% whole person impairment. Utilizing the combined values chart, there exist 27% whole person impairment. 22% whole person impairment is subtracted due to prior award by Dr. Perry, resulting in new award of 5% whole person impairment, which has reasonable. ██████████ was advised to discuss his bowel issues with Dr. Flangas during his posts FCE f/u consultation. If Dr. Flangas believes it is related, he can advise if additional impairment rating is indicated. Because of a backlog in the processing of D35 forms, my recommendation of total impairment is conditional. When I receive the actual D35 forms, I will only need to complete an addendum if there is a discrepancy in approved body part(s). Otherwise, his rating recommendation should be considered appropriate.
02/14/2023	<p>Gary Flanges, MD, American Board of Neurological Surgery</p> <p>Dr agreed to and signed last sheet of FCE</p>
02/07/2023	<p>PPD Report by Kenneth J. Hogan, D.C.</p> <p>██████████ has 5% WPI.</p>

Past Medical History:

1. Seasonal allergies
2. Spinal fusion L4-L5-S1 (2013)
3. Labrum repair, distal clavicle excision on right shoulder (2017)
4. Spinal fusion L3-L4 (2022)

Current Medical Status: According to medical report on file by Dr. Gary Flangas, MD, dated 12/20/2022, At this point in time the patient is MMI, Stable and Ratable. Dr. Gary Flangas, MD dated 02/14/2023 agreed to and signed FCE.

FCE Results:

1. Floor to waist lift: 70 LB occasionally
2. Waist to eye level lift: 70 LB occasionally
3. Two handed carrying: 75 LB occasionally
4. Pushing: 75 LB force occasionally
5. Pulling: 68 LB force occasionally
6. Sitting: frequently
7. Standing: frequently
8. Work arms overhead-standing: occasionally
9. Work bent over-standing/stooping: occasionally
10. Work kneeling: frequently
11. Climbing stairs: frequently
12. Repetitive squatting: frequently
13. Walking: frequently
14. Repetitive trunk rotation-standing: frequently
15. Balance on level surfaces: adequate
16. Balance on level surfaces: adequate

NOTE: pending to have FCE signed by PTP

Current Treatment Plan: none, discharged from care.

List of Current Medications:

1. Venlafaxine

Ability to perform Activities of Daily Living and Safety: [REDACTED] reports independence with basic ADLS.

Treating Physician(s):

Name	Specialty	Type
Dr. Gary Flangas		Primary Treating Physician

4. Vocational Information:

Current Work Status: MMI with Permanent Restrictions, employer unable to accommodate permanent limitations.

Self-Reported Barriers to Employment: "Limited physical movement in the lower back, weight restrictions and flexibility."

Educational Background:

GED completed?

Yes

If not completed, highest grade attended:

Institution or Employer / Location	Area of study/certification obtained	Year of Completion
[REDACTED]	[REDACTED]	[REDACTED]

Discount Tire	OJT- Tire Buster	1995
U.S. Army	OJT-Tank Crewman	1996
LVMPD	OJT- Police Officer	2004

Job Title at the time of Injury: Police Officer

Wage at the time of injury (AMW and Hourly Wage): \$6,927.83

VRM rate: \$151.73

Employment History (Past 7 years only per NRS)

Employer	Job Title	Time Frame	Salary	Job Functions
LVMPD Las Vegas, NV	Police Officer DOT Code: 375.263-014 POLICE OFFICER I Medium Duty GED: R4M2L3 SVP: 6 Work Code: 271, 293	8/2/2004 to present	\$58.22hr. 80%: \$46.57	Patrols assigned beat on foot, on motorcycle, in patrol car, or on horseback to control traffic, prevent crime or disturbance of peace, and arrest violators: Familiarizes self with beat and with persons living in area. Notes suspicious persons and establishments and reports to superior officer. Reports hazards. Disperses unruly crowds at public gatherings. Renders first aid at accidents, and investigates causes and results of accident. Directs and reroutes traffic around fire or other disruption. Inspects public establishments requiring licenses to ensure compliance with rules and regulations. Warns or arrests persons violating animal ordinances. Issues tickets to traffic violators. Registers at police call boxes at specified interval or time. Writes and files daily activity report with superior officer. May drive patrol wagon or police ambulance. May notify public works department of location of abandoned vehicles to tow away. May accompany parking meter personnel to protect money collected.

Military Background: U.S. Army.

General Skills: Firearms Instructor, drug recognition expert.

Claimant's Vocational Interest: [REDACTED] unsure of his vocational goal at this time.

5. Legal Information: Claimant is not represented at the time of this report.

6. Transferable Skills Analysis: Work History Pre-Injury data: (7 years per NRS)

Methodology: Standard DOT Approach

A Transferable Skills Analysis was conducted under the work code classifications of claimant's reported work history. Claimant's FCE is set at a Medium Duty.

The following work codes and occupations were explored:

Work Code: 271: Investigating: No transferable and marketable skills identified.

Work Code: 293: Protecting: No transferable and marketable skills identified.

This counselor completed the Transferable Skills Analysis on 05/09/2023; Results are as following:

Under NRS 616C.550, [REDACTED] does not present a combination of transferable and marketable skills.

Thus, it is this counselor's opinion based on Nevada Regulations, claimant's current skills, education, and training, that [REDACTED] does not possess the necessary marketable skills to return to gainful employment within his physical limitations and expected rate of pay. Therefore, it is the professional opinion of this Vocational Rehabilitation Counselor that [REDACTED] should participate in *Plan Development* activities.

The information used for this report included local newspapers, Internet job search engines, Dictionary of Occupational Titles, State wage data information and Skill Trans Software /database.

7. Eligibility Determination: Plan Development

In Accordance with NRS 616C.550, Assessment must contain information regarding claimant's eligibility for services.

Please note that this written assessment contains a determination as to whether the employee is eligible for vocational rehabilitation services. In the case of [REDACTED] assessment results indicate eligibility for Plan Development. PPD was unknown at the time of this report.

8. Comments [REDACTED] is a cooperative client, who has expressed interest in returning to gainful employment and is willing to actively participate in vocational activities.

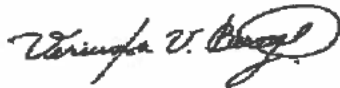
Vocational Rehabilitation priorities and procedures were reviewed during initial meeting, and written information was given to [REDACTED] regarding Vocational Procedures and objectives, per Nevada Regulations.

Report created by: **Claudia Martinez, BS, CDMS, CEAS**
Vocational Consultant

Assigned Counselor: *Veriuska Bernal, BS, CDMS, CEAS*
Vocational Consultant

Should you have any questions regarding the content of this report, do not hesitate to contact me at
(888) 442-4323.

Sincerely,



Veriuska Bernal, BS, CDMS, CEAS
Sr. Vocational Consultant

Comprehensive Vocational Testing Results

Claimant: [REDACTED]

6/19/2023

CCMSI

Attn: Stephanie Macy

PO Box 35350

Las Vegas, NV 89133

Claimant:	[REDACTED]	Claim Number:	21D34J953196
Referral Source:	CCMSI	DOI:	11/25/2021
VR Counselor:	Veriuska Bernal, BS, CDMS, CEAS	Testing dates:	5/10/23, 5/16/23

Vocational Testing was administered to the above mentioned claimant, as a part of Vocational Plan Development activities. [REDACTED] reports highest level of education being High School. The claimant was allowed to take postural breaks as needed.

- One or all of the following tests were administered to assist claimant with planning activities:

The Holland Occupational Themes refers to a theory that focuses on career and vocational choice based on the individual's personality type. It places people into six different groups of work environments based on their liking. The six types yield the RIASEC acronym, by which the theory is also commonly known.

The Learning Style Inventory is designed to help respondents determine which learning style they have. These inventories typically take the form of a questionnaire that focuses on how people prefer to learn. Respondents choose the answers that most closely resemble their own preferences.

The RAVEN Intelligence Quotient Assessment is administered in some cases for clients that have not completed 8th grade or above, and their English Proficiency is poor.

The Career Occupational Preference System (COPS) has 3 sections: Interest Inventory, Work Values and Ability Placement Survey. The results of each section are to be combined to obtain a Career Cluster selection in which claimant has a combination of interest, work values favorable for the occupation and basic skills.

- The Vocational Testing results will be utilized for career guidance purposes. Please note, that Capital Voc. Consulting Rehabilitation Consultants' have received formal training in Career Development and Coaching.
- The claimant and the counselor have reviewed testing results (attached) and claimant have been provided with information regarding occupations within the selected career cluster for his/her review and further selection.
- Career exploration will be limited to within the testing results.

Vocational Testing Results

Vocational Testing exhibits the following results:

Holland Personality Typology / Holland Codes: Administered.

Holland Interest Inventory (short version) was administered to [REDACTED]. The Holland Personality Typology is also known as the **RIASEC** Interest Inventory.

Claimant's RIASEC / Holland Scores are as follows:

Realistic	Investigative	Artistic	Social	Enterprising	Conventional
13	8	0	1	8	0

[REDACTED] Holland Typology Code: RIE = Realistic, Investigative, and Enterprising.

Learning Style Inventory - VARK: Administered.

The acronym VARK stands for Visual, Aural, Read/write, and Kinesthetic sensory modalities that are used for learning information. Fleming and Mills (1992) suggested four modalities that seemed to reflect the experiences of the students and teachers.

Scores:

Visual	Aural	Read/Write	Kinesthetic
9	6	8	14

[REDACTED] preferred learning style(s): Kinestheetic + Read/Write

RAVEN Intelligence Quotient Assessment: Not Administered.

The Standard Progressive Matrices by J.C. RAVEN Intelligence Quotient test was administered to the claimant.

Scores for Sets A-E:

A	B	C	D	E

Career Occupational Preference System (COPSystem): Administered.

This test results provide a combination of interest, abilities, and values under one of several of the following career clusters:

The COPSystem Career Clusters:

<i>Science Professional</i>	<i>Technology Skilled</i>	<i>Arts Professional</i>
<i>Science Skilled</i>	<i>Consumer Economics</i>	<i>Arts Skilled</i>
<i>Technology Professional</i>	<i>Outdoor</i>	<i>Service Professional</i>
<i>Clerical</i>	<i>Business Professional</i>	<i>Service Skilled</i>
<i>Communication</i>	<i>Business Skilled</i>	

1. COPS-Interest Inventory: This Section helps identify the kinds of work [REDACTED] is interested on. Information regarding Salary, Physical demands, and Occupational Outlook are not taking into consideration at the time of testing.

Career Cluster	Percentile	Average or above
Science Professional	20%	
Science Skilled	43%	
Technology Professional	19%	
Technology Skilled	30%	
Consumer Economics	85%	*
Outdoor	94%	*
Business Professional	23%	
Business Skilled	35%	
Clerical	25%	
Communication	20%	
Arts Professional	5%	
Arts Skilled	23%	
Service Professional	35%	
Service Skilled	20%	

Results marked with (*) Exhibit interest above or close to average 50%

COPS INTEREST – [REDACTED] exhibits interest above 50th Percentile for the following occupational groups: Consumer Economics and Outdoor.

2. CAPS- Ability Placement Survey: The purpose of this section is to obtain information regarding strengths and weaknesses, to predict success in groups of similar careers. The CAPS profile is based on a combination of the individual scores of abilities for job abilities required for each of the 14 occupational groups.

Ability	Percentile	Average or above
Mechanical Reasoning (MR)	98%	*
Spatial Relations (SR)	79%	*
Verbal Reasoning (VR)	68%	*
Numerical Ability (NA)	68%	*
Language Usage (LU)	79%	*
Word Knowledge (WK)	98%	*
Perceptual Speed & Accuracy (PSA)	79%	*
Manual Speed & Dexterity (MSD)	68%	*

Results marked with (*) Exhibit abilities close to or above average 50%

CAPS ABILITIES — [REDACTED] presents a combination of basic abilities under the following Career Clusters: Science Professional, Science Skilled, Technology Professional, Technology Skilled, Consumer Economics, Outdoor, Business Professional, Business Skilled, Clerical, Communication, Arts Professional, Arts Skilled, Service Professional, and Service Skilled.

To be mentioned, the claimant exhibits 8 out of 8 areas of ability that are at or above average.

3. COPES-Work Values Unit: This section of the test helps to identify the values which people consider important in their work and other activities they do. The most defined values will be used to recognize the Career Cluster where a higher level of success could be found by individual with these values.

Work Values	Preference	Score	Most Prominent
Investigative / Accepting	Accepting	I 44	
Practical / Carefree	Practical	B 6	
Independence / Conformity	Independence	C 69	*
Leadership / Supportive	Leadership	D 56	*
Orderliness / Flexibility	Orderliness	M 33	
Recognition / Privacy	Privacy	N 53	*
Aesthetic / Realistic	Realistic	O 38	
Social / Reserved	Reserved	P 45	

Results marked with (*) Exhibits strongest work values

COPES — [REDACTED] most defined values are: Independence, Leadership, and Privacy.

The Vocational testing results have been reviewed with the claimant and information regarding career clusters has been provided to the claimant to assist with career exploration efforts.

Information regarding the claimant's selection of occupations for further career exploration will be provided in a future Service Update or Monthly VR Report.

If you required additional information regarding testing results, please contact assigned counselor directly.

Sincerely,

Capital Voc Consulting

COST SAVINGS REPORT to accompany Closure Report

Closure Date: 09/13/2023

CCMSI
Attn: Stephanie Macy
PO Box 35350
Las Vegas, NV 89133

Referral Information:

Claimant Name:			
Claim #:	21D34J953196	Diagnosis:	Lumbar strain
Employer:	Las Vegas Metro Police Dept.	Date of Injury:	11/25/2021
Date of Referral:	4/21/2023	Customer Name:	CCMSI
Eligibility type:	Plan Development	Vocational Status:	Closed

The following information reflects cost savings identified by Capital Voc Consulting from time of referral to case closure. Savings include early program development before expiration of 60 days of plan development, savings on school tuition, supplies cost, VRM, etc.

DATE	DESCRIPTION	ORIGINAL EXPENSE	ACTUAL EXPENSE	SAVINGS
11/08/2023	Estimated costs of training services on the claimant's case with estimated 12 months of VR Services.	\$85,454.89	\$30,459.80	\$54,995.09

Information does not include Capital Voc Consulting fees for administering services.

Sincerely,

Capital Voc Consulting



Professional services with a personalized approach.

Vocational Rehabilitation Services Closure

10/6/2023



Re:

Claimant: [REDACTED]
Claim Number: 21D34J953196
Employer: Police Officer
DOI: 11/25/2021

Dear [REDACTED]

This letter is to inform you that your Vocational Rehabilitation Services are closing for one of the following reasons:

- ☐ Completed training and 28 days of placement services.
- ☐ Completed Job Placement Services.
- ☒ Accepted Lump Sum Buy Out (LSBO).
- ☐ Lack of participation.
- ☐ Per carrier's request

Reason: __

Should you have any questions regarding this correspondence, please contact our office at:
(888) 442-4323.

Sincerely,

Capital Voc Consulting

cc: Stephanie Macy / CCMSI

Vocational Rehabilitation Services – Initial Progress Report

Reporting Period: 04/21/2023 to 05/25/2023

05/25/2023

CCMSI
Attn: Stephanie Macy
PO Box 35350
Las Vegas, NV 89133

Invoice: 6911

Referral Information:

Claimant Name:			
Claim Number:	21D34J953196	Diagnosis:	Lumbar strain
Employer:	Las Vegas Metro Police Dept	Date of Injury:	11/25/2021
Date of Referral:	4/21/2023	Customer Name:	CCMSI
Eligibility type:	Plan Development	Vocational Status:	Actively Participating

Counselor Assigned to Case: Veriuska Bernal, BS, CDMS, CEAS

Vocational Goal: Assist [REDACTED] to return to gainful employment in the least amount of time by developing and implementing a Vocational Rehabilitation program taking into consideration his knowledge, abilities, and physical limitations. Services are provided according to Nevada Revised Statutes.

Summary: The case of [REDACTED] was referred to services on 4/21/2023. The initial meeting was conducted on 4/27/2023. The counselor reviewed reason for referral, explained VR Steps, types of eligibility, roles, and responsibilities. Claimant provided copies of his FCE and PPD reports. Clarified for the claimant his PPD results. The claimant is working Light duty, and will not be terminated until after his medical retirement is in effect. The claimant's completed initial paperwork was received and reviewed. The Transferable Skills Analysis was conducted, and the results were reviewed with the claimant. The claimant is aware that he is limited to 12 of VR training. The eligibility determination for Plan Development was explained to the claimant. Reviewed PPD rating and time frame allowance. Vocational testing was completed and reviewed with the claimant. The claimant is actively participating in career exploration efforts.

The claimant was provided with written information regarding Vocational Priorities and procedures and advice to visit our website if need to seek further information regarding NRS information (as well as visiting Nevada Government site directly).

**For activity details see Counselor's notes on the attached Activity Log.*

Summary of Services during reporting period:

1. Initial meeting conducted. Review VR process & procedures.
2. Conducted TSA and Completed VA. VRS Eligibility Letter.
3. Administered Voc tests. Reviewed results with claimant.
4. Updates to carrier.

Vocational Plan per Counselors notes: Develop a viable VR Plan.

Vocational Issues: N/A

Recommendations to carrier: None at the present time.

Next Report: On or before 30 days.

Report Generated by: Carmen Gelay, CPCC, Vocational Consultant

Should you have any questions regarding the status of this case, do not hesitate to contact Counselor assigned.

Enclosures: Daily Activity Log (Voc Consultant's notes) and Invoice. Vocational Assessment previously sent to carrier.

cc: ciu@ccmsi.com

ACTIVITY LOG

DATE	CODE	PROF. TIME	TRAV. TIME	DESCRIPTION: [REDACTED]	PLAN OF ACTION	MI	IN
04/21/23	NEW	0		Received referral from carrier. Requested pertinent documents to initiate Voc Services.	File review.		vb
04/21/23	MAIL-EX	0.1		Received from carrier records requested.	F/R		pg
04/21/23	TC-IW	0.3		Called and spoke with IW. Informed reason for call, attorney notified, and scheduled initial TC meeting with Ms. Bernal for Tue. 4/27 at 2:00 pm. Confirmed mailing.	Send appt letter and forms		pg
04/21/23	MAIL-IW	0.3		Prepared and mailed to IW the IP Initial Appointment Letter and Forms.	Send copy to carrier and attorney		pg
04/21/23	MAIL-EX	0.2		Faxed EX copy of IP Initial Appointment Letter and Forms. Confirmed fax transmission.	n/a		pg
04/26/23	TC-IW	0.1		Sent text to IW IP appointment reminder.			pg
04/27/23	FR	1		File Review / Add information to Vocational Assessment. Pg 38	Vocational Assessment		cs
04/27/23	MTG-IW	1.5		IP with IW Initial meeting. Reviewed VR Process with IW. Claimant provided copies of FCE and PPD report. Informed IW that PPD for his case was the remainder of points awarded after apportionment. Claimant was under the impression that he was entitled to 24 months of VR. reviewed regulations. IW still working L. Duty at Metro. it will not be terminated until after his medical retirement is effective. Obtained Vocational History and education Answered general questions regarding process.	Update carrier and confirm PPD rating.		vb
05/03/23	VA/TSA	0.8		Completed data entry from VA questionnaire, reviewed claimant's work history and educational background. Identified DOT codes of claimant's work history. Pending MMI report from carrier to complete TSA.	n/a		cm
05/03/23	TC-IW	0.1		Sent text to IW IP appointment reminder.			pg
05/04/23	MTG-IW	1.0		IP with IW to review TSA results (still in L. Duty)			vb
05/04/23	MAIL-EX	0.1		Email Adjuster requesting signed FCE - Received autoreply to reach out to Maria. Stephanie out of office till 5/8/23	Monitor Reply		cs
05/05/23	MAIL-EX	0.1		Mail EX Received PPD report from carrier with confirmation of appointment - leaving 5% PPD for this case			vb
05/05/23	MAIL-EX	0.1		Mail EX update sent to carrier asking for assistance with PPD issues			vb
05/05/23	FR	0.4		Added received PPD and signed FCE to File Review / Additional information to Vocational Assessment. Pgs. 8	Vocational Assessment		cs

05/08/23	TC-IW	0.1		Sent text to IW TC appointment reminder.		pg
05/08/23	TSA	0.7		Conducted TSA. Researched two work codes. No transferable and marketable skills identified. Completed VA Report. Found claimant eligible for Plan Development activities.	Prepare eligibility letter	cm
05/08/23	PLAN	0.2		Prepared eligibility letter for Plan Development activities effective 5/09/2023.	Send it to all parties	cm
05/09/23	TC-IW	0.1		Sent text to IW IP appointment reminder.		pg
05/09/23	TC-IW	0.1		TC with IW to follow up on PPD points for this case / left detailed voice mail advising PPD for this case is as explained in person. Limited to 12 months of VR	Follow-up with IW t cont. Voc testing.	vb
05/10/23	MAIL-EX	0.1		Electronic correspondence to adjuster. Sent Voc Assessment Report for her records.	n/a	cm
05/10/23	MAIL-EX	0.1		Electronic correspondence to adjuster. Sent copy of eligibility letter for her records.	n/a	cm
05/10/23	MAIL-IW	0.2		Mailed to IW Eligibility Letter	n/a	pg
05/10/23	MAIL-EX	0.2		Faxed EX copy of Eligibility Letter. Confirmed fax transmission.	n/a	pg
05/10/23	MTG-IW	0.0		IP with IW scheduled. IW called and rescheduled to next week) to test (ability profile) VARK and RIASEC taken home		vb
05/10/23	TC-IW	0.1		TC with IW left detailed message for claimant advising of eligibility for Plan Development and POA to cont. testing	Continue testing	vb
05/15/23	TC-IW	0.1		Sent text to IW IP appointment reminder. V		pg
05/16/23	MTG-IW	1.0		IP with IW (rescheduled by claimant) cont. testing. Vocational testing in progress. Asked claimant if he has any additional questions regarding PPD rating and the time frame allowance. Claimant does no longer have questions, and understands he cannot exceed 12 months of training.	Cont. Vocational testing.	vb
05/18/23	VT-SC	1.0		Testing Scoring RIASEC, VARK, Interest and values	Review and analyze	pa
05/22/23	TC-IW	0.1		Sent text to IW IP appointment reminder.		pg
05/23/23	MTG-IW	1.0		IP with IW to review testing results: claimant interested in Heavy Equipment, Construction Management. School info Provided. Pilot is still on the list, but he does not wish to review that option at this time.	career exploration in progress.	vb
05/25/23	MAIL-EX	0.1		Update to adjuster-informed ex claimant is participating in career exploration efforts-occupation of Construction Manager, Heavy equipment.		vb
05/25/23	PRG-RPT	1		Initial Progress Report generated.	Send report and invoice to carrier.	cg
	TOTALS	12.3	0			0

Capital Voc Consulting
 6655 West Sahara Ave, Office A 208
 Las Vegas, NV 89146 US
 888-442-4323
 vvbernal@capitalvoc.com
 www.capitalvoc.com

Invoice



BILL TO
 CCMSI
 Attn: Stephanie Macy
 P.O. Box 35350
 Las Vegas, NV 89133

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
6911	05/25/2023	\$1,020.90	06/01/2023	Due on receipt	

DESCRIPTION	QTY	RATE	AMOUNT
*** THIS INVOICE IS FOR VOCATIONAL REHABILITATION SERVICES - ICD-10 CODE: Z50.7 ***			
Vocational Services Professional Time for Vocational Services Claimant Name: [REDACTED] Claim Number: 21D34J953196 Time Frame Initial Progress Report Reporting Period: 04/21/2023 to 05/25/2023	12.30	83.00	1,020.90
Travel Time Travel time needed for Plan development and Program Implementation	0	52.00	0.00
Mileage Mileage per Nevada State-current rate	0	0.655	0.00
Tax ID TAX ID: 20-5418735 *See attached or corresponding Report and Activity Log for details on invoice*			

>> PLEASE REFERENCE INVOICE NUMBER ON YOUR PAYMENT >>

BALANCE DUE

\$1,020.90

!! PLEASE NOTE OUR NEW SUITE NUMBER: A-208 !!

Enclosed detailed Activity Log and Progress Report

Vocational Rehabilitation Services – Progress Report 1

Reporting Period: 05/26/2023 to 06/26/2023

06/26/2023

CCMSI

Attn: Stephanie Macy

PO Box 35350

Las Vegas, NV 89133

Invoice: 7002

Referral Information:

Claimant Name:			
Claim Number:	21D34J953196	Diagnosis:	Lumbar strain
Employer:	Las Vegas Metro Police Dept.	Date of Injury:	11/25/2021
Date of Referral:	4/21/2023	Customer Name:	CCMSI
Eligibility type:	Plan Development	Vocational Status:	Actively Participating

Counselor Assigned to Case: Veriuska Bernal, BS, CDMS, CEAS

Vocational Goal: Assist [REDACTED] to return to gainful employment in the least amount of time by developing and implementing a Vocational Rehabilitation program taking into consideration his knowledge, abilities, and physical limitations. Services are provided according to Nevada Revised Statutes.

Summary: Researched and reviewed with the claimant the occupation of Commercial Pilot is not feasible for him due to his medications. The claimant stated he would like to request a VR LSBO. The request forms were reviewed and provided. Sent the carrier the LSBO Assessment & Request. The claimant is working L Duty, is not interested in VR Services.

**For activity details see Counselor's notes on the attached Activity Log.*

Summary of Services during reporting period:

1. Career exploration with claimant.
2. Voc Testing Results report.
3. VR LSBO Assessment & Request.
4. Updates to carrier.

Vocational Plan per Counselors notes: Assist with VR LSBO.

Vocational Issues: N/A

Recommendations to carrier: None at the present time.

Next Report: On or before 30 days.

Report Generated by: Carmen Gelay, CPCC, Vocational Consultant

Should you have any questions regarding the status of this case, do not hesitate to contact Counselor assigned.

Enclosures: Daily Activity Log (Voc Consultant's notes) and Invoice.

cc: ciu@ccmsi.com

ACTIVITY LOG

DATE	CODE	PROF. TIME	TRAV. TIME	DESCRIPTION	PLAN OF ACTION	MI	IN
05/30/23	MAIL-IW	0.2		Mail IW correspondence to and claimant regarding training options - IW is interested again in commercial Pilot program	Career exploration in progress/claimant still working L. Duty		vb
06/02/23	TC-IW	0.3		TC with IW to review proposal from Heavy equipment. Claimant researched the occupation of Commercial Pilot and is unable to do it due to his medications. Claimant interested in a VR LSBO at this time.	Send VR LSBO forms		vb
06/05/23	MTG-IW	0.5		Video meeting with IW to review VRLSBO forms	VR LSBO in progress/claimant in L. Duty		vb
06/05/23	MAIL-IW	0.2		Emailed IW the D28 form and the EE LSBO request form. Second email with digital forms.	Monitor reply		cg
06/07/23	MAIL-IW	0.1		Mail IW received VRLSBO request	LSBO Assessment		vb
06/07/23	MAIL-EX	0.1		Mail EX adjuster notified of VRLSBO request	Claimant working L. Duty / VR LSBO Assessment.		vb
06/07/23	MAIL-IW	0.1		Mail IW received VRLSBO completed request	claimant working L. Duty, no interested in VR services, only a VR LSBO.		vb
06/07/23	MAIL-EX	0.1		Mail EX sent to carrier regarding VR LSBO status	follow-up with carrier after PPD regarding VR LSBO		vb
06/08/23	LSBO	0.6		Prepared the VR LSBO Assessment & Request.			cg
06/15/23	LSBO	0.6		VRLSBO completed VR LSBO assessment and sent to carrier for review and offer consideration.	Assist IW with VR LSBO process		vb
06/19/23	VT	0.6		Prepared and sent Voc testing Results report	n/a		pg
06/20/23	TC-IW	0.1		Sent text to IW TC appointment reminder.			pg
06/21/23	TC-IW	0.3		TC with IW to provide update on VR LSBO Assessment sent			vb
06/26/23	PRG-RPT	0.5		Progress Report generated.	Send report and invoice to carrier.		cg
	TOTALS	4.3	0			0	

Capital Voc Consulting
 6655 West Sahara Ave, Office A 208
 Las Vegas, NV 89146 US
 888-442-4323
 vvbernal@capitalvoc.com
 www.capitalvoc.com

Invoice



BILL TO

CCMSI
 Attn: Stephanie Macy
 P.O. Box 35350
 Las Vegas, NV 89133

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
7002	06/26/2023	\$356.90	07/01/2023	Due on receipt	

DESCRIPTION	QTY	RATE	AMOUNT
*** THIS INVOICE IS FOR VOCATIONAL REHABILITATION SERVICES - ICD-10 CODE: Z50.7 ***			
Vocational Services Professional Time for Vocational Services Claimant Name: [REDACTED] Claim Number: 21D34J953196 Time Frame Progress Report 1 Reporting Period: 05/26/2023 to 06/26/2023	4.30	83.00	356.90
Travel Time Travel time needed for Plan development and Program Implementation	0	52.00	0.00
Mileage Mileage per Nevada State-current rate	0	0.655	0.00
Tax ID TAX ID: 20-5418735 *See attached or corresponding Report and Activity Log for details on invoice*			

>> PLEASE REFERENCE INVOICE NUMBER ON YOUR PAYMENT >>

BALANCE DUE

\$356.90

!! PLEASE NOTE OUR NEW SUITE NUMBER: A-208 !!

Enclosed detailed Activity Log and Progress Report

Vocational Rehabilitation Services – Closure Report

Reporting Period: 06/27/2023 to 11/08/2023

11/08/2023

CCMSI

Attn: Stephanie Macy

PO Box 35350

Las Vegas, NV 89133

Invoice: 7318

Referral Information:

Claimant Name:			
Claim Number:	21D34J953196	Diagnosis:	Lumbar strain
Employer:	Las Vegas Metro Police Dept.	Date of Injury:	11/25/2021
Date of Referral:	4/21/2023	Customer Name:	CCMSI
Eligibility type:	Plan Development	Vocational Status:	Closed

Counselor Assigned to Case: Veriuska Bernal, BS, CDMS, CEAS

Vocational Goal: Assist [REDACTED] to return to gainful employment in the least amount of time by developing and implementing a Vocational Rehabilitation program taking into consideration his knowledge, abilities, and physical limitations. Services are provided according to Nevada Revised Statutes.

Summary: The claimant continued his Light Duty until his PERS retirement became effective. On 9/1 the claimant confirmed that he was now retired. Reviewed the VR LSBO forms and sent the Assessment & Request to the carrier. The authorized VR LSBO offer was received. Presented the claimant the Agreement. The signed and notarized Agreement was sent to the carrier. Upon the 20-day waiting period, we confirmed that the LSBO check had been issued and sent the VR Services Closure letter.

**For activity details see Counselor's notes on the attached Activity Log.*

Summary of Services during reporting period:

1. Meetings with claimant.
2. VR LSBO Assessment & Request.
3. Correspondences with carrier.
4. VR LSBO Agreement. VR Services Closure Letter.
5. Cost Savings Report.

Vocational Plan per Counselors notes: None.

Vocational Issues: N/A

Recommendations to carrier: N/A

Report Generated by: Carmen Gelay, CPCC, Vocational Consultant

Should you have any questions regarding the status of this case, do not hesitate to contact Counselor assigned.

Enclosures: Daily Activity Log (Voc Consultant's notes), Cost Savings Report, and Invoice.

cc: ciu@ccmsi.com

ACTIVITY LOG

DATE	CODE	PROF. TIME	TRAV. TIME	DESCRIPTION: MICHAEL ADCOX	PLAN OF ACTION	MI	IN
08/10/32	MAIL-IW	0.1		Correspondence to IW to confirm he is still working. IW still on L. Duty. Pending last day of work.	Voc on hold waiting for claimant's last day of work, as he wants a VR LSBO		vb
06/27/23	TC-IW	0.1		Sent text to IW TC appointment reminder.			pg
06/28/23	TC-IW	0.3		TC with IW to review VR LSBO answer from carrier- claimant is still working L. Duty and will continue until his PERS retirement is effective.	follow-up with carrier in regards VR LSBO.		vb
07/06/23	MAIL-EX	0.1		Mail EX Update to carrier on VR LSBO Status	Claimant still working L. Duty		vb
08/15/23	TC-IW	0.3		Spoke with IW-has last day of work scheduled. reviewed VR POA and set follow-up meeting for sept 1st.	Update carrier		vb
08/16/23	MAIL-EX	0.1		Mail EX update sent to carrier/ 1st September next meeting.	claimant to retired medically on 09 01 2023		vb
09/01/23	MTG-IW	0.5		IP with IW now retired. Reviewed VR LSBO process and completed forms.	VR LSBO in progress		vb
09/05/23	MAIL-EX	0.1		Mail EX update to carrier/ officially retired	Complete Eligibility process.		vb
09/06/23	TC-IW	0.1		Sent text to IW TC appointment reminder.			pg
09/07/23	TC-IW	0.3		TC with IW to confirm VRLSBO assessment was processed	Resolve VR LSBO process		vb
09/07/23	MAIL-EX	0.1		Mail EX email sent to carrier update on retirement and updated VR LSBO request forms.	Follow-up on VR LSBO status		vb
09/07/23	MAIL-EX	0.1		Mail EX email sent to carrier update on retirement and updated VR LSBO request forms.	Follow-up on VR LSBO status		vb
09/12/23	LSBO	0.4		VRLSBO created VR LSBO and presented offer to IW.	Resolve VR LSBO Status		vb
09/12/23	MAIL-EX	0.1		Mail EX update to carrier. Copies of VR LSBO offer presented to claimant provided	Resolve VR LSBO status		vb
09/13/23	TC-IW	0.1		Sent text to IW TC appointment reminder.			pg
09/14/23	MTG-IW	0.5		Video meeting with IW to complete VR LSBO paperwork. Sent to carrier.	VR LSBO in progress		vb
10/04/23	MAIL-EX	0.1		Correspondence to/from carrier to confirm VR LSBO check issued. Received reply check issued on 8/25	closure letter		pg
10/06/23	MAIL-IW	0.1		Prepared and mailed to IW the Closure Letter.	Monitor reply		pg
10/06/23	MAIL-EX	0.2		Faxed EX copy of Closure Letter. Confirmed fax transmission.	Confirm all invoices are paid/close file		pg
11/08/23	PLAN	0		Prepared the Cost Savings Report to accompany Closure Report.	n/a		cg
11/08/23	CLS-RPT	0.5		Progress Report generated.	Send report and invoice to carrier.		cg
TOTALS		4.2	0			0	

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 www.capitalvoc.com

Invoice



BILL TO

CCMSI
 Attn: Stephanie Macy
 P.O. Box 35350
 Las Vegas, NV 89133

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
7318	11/08/2023	\$348.60	12/01/2023	Due on receipt	

DESCRIPTION	QTY	RATE	AMOUNT
*** THIS INVOICE IS FOR VOCATIONAL REHABILITATION SERVICES - ICD-10 CODE: Z50.7 ***			
Vocational Services Professional Time for Vocational Services Claimant Name: [REDACTED] Claim Number: 21D34J953196 Time Frame Closure Report Reporting Period: 06/27/2023 to 11/08/2023	4.20	83.00	348.60
Travel Time Travel time needed for Plan development and Program Implementation	0	52.00	0.00
Mileage Mileage per Nevada State-current rate	0	0.655	0.00
Tax ID TAX ID: 20-5418735 *See attached or corresponding Report and Activity Log for details on invoice*			

>> PLEASE REFERENCE INVOICE NUMBER ON YOUR PAYMENT >>

BALANCE DUE

\$348.60

!! PLEASE NOTE OUR NEW SUITE NUMBER: A-208 !!

Enclosed detailed Activity Log and Progress Report

REHABILITATION LUMP SUM REQUEST

Nevada Revised Statute (NRS) 616C.595 provides for a lump sum payment instead of vocational rehabilitation services. These benefits are dependent on certain conditions. In order to receive a lump sum payment, the injured employee must understand the following:

1. The injured employee has the right to talk to an attorney before accepting the lump sum. The injured employee is urged to seek such advice. Legal advice may be provided without charge by the Nevada Attorney for Injured Workers office. The injured employee may also use a private attorney at his own expense. The use and choice of attorney are solely the decision of the injured employee. The insurer makes no recommendation regarding the selection of an attorney.
2. The injured employee will have twenty (20) days to cancel the agreement after the agreement is signed. The 20 day period cannot be waived. At any time during this period, the injured employee may submit written notification to the insurer that rehabilitation services are requested and the lump sum request will be canceled.
3. The injured employee's acceptance of a lump sum payment extinguishes the injured employee's right to receive vocational rehabilitation services, including maintenance payments.
4. If the insurer has been ordered by the Child Support Division of the District Attorney's office to deduct child support payments from benefits, such payments will be deducted from the lump sum rehabilitation payment.
5. If the injured employee takes a vocational rehabilitation lump sum payment, injured employee cannot receive any further rehabilitation services on this claim.
6. Approval of a lump sum by the insurer is not an approval of the plan presented by the injured employee. Other rehabilitation services may be provided if the lump sum is denied.
7. Under NRS 616C.595(1), an insurer's refusal to enter into a written agreement providing for payment in a lump sum may not be appealed.

These conditions are to be fully explained to the injured employee.

I have had the above statements about accepting of a lump sum instead of rehabilitation explained to me. I fully understand these statements and choose to accept a lump sum.

Request (edited by Voc Counselor)

Injured Employee

Witness

21D34J953196

6/7/2023


Claim Number

Date



Professional services with a personalized approach.

Rehabilitation Lump Sum Request / Attached to D-28 Form

Claimant: 

Claim Number: 21D34J953196

My proposed plan is:

Start an LLC, obtain D.O.T. and Federal Motor Carrier authorization to operate commercially.

Purchase commercial insurance, (2-month downpayment req'd, approx. \$4-6,000)

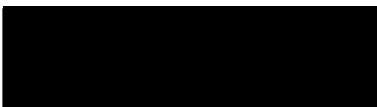
Purchase trailer and all transport/safety related equipment to safely transport products

Purchase electronic equipment/required subscriptions to find/secure loads, i.e. ELD, load boards, factoring company, business finance program, printer etc.

Advertisement costs. (website, social media, business cards/flyers.)

I have spent the last 6-9 months researching the "hot shot" logistical and transportation business to best prepare myself. I appreciate your time and consideration.

**** SEE ATTACHED ****



Claimant Signature

6/7/2023

Date:

Enclosure: D-28 Rehabilitation Lump Sum Request Form

All,

Thank you for considering my request for the vocational rehab buyout option. I would like to explain my post-retirement plan if this request is approved. Having almost 19 years on, with originally planning on retiring in 4 more years at age 50, I personally feel that training for an entirely new career option and having to work another 15+ years would not be beneficial. I had already planned on starting my own logistics/ transportation (Hot Shot) company post-retirement to supplement any income loss and continue to work. If approved, the funding from the buy-out would be used to get this business into operation. The bullet points below will lay out the basic plan and items needed to start my operation.

- 1) Start an LLC, obtain D.O.T. numbers and Federal Motor Carrier authorization to operate across the country.
- 2) Purchase commercial insurance coverage (2 months down payment is required, approximately \$4,000-6,000)
- 3) Purchase a gooseneck trailer and all related equipment and dunnage to safely load and secure the client's product.
- 4) Purchase electronic equipment and related subscriptions to find and secure loads, i.e., ELD (required by DOT to log hours and required rest times) Load boards (for finding cargo and equipment needing to be shipped), Factoring company for payments.
- 5) Advertisement costs. (Website, social media, business cards, and flyers)
- 6) Financial program for tracking costs, expenditures, taxes, etc.

I have spent the last 6-9 months researching the "hot shot" logistical and transportation business to best prepare myself. I appreciate your time and consideration in this matter.

Respectfully,

[REDACTED]

VOCATIONAL LUMP SUM BUYOUT REQUEST

CLAIMANT: [REDACTED]

Assessment Date: 06/15/2023

CCMSI

Attn: Stephanie Macy

PO Box 35350

Las Vegas, NV 89133

REFERRAL INFORMATION:

Name:	[REDACTED]	[REDACTED]	[REDACTED]
Claim #:	21D34J953196	Diagnosis:	Lumbar strain
Employer:	Las Vegas Metro Police Dept.	Date of Injury:	11/25/2021
Date of Referral:	4/21/2023	Customer Name:	CCMSI
Eligibility type:	Plan Development	Eligibility date:	05/09/2023

SUMMARY:

[REDACTED] industrially injured worker who was employed with Las Vegas Metro Police Dept as a Police Officer, in Las Vegas, Nevada, for approximately 17 years until the day of his injury.

[REDACTED] has requested a LSBO in lieu of his Vocational Services. [REDACTED] vocational goal is to use the funds from the LSBO to start an LLC, obtain DOT and Federal Motor Carrier authorization to operate commercially. Purchase commercial insurance (2-month downpayment required approximately \$4-6,000). Purchase training and all transport/safety related equipment to safely transport products. Purchase electronic equipment, required subscriptions to find/secure loads, i.e. ELD, load boards, factoring company, business finance program, printer, etc. Advertisements costs (website, social media, business cards/flyers).

Several pertinent facts were presented to [REDACTED] in regard to his decision concerning a lump sum settlement in lieu of vocational rehabilitation benefits. The first of these is the fact that if he accepts the lump sum settlement, the Injured Worker will forego any future rights to vocational rehabilitation benefits based upon this industrial injury.

Also, [REDACTED] was made aware that he would be required to wait a twenty (20) day period before accepting the offer. This twenty-day period cannot be waived, and the injured worker would not be entitled to maintenance benefits during this time. The Injured Worker can have his maintenance continued during this twenty-day period. However, the maintenance benefits paid during this period will be deducted from his total award.

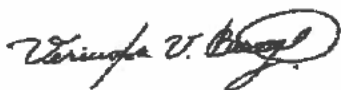
[REDACTED] was made aware of regulations regarding minimum LSBO offer (55% of maximum Vocational time allowed based on PPD Rating) as well as his time frame to reply to any offer presented by carrier (30 days).

Finally, [REDACTED] has been advised that he is expected to participate in vocational rehabilitation services throughout the waiting period. [REDACTED] acknowledged that he understood each of these facts and has signed a rehabilitation lump sum request setting forth conditions of issuance of lump sum payment in lieu of vocational rehabilitation services.

For detailed information see attached LSBO Assessment.

Should you have any questions regarding the content of this report, do not hesitate to contact me at (888) 442-4323.

Sincerely,



Veriuska Bernal, BS, CDMS, CEAS
Sr. Vocational Consultant

Enclosures: LSBO Assessment, LSBO request by [REDACTED]

LUMP SUM ASSESSMENT

Claimant: [REDACTED]

Assessment Date: 6/15/2023

REFERRAL INFORMATION:

Name:	[REDACTED]		
Claim #:	21D34J953196	Diagnosis:	Lumbar strain
Employer:	Las Vegas Metro Police Dept.	Date of Injury:	11/25/2021
Date of Referral:	4/21/2023	Customer Name:	CCMSI
Eligibility type:	Plan Development	Eligibility date:	05/09/2023

VOCATIONAL HISTORY:

[REDACTED] was employed as a Police Officer; he worked in this position for approximately 17 years prior to his industrial injury. Employer was unable to offer a modified position on a permanent basis.

MEDICAL DATA: The claimant was diagnosed with lumbar sprain, had a L3-4 lumbar interbody fusion with pedicle screw stabilization by Dr. Flangas, physical therapy, and was released at MMI on 02/14/2023 with restricting per the FCE.

FCE Summary:

1. Medium level of work.
2. Floor to waist lift: 70 Lbs. occasionally
3. Waist to eye level lift: 70 Lbs. occasionally
4. Two handed carrying: 75 Lbs. occasionally
5. Pushing: 75 Lbs. force occasionally
6. Pulling: 68 Lbs. force occasionally
7. Sitting: frequently
8. Standing: frequently
9. Work arms overhead-standing: occasionally
10. Work bent over-standing/stooping: occasionally
11. Work kneeling: frequently
12. Climbing stairs: frequently
13. Repetitive squatting: frequently
14. Walking: frequently
15. Repetitive trunk rotation-standing: frequently
16. Balance on level surfaces: adequate
17. Balance on level surfaces: adequate

PPD rating: 5% Whole person impairment rating. (do not exceed 12 months of training)

EXPLANATION OF MEETING PRIORITIES:

[REDACTED] was advised of the vocational rehabilitation priorities during his Initial Evaluation, which included the following:

The return the injured worker to his pre-injury occupation.

The return of the injured worker to a modified duty position with his pre-injury employer.

The return of the injured worker to employment with another employer in a job that utilizes his existing skills.

Provide training for the injured employee while he is working in another vocation.

Provide formal training or education for the injured employee in another vocation.

TRANSFERABLE SKILLS:

Vocational Rehabilitation Counselor conducted the transferable skills analysis on 05/09/2023 with the following results:

Under NRS 616C.550, [REDACTED] presents no transferable or marketable skills due to his permanent limitations. Thus, it is this counselor's opinion, based on Nevada Regulations [REDACTED] current skills, education, and training, that Michael Adcox does not possess the necessary marketable skills to return to gainful employment within his physical limitations and expected rate of pay. Therefore, it is the professional opinion of this Vocational Rehabilitation Counselor that [REDACTED] should participate in *Plan Development and Program Implementation* activities.

The information used for this report included local newspapers, Internet job search engines, Dictionary of Occupational Titles, State wage data information and Skill Trans Software /database.

VOCATIONAL REHABILITATION SERVICES PROVIDED:

[REDACTED] file was referred to this Vocational Rehabilitation Counselor on 4/21/2023; the initial meeting took place on 4/27/2023. At that time of this referral, carrier indicated that employer was unable to provide permanent accommodations. The date of TSA was 05/09/2023. [REDACTED] was found eligible for Plan Development Activities. Eligibility for services was discussed with [REDACTED] and involved parties were notified of Assessment results. LSBO process was also discussed with [REDACTED] as part of planning activities. Vocational testing was administered, and the results were reviewed with the [REDACTED] On DATE [REDACTED] reviewed and signed a Lump Sum Buy Out Request in order to pursue his vocational objective to use the funds from the LSBO to start an LLC, obtain authorizations, and commercial insurance to operate commercially. Purchase trailer, related equipment, subscriptions, and advertisement to secure loads, and safely transport products.

[REDACTED] has been directed to continue with his vocational plan development activities until a decision is made regarding his intentions to pursue and accept a Lump Sum.

INJURED WORKER'S PLAN:

[REDACTED] has written a letter requesting a lump sum settlement in lieu of his Vocational Rehabilitation Services. The Injured Worker's intended utilization of settlement funds to start an LLC, obtain authorizations, and commercial insurance to operate commercially. Purchase trailer, related equipment, subscriptions, and advertisement to secure loads, and safely transport products.

The Lump Sum Assessment was conducted on 6/8/2023. The lump sum buy out request will be submitted to Stephany Macy at CCMSI for review and consideration of offer.

LEGAL: [REDACTED] not represented by legal counsel.

POTENTIAL COST OF TRAINING:

Please use the following information to estimate your potential training cost/based on the PPD rating.
PPD is 5%; training should not exceed 12 months:

Daily VRM of	\$151.73	x 12 months (365 days)	\$55,381.45
Estimated Tuition cost of training for a 12 month program			\$20,000.00
Estimated VR Services (monitoring, updates, reports)			\$5,225.00
Estimated Supplies and Incidentals			\$600.00
Estimated additional VRM for 28 days			\$4,248.44
		TOTAL	\$85,454.89

Note: VR Services could increase if there are unforeseen issues that require additional meetings.
Please confirm VRM.

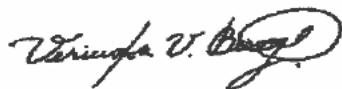
Minimum Offer per NV regulations as of July 1, 2019:

9 Months x	Daily Rate of:	\$151.73	=	\$41,574.02	x 55% =	\$22,865.71
12 Months x	Daily Rate of:	\$151.73	=	\$55,381.45	x 55% =	\$30,459.80
24 Months x	Daily Rate of:	\$151.73	=	\$110,762.90	x 55% =	\$60,919.60

**** Remember minimum offer should meet the required minimum 55% of VRM benefits according to PPD rating****

Thank you for the opportunity to evaluate this injured worker's lump-sum buyout request. If any further information is required, please feel free to contact me at (888) 442-4323.

Respectfully submitted,



Veriuska Bernal, BS, CDMS, CEAS
Sr. Vocational Consultant

Enclosures: LSBO request by Michael Adcox



Professional services with a personalized approach.

Rehabilitation Lump Sum Request / Attached to D-28 Form

• Claimant: [REDACTED]

Claim Number: 21D34J953196

My proposed plan is:

Start a trucking business. Form LLC, obtain DOT/MC
authority from FMCSA. Purchase truck and all equipment
needed to run a trucking company, F.E. Straps, Drums,
computer, C&D, Landmarks Etc

[REDACTED]
Claimant Signature

9/1/23
Date:

Enclosure: D-28 Rehabilitation Lump Sum Request Form

REHABILITATION LUMP SUM REQUEST

Nevada Revised Statute (NRS) 616C.595 provides for a lump sum payment instead of vocational rehabilitation services. These benefits are dependent on certain conditions. In order to receive a lump sum payment, the injured employee must understand the following:

1. The injured employee has the right to talk to an attorney before accepting the lump sum. The injured employee is urged to seek such advice. Legal advice may be provided without charge by the Nevada Attorney for Injured Workers office. The injured employee may also use a private attorney at his own expense. The use and choice of attorney are solely the decision of the injured employee. The insurer makes no recommendation regarding the selection of an attorney.
2. The injured employee will have twenty (20) days to cancel the agreement after the agreement is signed. The 20 day period cannot be waived. At any time during this period, the injured employee may submit written notification to the insurer that rehabilitation services are requested and the lump sum request will be canceled.
3. The injured employee's acceptance of a lump sum payment extinguishes the injured employee's right to receive vocational rehabilitation services, including maintenance payments.
4. If the insurer has been ordered by the Child Support Division of the District Attorney's office to deduct child support payments from benefits, such payments will be deducted from the lump sum rehabilitation payment.
5. If the injured employee takes a vocational rehabilitation lump sum payment, injured employee cannot receive any further rehabilitation services on this claim.
6. Approval of a lump sum by the insurer is not an approval of the plan presented by the injured employee. Other rehabilitation services may be provided if the lump sum is denied.
7. Under NRS 616C.595(1), an insurer's refusal to enter into a written agreement providing for payment in a lump sum may not be appealed.

These conditions are to be fully explained to the injured employee.

I have had the above statements about accepting of a lump sum instead of rehabilitation explained to me. I fully understand these statements and choose to accept a lump sum.

Request (edited by Voc Counselor)

Witness

21D345953196

Claim Number

Date

LUMP SUM REHABILITATION AGREEMENT

Offer presented to claimant on 09/11/2023 Per Nevada Regulations, claimant has 30 days to reply.

Injured Employee: [REDACTED]

Claim Number: 21D34J953196

The injured employee [REDACTED] hereinafter referred to as "Injured employee", and CCMSI through its rehabilitation counselor Veriuska Bernal, BS, CDMS, pursuant to Nevada Revised Statute (NRS) 616C.595, agree as follows:

1. The parties desire to enter into an agreement regarding the payment of compensations in a lump sum instead of vocational rehabilitation services as provided by NRS 616C.595.
2. CCMSI has determined that the injured employee is eligible for rehabilitation services pursuant to NRS 616C.590.
3. The injured employee acknowledges that CCMSI has provided the required vocational assessment and counseling for him as is required by NRS 616C.595(3)(a).
4. CCMSI has consulted with the employer of the injured employee regarding this lump sum.
5. The injured employee requests and agrees to accept the payment of compensation in a lump sum instead of rehabilitation services, the amount of \$30,459.80 (Thirty Thousand, Four Hundred, Fifty Nine Dollars and Eighty Cents) to be paid in one lump sum.
6. The injured employee acknowledges that acceptance of this lump sum amount is payment instead of any further rehabilitation benefits or services on this claim.
7. The injured employee acknowledges that he has been informed that a physician or chiropractor has released him to work with the following restrictions:
 1. Floor to waist lift: 70 LB occasionally
 2. Waist to eye level lift: 70 LB occasionally
 3. Two handed carrying: 75 LB occasionally
 4. Pushing: 75 LB force occasionally
 5. Pulling: 68 LB force occasionally
 6. Sitting: frequently
 7. Standing: frequently
 8. Work arms overhead-standing: occasionally
 9. Work bent over-standing/stooping: occasionally
 10. Work kneeling: frequently
 11. Climbing stairs: frequently
 12. Repetitive squatting: frequently
 13. Walking: frequently
 14. Repetitive trunk rotation-standing: frequently
 15. Balance on level surfaces: adequate
 16. Balance on level surfaces: adequate
8. The injured employee acknowledges that this rehabilitation lump sum award is to be used specifically for developing and obtaining an appropriate job within the physical limitations set forth in paragraph 7 instead of further vocational rehabilitation services.

9. The injured employee acknowledges that the insurer has urged him to seek the assistance and advice from the Nevada Attorney for Injured Workers (NAIW) or to consult with a private attorney before signing this agreement. The injured employee has decided not to seek legal assistance.

10. The injured employee understands that he has a statutory right to change his mind about this agreement within twenty (20) days of signing it. The injured employee also understands that this twenty day time period cannot be waived. The injured employee further understands that CCMSI cannot pay this lump sum award until twenty days after the date of his signature on this agreement.

11. The injured employee understands and agrees that acceptance of the lump sum amount, specified in paragraph five of this agreement, means that he gives up the right to receive any other vocational rehabilitation services or benefits, including Temporary Partial Disability payments, either now or in the future, under this claim.

12. Regarding Vocational Rehabilitation Maintenance payments during the 20-day waiting period,

☒ The Injured Employee wants to receive Vocational Rehabilitation Maintenance payments during the 20-day waiting period. This amount will be deducted from the lump sum buy-out offer.

☐ The Injured Employee does not want to receive Vocational Rehabilitation Maintenance payments during the 20-day waiting period.

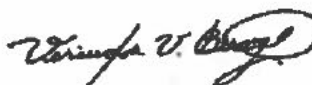
IT IS SO AGREED.

CCMSI
P.O. Box 35350, LV, NV 89133

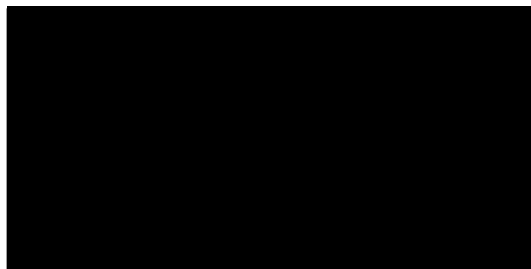
Dated: _____

By: _____
Adjuster: Stephanie Macy

Dated: 09/11/2023

By: 
VR Counselor: Veriuska Bernal, BS, CDMS
On behalf of: CCMSI

Dated: 9/13/23



AFFIDAVIT

**STATE OF NEVADA
CLARK COUNTY**

I, [REDACTED] do hereby swear under penalty of perjury that the assertions of this affidavit are true.

1. I have been advised to seek the services of the Nevada Attorney for Injured Workers or of the private counsel.
2. I decline to be represented by counsel.
3. I have read the foregoing Stipulated Settlement.
4. I understand and agree to the terms and conditions contain herein.
5. I have had the foregoing document fully explained to me, and have discussed these documents with my counsel; and
6. I am entering into the Stipulated Agreement voluntarily and without any duress or coercion.

Further affiant sayeth not.

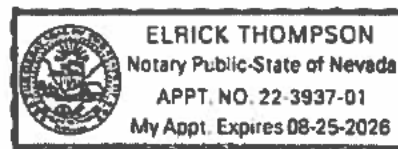
[REDACTED]

SUBSCRIBED and SWORN to before me this

13TH day of September, 2023

Elrick Thompson

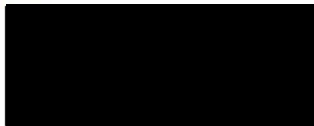
NOTARY PUBLIC



(SEAL)

Vocational Rehabilitation Services Closure

10/6/2023



Re:

Claimant:

Claim Number:

21D34J953196

Employer:

Police Officer

DOI:

11/25/2021

Dear

This letter is to inform you that your Vocational Rehabilitation Services are closing for one of the following reasons:

- ☐ Completed training and 28 days of placement services.
- ☐ Completed Job Placement Services.
- ☒ Accepted Lump Sum Buy Out (LSBO).
- ☐ Lack of participation.
- ☐ Per carrier's request

Reason: __

Should you have any questions regarding this correspondence, please contact our office at:
(888) 442-4323.

Sincerely,

Capital Voc Consulting

cc: Stephanie Macy / CCMSI



12/17/2021



Re: Claim Number: 21D34J953196
Date of Injury: 11/25/2021
Employer: L.V. Metro Police Department
Insurer: L.V. Metro Police Department
Claims Administrator/Third-Party Administrator: CCMSI
Body Part(s)/Diagnosis: Lumbar Strain

NOTICE OF CLAIM ACCEPTANCE

(Pursuant to NRS 616C.065)

Dear [Redacted]

The above referenced claim has been accepted on behalf of L.V. Metro Police Department . Please check the information contained in this notice. If you find any of the information to be incorrect, please notify the claims administrator who is handling this claim.

If you disagree with the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer by completing the enclosed Form D-12a and sending it to the State of Nevada, Department of Administration, Hearings Division. **Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.**

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR

Department of Administration
Hearings Division
2200 S. Rancho Drive, Ste. 210
Las Vegas, NV 89102
(702) 486-2525

If you have any questions, please contact >

Sincerely,

Stephanie Macy
Claims Representative II

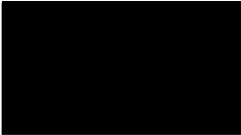
Enclosure: D-53, D-12a >

cc: File, LVMPD

Please retain a copy for your records



12/17/2021



Re: Claim Number: 21034J953196
Date of Injury: 11/25/2021
Employer: L.V. Metro Police Department
Insurer: L.V. Metro Police Department
Claims Administrator/Third-Party Administrator: CCMSI
Body Part(s)/Diagnosis: Lumbar Strain

NOTICE OF CLAIM ACCEPTANCE
(Pursuant to NRS 616C.065)

Dear 

The above referenced claim has been accepted on behalf of L.V. Metro Police Department. Please check the information contained in this notice. If you find any of the information to be incorrect, please notify the claims administrator who is handling this claim.

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OR

Department of Administration
Hearings Division
2200 S. Rancho Drive, Ste. 210
Las Vegas, NV 89102
(702) 486-2525

If you have any questions, please contact >

Sincerely,

Stephanie Macy
Claims Representative II

Enclosure: D-53, D-12a >

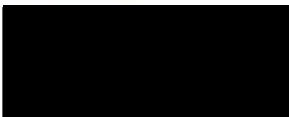
cc: File, LVMPD

Please retain a copy for your records

D-30 (rev. 10/18)



12/21/2021



RE: Claim Number : 21D34J953196
Date of Injury : 11/25/2021
Employer : LVMPD
Insurer : LVMPD
Body Part : Lumbar

Dear Injured Worker:

This letter is to inform you that you have been scheduled for a transfer of care appointment. Your appointment is scheduled as follows:

Doctor : Dr. Gary Flangas
Date : 01-13-22
Time : 3:45pm / 3:15 Arrival
Location : 8285 W. Arby Ave., #220
Las Vegas, NV 89113
TELEPHONE : 702-737-7753

As of the date of your appointment, the above-referenced physician will be your treating physician of record. No treatment with any other provider will be covered under your claim without prior written authorization from this office.

You must contact the doctor's office at least 48 hours prior to the appointment date in order to confirm your attendance. Should you have an emergency arise and you are unable to keep this appointment, please contact me as soon as possible since there may be a fee charged for a no-show/no-call.

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, please contact this office.

Sincerely,

Stephanie Macy
Claims Representative II

Enc: Form D-12a

cc: File, LVMPD

DATE: 01/25/22

TO: Dr. Flangas

FAX #: 702-407-7066

RE: CLAIMANT: [REDACTED]

CLAIM NO: 21D34J953196

DATE OF INJURY: 11/25/21

EMPLOYER: Las Vegas Metropolitan Police Department

AUTHORIZED PROCEDURE: Referral to Pain Management with Dr. Schifini or Dr. Kucera for Injection Therapy: Left L3-4 ESI

ACCEPTED BODY PART(S): lumbar spine

DATE AUTHORIZED: 01/25/22

DATE RANGE: 30 Days

REQUESTING DR: Dr. Flangas

AUTHORIZED BY: Stephanie Macy 702-477-7018 phone, 702-477-7019 fax email: Stephanie.macy@ccmsi.com

CLAIM STATUS: Open & Active Claim

SEND BILLING TO: CCMSI
P.O. Box 35350
Las Vegas, NV 89133

IMPORTANT - PLEASE READ:

- AUTHORIZATION FOR THE SERVICE NOTED EXPIRES 30 DAYS AFTER THE DATE OF THIS LETTER. IF THE SERVICE WAS NOT PERFORMED WITHIN THIS 30-DAY PERIOD, THIS AUTHORIZATION EXPIRES AND A NEW AUTHORIZATION REQUEST IS REQUIRED WITH AN EXPLANATION OF WHY THE SERVICE WAS NOT COMPLETED IN THE ORIGINAL 30-DAY PERIOD. SERVICES PERFORMED WITHOUT CURRENT AUTHORIZATION WILL BE CONSIDERED NON-AUTHORIZED.

This document is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, circulation or copy of this document is strictly prohibited. If you have received this in error, please notify us by telephone and return the original message to us.

cc: LVMPD (electronic copy)
CCMSI (electronic copy)
CLAIMANT
SHMCO [REDACTED]



01/28/2022



RE: Claim Number : 21D34J953196
Date of Injury : 11/25/2021
Employer : LVMPD
Insurer : LVMPD
Body Part : Lumbar - Pain Management/Injections

Dear Injured Worker:

Pursuant to NRS 616C.140, CCMSI has scheduled you to undergo an examination as follows:

Type of examination : One Time Consultation
Physician : Dr. Joseph Schifini
Date : 02-07-22
Time : 3pm / 2:30pm Arrival
Location : 600 S Tonopah Dr., #240
Las Vegas, NV 89106
Phone Number : 702-870-0011

NRS 616C.140(1) requires that you attend this appointment. If you are unable to attend the appointment for the date and time indicated, please notify this office as soon as possible. You will be responsible for the cost of any fees that result from your failure to attend this appoint. Please bring valid identification and arrive at the time indicated above.

If you disagree with this determination, you may request a hearing before a Hearing officer by completing the enclosed "Request for Hearing:" form within seventy (70) days after the date on which this notice was mailed and sending it to the State of Nevada, Department of Hearings.

Sincerely,

Stephanie Macy
Claims Representative II

Enc: NRS 616C.140
Form D-12a

CC: File, LVMPD

NRS 616C.140 Medical examination of claimant; effect of refusal to submit to examination; communications not privileged.

1. Any employee who is entitled to receive compensation under chapters 616A to 616D, inclusive, of NRS shall, if:

- (a) Requested by the insurer or employer; or
- (b) Ordered by an appeals officer or a hearing officer,

submit to a medical examination at a time and from time to time at a place reasonably convenient for the employee, and as may be provided by the regulations of the Division.

2. If the insurer has reasonable cause to believe that an injured employee who is receiving compensation for a permanent total disability is no longer disabled, the insurer may request the employee to submit to an annual medical examination to determine whether the disability still exists. The insurer shall pay the costs of the examination.

3. The request or order for an examination must fix a time and place therefor, with due regard for the nature of the medical examination, the convenience of the employee, the employee's physical condition and the employee's ability to attend at the time and place fixed.

4. The employee is entitled to have a physician or chiropractor, provided and paid for by the employee, present at any such examination.

5. If the employee refuses to submit to an examination ordered or requested pursuant to subsection 1 or 2 or obstructs the examination, the right of the employee to compensation is suspended until the examination has taken place, and no compensation is payable during or for the period of suspension.

6. Any physician or chiropractor who makes or is present at any such examination may be required to testify as to the result thereof.

DATE: 02/09/22

TO: Dr. Schiffini

FAX #: 702-870-1144

RE: CLAIMANT: [REDACTED]

CLAIM NO: 21D343953196

DATE OF INJURY: 11/25/21

EMPLOYER: Las Vegas Metropolitan Police Department

AUTHORIZED PROCEDURE: Injection Procedure- Left L3-4 TFESI under fluoroscopic guidance (CPT codes: 64483, 77003, 99152)

ACCEPTED BODY PART(S): lumbar spine

DATE AUTHORIZED: 02/09/22

DATE RANGE: 30 Days

REQUESTING DR: Dr. Schiffini

AUTHORIZED BY: Stephanie Macy 702-477-7018 phone, 702-477-7019 fax email: Stephanie.macy@ccmsi.com

CLAIM STATUS: Open & Active Claim

SEND BILLING TO: CCMSI
P.O. Box 35350
Las Vegas, NV 89133

IMPORTANT -- PLEASE READ:

- AUTHORIZATION FOR THE SERVICE NOTED EXPIRES 30 DAYS AFTER THE DATE OF THIS LETTER. IF THE SERVICE WAS NOT PERFORMED WITHIN THIS 30-DAY PERIOD, THIS AUTHORIZATION EXPIRES AND A NEW AUTHORIZATION REQUEST IS REQUIRED WITH AN EXPLANATION OF WHY THE SERVICE WAS NOT COMPLETED IN THE ORIGINAL 30-DAY PERIOD. SERVICES PERFORMED WITHOUT CURRENT AUTHORIZATION WILL BE CONSIDERED NON-AUTHORIZED.

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cc: LVMPD (electronic copy)
CCMSI (electronic copy)
CLAIMANT
SHMCO [REDACTED]

AUTHORIZATION REQUEST*Joseph J. Schifini, M.D.**526 S. Tonopah Dr. Ste 160
Las Vegas, NV 89106*

Phone: 702-870-0011

DATE: 2/22/2022

Fax: 702-870-1144

ATTENTION: *Sheri Lindsey*

From: Surgery Scheduler

Fax: 477-7019

Telephone: 477-7010

Pages: Authorization Request Only

PATIENT DEMOGRAPHICS

Name: [REDACTED]

Claim Number: 21D34J953196

Date Of Injury: 11/25/2021

PROCEDURE INFORMATION

Surgery Center: Las Vegas Surgery Center

Date of Service: 3/1/2022

Procedure: Lt L3-4 TFES FV

CPT Code(s): 64483 77003

ICD CODE(S): M51.26 M51.04 M48.06 M96.1

99152

PROCEDURE REFERENCE/DESCRIPTIONS:

TFES - Transforaminal Epidural Steriod FJI - Facet Joint Injection TPI - Trigger Point Injection SI - Sacroiliac Injection

Authorized By: *Suphane Mary*

Denied: _____ COMMENT(S):

2/28/22

Thank you & Have A Great Day.



DATE: 05/03/22
TO: Dr. Schifini, Dr. Flangas
FAX #: 702-870-1144, 702-407-7066
RE: CLAIMANT: [REDACTED]
CLAIM NO: 21D34J953196
DATE OF INJURY: 11/25/21
EMPLOYER: Las Vegas Metropolitan Police Department

AUTHORIZED PROCEDURE: Surgical Procedure - Remove Instrumentation, Explore Fusion at L4-S1; L3-4 Posterior Lumbar Interbody Fusion (CPT Codes: 22852, 22830, 22633, 22614, 22214, 63047, 63048, 22853, 22840, 20930, 20936, 69990)

DME - LSO Back Brace (L0650), Front Wheel Walker, and 3 in 1 Commode

Hospitalization - 3 days Inpatient Stay

Surgical Assistant - Debra Nelson, MD

ACCEPTED BODY PART(S): lumbar spine

DATE AUTHORIZED: 05/03/22

DATE RANGE: through June 6, 2022

REQUESTING DR: Dr. Flangas

AUTHORIZED BY: Stephanie Macy 702-477-7018 phone, 702-477-7019 fax email: Stephanie.macy@ccmsi.com

CLAIM STATUS: Open & Active Claim

SEND BILLING TO: CCMSI
P.O. Box 35350
Las Vegas, NV 89133

IMPORTANT - PLEASE READ:

- AUTHORIZATION FOR THE SERVICE NOTED EXPIRES 30 DAYS AFTER THE DATE OF THIS LETTER. IF THE SERVICE WAS NOT PERFORMED WITHIN THIS 30-DAY PERIOD, THIS AUTHORIZATION EXPIRES AND A NEW AUTHORIZATION REQUEST IS REQUIRED WITH AN EXPLANATION OF WHY THE SERVICE WAS NOT COMPLETED IN THE ORIGINAL 30-DAY PERIOD. SERVICES PERFORMED WITHOUT CURRENT AUTHORIZATION WILL BE CONSIDERED NON-AUTHORIZED.

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cc: LVMPD (electronic copy)

DATE: 06/06/22

TO: Dr. Flangas

FAX #: 702-407-7066

RE: CLAIMANT: [REDACTED]

CLAIM NO: 21D34J953196

DATE OF INJURY: 11/25/21

EMPLOYER: Las Vegas Metropolitan Police Department

AUTHORIZED PROCEDURE: Intraoperative Neuromonitoring- SSEP's, EMG, etc. (CPT Codes: 95861, 95868, 95870, 95927, 95938, 95939, 95940, 95941, 95955, 95907, 51785)

ACCEPTED BODY PART(S): lumbar spine

DATE AUTHORIZED: 06/06/22

DATE RANGE: through June 6, 2022

REQUESTING DR: Dr. Flangas

AUTHORIZED BY: Stephanie Macy 702-477-7018 phone, 702-477-7019 fax email: Stephanie.macy@ccmsi.com

CLAIM STATUS: Open & Active Claim

SEND BILLING TO: CCMSI
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cc: LVMPD (electronic copy)
CCMSI (electronic copy)
CLAIMANT
SHMCO [REDACTED]



C C M S I

FAX COVER SHEET

To: From: Stephanie Macy
Company: Date: 06/14/22 12:03:08 PM
Fax Number: 1-281-942-8557 Pages (Including cover): 3
Re: [REDACTED] 21D34J953196

Notes:

Please see attached authorization for Intraoperative Neuromonitoring - SSEPs, EMG, etc. (CPT Codes: 95861, 95868, 95870, 95927, 95938, 95939, 95940, 95941, 95955, 95907, 51785)

Stephanie Macy
Claims Representative II | CCMSI
PO Box 35350
Las Vegas, NV 89133
702-477-7018 phone
702-477-7019 fax
Stephanie.Macy@ccmsi.com

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DATE: 10/26/22

TO: Dr. Flangas/ Dignity Health 2550 Nature Park Drive

FAX #: 702-737-1778/702-859-4711

RE: CLAIMANT: [REDACTED]

CLAIM NO: 21D34J953196

DATE OF INJURY: 11/25/21

EMPLOYER: Las Vegas Metropolitan Police Department

AUTHORIZED PROCEDURE: Initial Postoperative Physical Therapy 3 times per week for 4 weeks

ACCEPTED BODY PART(S): lumbar spine

DATE AUTHORIZED: 10/26/22

DATE RANGE: 30 days

REQUESTING DR: Dr. Flangas

AUTHORIZED BY: Stephanie Macy 702-477-7018 phone, 702-477-7019 fax email: Stephanie.macy@ccmsl.com

CLAIM STATUS: Open & Active Claim

SEND BILLING TO: CCMSI
P.O. Box 35350
Las Vegas, NV 89133

IMPORTANT - PLEASE READ:

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cc: LVMPD (electronic copy)
CCMSI (electronic copy)
CLAIMANT
SHMCO [REDACTED]



January 3, 2023

RE: Claim Number: 21034J953196
DOI: 11-25-21
Employer: LVMPD

Dear [REDACTED]

This letter is to inform you of a Functional Capacity Evaluation that has been scheduled for you. The appointment is scheduled with:

Provider: Kelly Hawkins Physical Therapy
Address: 3831 W. Charleston Blvd. Las Vegas, NV 89102
Phone Number: 702.876.1733
Date/Time of Appointment: Wednesday, January 18, 2023

Please call the doctor's office to confirm this appointment and to obtain directions to the office. If you are a no call/no show, you may be responsible for any associated charges.

It is very important that you keep this appointment and cooperate fully with the doctor. According to (NRS) 616C.140(5), "If the employee refuses to submit to an examination ordered or requested pursuant to subsection 1 or 2 or obstructs the examination, his right to compensation is suspended until the examination has taken place, and no compensation is payable during or for the period of suspension."

If you disagree with this determination you have the right to appeal by completing the enclosed "Request for Hearing" form and returning it to the Nevada Department of Administration within seventy (70) days of the date of this determination.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89710
(775) 687-8440

OR

Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

If you have any questions, please call this office at (702) 477-0153.

Sincerely,

Stephanie Macy
Stephanie Macy
Claims Representative II

Encl. Request for Hearing

CC: File/LVMPD/Kelly Hawkins PT

February 14, 2023

Dr. Gary Flangas
8285 W. Arby Ave. Ste 220
Las Vegas, NV 89113

RE: CLAIMANT: [REDACTED]
CLAIM NO: 21D34J953196
DOI: 11/25/21
EMPLOYER: Las Vegas Metropolitan Police Department

Dear Dr. Flangas:

[REDACTED] underwent a Functional Capacity Evaluation at Kelly Hawkins PT on 01/18/23. At the time of this evaluation, Mr. Adcox demonstrated capabilities that do not meet job requirements. A copy of the FCE report is attached to this letter.

After your review of the attached FCE, please address the following as soon as possible:

Based on the information you have at this time, do you agree with the FCE findings? Yes _____ No _____
If you answered no, please explain. _____

Signature _____ Date: _____

If you have any questions, please feel free to contact me (702) 477-7018.

Sincerely,

Stephanie Macy

Stephanie Macy
Claims Representative II

cc: LVMPD
File



March 31, 2023



RE: Claim No: 21D34J953196
D. O. I.: 11/25/21
Employer: LVMPD

Dear 

As you are aware, you have been issued permanent work restrictions by your treating physician for your above industrial injury. Your employer has 30 days to determine if they will be able to permanently accommodate your work restrictions. Should they not be able to accommodate, you will be referred to a vocational rehabilitation counselor to determine your eligibility for vocational rehabilitation services.

Pursuant to AB458, if you are referred for vocational rehabilitation services you will have the right to select your vocational rehabilitation counselor. Attached is a list of vocational counselors in which you may select for your referral. The vocational rehabilitation counselor you select will provide all vocational rehabilitation services for your claim, unless agreed otherwise. Please note that you have 7 days from receipt of this letter to select a vocational rehabilitation counselor and notify this office. Failure to make your selection within 7 days will result in this office assigning a counselor on your behalf if appropriate.

Please return your selection to CCMSI, PO Box 35350, Las Vegas, NV 89133 or fax your selection to (702) 477-7019.

If you have any questions regarding this issue please feel free to contact me at (702) 477-7018.

Sincerely,

Stephanie Macy

Stephanie Macy
Claim Representative II

Enclosure: VR Counselor Listing

Cc: Claim file/ LVMPD



Injured Employee:

Claim No:

Sigrid Mohrhardt, LSW, MSW, CEAS, CRC (Las Vegas, Telephonic)
Genex Services LLC.
sigrid.mohrhardt@genexservices.com
2140 E. Pebble Road, Suite 250
Las Vegas, NV 89123
Phone: (702) 614-1149 X14954
Fax: (877) 211-6856

Denice Mejia (Reno, Telephonic)
Genex Services LLC
denice.mejia@genexservices.com
Bilingual Vocational Case Manager
305 W Moana Lane #B1, Reno, Nevada 89509
Phone: (424) 246-9864 X 14886
Fax: (877) 211-6856

Kari A. Albert, M.A., C.R.C., C.D.M.S. (Reno, Carson City, Las Vegas, Rural Nevada)
Albert & Associates, LLC
kari.albert@sbcglobal.net
P.O. Box 18406
Reno, Nevada 89511
Phone: (775) 853-6712

Deborah Hayden, BA, CDMS, CDF
Capital Voc Counseling
dhayden@capitalvoc.com
6655 West Sahara Ave, Ste A208, Las Vegas, NV 89146
Phone: (888) 442-4323 X 2
Fax: (702) 921-9546

Cannon Cochran Management Services, Inc.

PO Box 4990 • Carson City, NV 89521

877-243-1253 • 775-882-9600 • Fax: 775-882-9601 • www.ccmsi.com

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
EMPLOYMENT SEPARATION NOTICE

Employee Name: [REDACTED]	PN: [REDACTED]
Classification: POLICE OFFICER II (MOTOR)	Current Hire Date: 8/2/2004
Cost Center Name: TRAFFIC BUREAU	RDOs & Shift: D 10 0600-1600 SSM
Supervisor's Name: POLICE SERGEANT (A-2) PAUL MCCULLOUGH	Supervisor's Current Phone: 702-828-3595

☐ **Voluntary Resignation**

- ☐ Passed initial probation
- ☐ Did not complete initial probation
- ☐ In lieu of non-confirmation
- ☐ In lieu of pre-termination hearing
- ☐ Appointed
- ☐ Part Time

☒ **Voluntary Retirement**

- ☐ 20 + years of service with LVMPD
- ☐ 5 – 19 years of service with LVMPD
– collecting PERS
- ☒ Disability (PERS)
- ☐ In lieu of pre-termination hearing

☐ **Involuntary Termination**

- ☐ Passed initial probation
- ☐ Non-confirmation
- ☐ Appointed
- ☐ Part Time

☐ **Other**

- ☐ Layoff
- ☐ Deceased

FOR PAYROLL USE ONLY:

Applied for PERS: ☒ Yes ☐ No

Final Employment Date: 8/31/2023

Employee Signature: [REDACTED]

Date: 7/28/23

Comments:

Final Payment Selection

- | | |
|---|---|
| <input checked="" type="checkbox"/> Direct Deposit
<input checked="" type="checkbox"/> Email Advice
<input type="checkbox"/> Mail Advice | <input type="checkbox"/> Check
<input type="checkbox"/> Pickup Check
<input type="checkbox"/> Mail Check |
|---|---|

Contact Phone Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address: [REDACTED]

W-2 Address if different from Mailing Address: