



STATE OF NEVADA – DEPT OF BUSINESS & INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS

Workers' Compensation Section

• 3360 West Sahara Ave Ste. 250, Las Vegas NV, 89102 • Phone: (702) 486-9080 • Fax: (702) 486-8712 • Email: wshelp@dir.nv.gov

MEMORANDUM

TO: The Board for Administration of the Subsequent Injury Account for Self-Insured Employers

FROM: Chuck Verre, Chief Administrative Officer, Workers' Compensation Section

SUBJECT: Administrator's Recommendation on Request for Reimbursement from the Subsequent Injury Account Pursuant to NRS 616B.557

Claim No: 0583-WC-48-0000837

Date of Injury: 2/2/2018

Insurer: Clark County

Employer: UMC

Third-Party Administrator: CorVel

Submitted By: Dalton Hooks, Esq.

DATE: January 19, 2022

ADMINISTRATOR'S RECOMMENDATION:

It is the Administrator's recommendation to accept this first supplemental request pursuant to NRS 616B.557 for the right knee. The lumbar spine and left wrist are specifically excluded.

AMOUNT OF REIMBURSEMENT:

The total amount requested for reimbursement is \$ 14,069.15. The amount of verified costs is \$12,409.13. An explanation of the disallowance is attached to this letter.

BACKGROUND:

This request was received from Dalton Hooks, Jr., Esq. of Hooks, Meng & Clement on September 7, 2021. This claim was originally approved by the Board on July 1, 2021.

This request contained payment and/or reporting for the following expenses:

- Physical therapy visits with Comprehensive Therapy Centers on September 5, 2018, March 1, 2019, March 4, 2019 and March 6, 2019
- Supplier Invoices for implants/supplies from November 12, 2018 through November 14, 2018
- Office visit with Orthopedic Specialists on February 7, 2019
- Laboratory visits with American Toxicology Institute on July 17, 2019 and September 12, 2019
- Medical services through PBS Anesthesia on October 29, 2019 and January 20, 2020

On September 3, 2021, Dalton Hooks, Jr., Esq., submitted a request for supplemental reimbursement for disallowances outline in the Administrator's Recommendation of Request for Reimbursement Memorandum dated May 18, 2021.

WITNESSES:

List of witnesses who may be called to testify on behalf of the DIR and a brief summary of the proposed testimony of each.

Barbara Foster, Compliance/Audit Investigator, Workers' Compensation Section who may testify as to the basis of the Administrator's recommendation.

The Administrator reserves the right to call rebuttal and impeachment witnesses.

SUBROGATION RECOVERY NOTICE:

Please note that pursuant to NRS 616C.215, if an insurer receives reimbursement from the Subsequent Injury Account, the Nevada Division of Industrial Relations (DIR) has a statutory lien upon the total amount paid by the employer or upon the total proceeds of any recovery from a third party. Additionally, NRS 616C.215(8) makes the injured worker, claimant's counsel and third-party insurer jointly and severally liable for any amount to which the Subsequent Injury Account is entitled if the party has knowledge of the lien and does not notify the Administrator, DIR, for the Subsequent Injury Account within 15 days after the date of recovery by way of actual receipt of the proceeds of the judgment or settlement.

CERTIFICATE OF SERVICE

Hooks Meng & Clement
Attn: Dalton Hooks, Jr., Esq.
2820 W. Charleston Blvd Ste #C-23
Las Vegas, NV 89102

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on Jan 19, 2022 I served the attached Administrator's Recommendation Memorandum on the person(s) listed above:

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | By placing an original or true copy thereof in a sealed envelope, postage prepaid, placed for collection and mailing in the United States Mail, at Las Vegas, Nevada |
| <input type="checkbox"/> | By personal delivery |
| <input type="checkbox"/> | By Federal Express or other overnight delivery |
| <input type="checkbox"/> | By Certified Mail/Return Receipt Requested |

Dated this 19 day of January, 20 22

Barbara Foster
Division of Industrial Relations
Workers' Compensation Section

State of Nevada
DEPARTMENT OF BUSINESS AND INDUSTRY
 Division of Industrial Relations
 Workers' Compensation Section

*Explanation of Disallowance
 Subsequent Injury Account
 January 19, 2022*

Claim Number: 0586-WC-18-000087
 Date of Injury: 2/2/2018
 Insurer: Clark County
 Employer: University Medical Center
 Third-Party Administrator: CorVel
 Submitted by: Dalton L. Hooks, Jr., Esq., with Hooks Meng & Clement

Total Reimbursement Requested: \$14,069.15

| Item # | Amount Requested | Check Number | Date of Service | Type of Payment or Provider | Amount Disallowed | Explanation of Disallowance** |
|--------|------------------|--------------|-----------------|-------------------------------|-------------------|---|
| 1 | \$60.50 | 618671 | 3/1/2019 | Comprehensive Therapy Centers | \$60.50 | Lumbar spine excluded. Report indicates physical therapy prescribed by Dr. Gephardt, treating physician for lumbar spine. |
| 2 | \$71.01 | 618669 | 3/4/2019 | Comprehensive Therapy Centers | \$71.01 | Lumbar spine excluded. Report indicates physical therapy prescribed by Dr. Gephardt, treating physician for lumbar spine. |
| 3 | \$125.25 | 619025 | 3/6/2019 | Comprehensive Therapy Centers | \$125.25 | Lumbar spine excluded. Report indicates physical therapy prescribed by Dr. Gephardt, treating physician for lumbar spine. |
| 4 | \$980.00 | 627346 | 7/17/2019 | American Toxicology Institute | \$980.00 | Lumbar spine excluded. Medications prescribed by Dr. Gephardt, treating physician for lumbar spine. |

Claim Number: 0583-WC-18-0000837

Date of Injury: 2/2/2018

Insurer: Clark County

Employer: University Medical Center

Third-Party Administrator: CorVel

Submitted By: Dalton L. Hooks, Jr., Esq., with Hooks Meng & Clement

| Item # | Amount Requested | Check Number | Date of Service | Type of Payment or Provider | Amount Disallowed | Explanation of Disallowance** |
|--------|------------------|--------------|-----------------|-------------------------------|-------------------|---|
| 5 | \$143.12 | 633030 | 9/12/2019 | American Toxicology Institute | \$143.12 | Lumbar spine excluded. Medications prescribed by Dr. Gephardt, treating physician for lumbar spine. |
| 6 | \$115.73 | 635708 | 10/29/2019 | PBS Anesthesia | \$115.73 | Lumbar spine excluded |
| 7 | \$164.41 | 646825 | 1/20/2020 | PBS Anesthesia | \$164.41 | Lumbar spine excluded |
| | | | | Total of Disallowance: | \$1,660.02 | |

**When re-submitting disallowed amounts for consideration of reimbursement, please re-send all documents including bill, report and EOB regardless of what information has been requested.



Comprehensive Therapy Centers
3602 E. Sunset Rd., Ste 100
Las Vegas. NV 89120

Progress / Encounter

Patient Code: 10234CR

Patient Name:

Birth Date: 06/07/1954

Date Of Note: 9/5/2018 Onset: 02/02/2018

M25.561-Pain in right knee M54.89-Other dorsalgia

Case/Incident: R Knee

Initial Visit: 05/14/2018 / Total Visits: 17

Referral: Richard Wulff MD

Subjective

(S)

Patient reports she got her shot on Friday. She reports her knee feels the same.

Objective

(O)

See flow sheet for today's treatment.

Patient presents with grade I knee joint swelling

Exercises performed on 9/5/2018

| Description | Dur | Sets | Pounds pre/post pre | Reps |
|--------------------------------|---------|------|---------------------------|------|
| modality cold pack | 15 min | | | |
| modality E-stim | 15 min | | | |
| knee strength quad sets | 20 reps | 2 | | |
| knee ROM gastrocnemius stretch | 10 reps | 2 | | |
| knee ROM heel slides | 20 reps | 2 | | |
| knee ROM hamstring stretch | 10" | 10 | | |
| knee strength hamstrings | 10 reps | 3 | 7.5# | |
| knee strength total gym DLS | 10 reps | 3 | L10 | |
| cardio bicycle | 10' | | L5 | |
| knee strength heel raises | 10 reps | 3 | | |
| knee strength total gym SLS | 10 reps | 3 | L8 | |
| hip strength Clams | 10 reps | 3 | red TB | |
| balance-coord SLS | 10" | 4 | foam | |

Assessment

(A)

The patient's LE musculature strength is improving.

Plan

(P)

Increase hamstring strength to 10# and clams to Blue TB

Signature

Traci L Cassidy, PT, DPT

TRACI L CASSIDY, PT, DPT NPI: 1508298043

Date: 9/5/2018

This note was digitally signed.



Comprehensive Therapy Centers
 3602 E. Sunset Rd., Ste 100
 Las Vegas, NV 89120

Progress / Encounter

Patient Code: 10234CR
 Patient Name:
 Birth Date: 06/07/1954
 Date Of Note: 3/1/2019 Onset: 02/02/2018
 M25.561-Pain in right knee M54.89-Other dorsalgia

Case/Incident: R Knee
 Initial Visit: 05/14/2018 / Total Visits: 66
 Referral: Stephen Gephardt MD
 Other Referral:

Subjective

(S)
 Patient reports her back is tired from today. She reports her knee is doing great.

Objective

(O)
 See flow sheet for today's treatment.
 Hot pack applied to LB
 Knee AROM:
 Flex 116 degrees
 Patient presents with grade I knee joint swelling.

Exercises performed on 3/1/2019

| Description | Dur | Sets | Pounds pre/post pre | Reps |
|---|---------|------|---------------------------|------|
| modality cold pack | 15 min | | | |
| modality E-stim | 15 min | | | |
| knee strength quad sets | 20 reps | 2 | | |
| knee ROM gastrocnemius stretch | 10" | 10 | | |
| knee ROM heel slides | 20 reps | 2 | | |
| lumbar spine ROM extension | 10 reps | 4 | | |
| modality hot pack | 15 min | LS | | |
| lumbar spine ROM rotation | 10 reps | 4 | R, L, R | |
| knee strength hamstrings | 15 reps | 3 | 7.5# | |
| lumbar spine strength lats | 10 reps | 3 | 60# | |
| hip strength Clams | 10 reps | 3 | red TB | |
| lumbar spine strength rows | 10 reps | 3 | 24# ball | |
| knee strength total gym DLS | 10 reps | 3 | L10+20# | |
| knee ROM flexion seated | 10 reps | 2 | | |
| knee strength terminal extension | 20 reps | 3 | Blue TB | |
| Manual therapy | HOLD | | | |
| knee strength SAQs | 10 reps | 3 | 2# | |
| cardio bicycle | HOLD | | Hills LS | |
| lumbar spine strength bridge | 10 reps | 2 | 5" hold | |
| lumbar spine strength planks | 20" | 6 | HOLD | |
| lumbar spine strength quadruped UE-LE extension | 10" | 6 | ball | |
| lumbar spine strength side plank | 10" | 6 | modified | HOLD |
| knee strength step-ups | 10 reps | 2 | 6" | |
| lumbar spine strength quadruped UE-LE extension | 10" | 2 | on ball | |

Assessment

(A)
 The patient's core strength continues to improve.

Plan

(P)
 Continue with current treatment plan

Signature

Traci L Cassidy, PT, DPT

TRACI L. CASSIDY, PT, DPT NPI: 1508298043

Date: 3/1/2019

This note was digitally signed.



Comprehensive Therapy Centers
 3602 E. Sunset Rd., Ste 100
 Las Vegas, NV 89120

Progress / Encounter

Patient Code: 10234CR

Patient Name:

Birth Date: 06/07/1954

Date Of Note: 3/4/2019 Onset: 02/02/2018

M25.561-Pain In right knee M54.89-Other dorsalgia

Case/Incident: R Knee

Initial Visit: 05/14/2018 / Total Visits: 67

Referral: Stephen Gephardt MD

Other Referral:

Subjective

(S)

Patient reports her back is sore with a little ache and pain today.

Objective

(O)

See flow sheet for today's treatment.

Hot pack applied to LB

Patient presents with grade I knee joint swelling.

Manuals: PAs to LS 20 X4 post TEs

Exercises performed on 3/4/2019

| Description | Dur | Sets | Pounds | Reps |
|---|---------|------|----------|------|
| lumbar spine strength quadruped UE-LE Extension | 10 reps | 2 | on ball | |
| knee strength step-ups | 10" | 2 | 6" | |
| lumbar spine strength side plank | 10" | 6 | modified | HOLD |
| lumbar spine strength quadruped UE-LE Extension | 10 reps | 2 | ball | |
| lumbar spine strength planks | 20" | 6 | HOLD | |
| lumbar spine strength bridge | 10 reps | 2 | 5" hold | |
| cardio bicycle | HOLD | | Hills LS | |
| knee strength SAQs | 10 reps | 3 | 2# | |
| Manual therapy | 10' | | | |
| knee strength terminal extension | 20 reps | 3 | Blue TB | |
| knee ROM flexion seated | 10 reps | 2 | | |
| knee strength total gym DLS | 10 reps | 3 | L10+20# | |
| lumbar spine strength rows | 10 reps | 3 | 24# ball | |
| hip strength Clams | 10 reps | 3 | red TB | |
| lumbar spine strength lats | 10 reps | 3 | 60# | |
| knee strength hamstrings | 15 reps | 3 | 7.5# | |
| lumbar spine ROM rotation | 10 reps | 4 | R, L, R | |
| modality hot pack | 15 min | LS | | |
| lumbar spine ROM extension | 10 reps | 4 | | |
| knee ROM heel slides | 20 reps | 2 | | |
| knee ROM gastrocnemius stretch | 10" | 10 | | |
| knee strength quad sets | 20 reps | 2 | | |
| modality E-stim | 15 min | | pre | |
| modality cold pack | 15 min | | pre/post | |

Assessment

(A)

The patient continues to require an increase in force to allow symptoms to remain abolished in LS.

Plan

(P)

Continue with current treatment plan

Signature

Traci L Cassidy, PT, DPT
 TRACI L CASSIDY, PT, DPT NPI: 1508298043

Date: 3/4/2019

This note was digitally signed.



Comprehensive Therapy Centers
3602 E. Sunset Rd., Ste 100
Las Vegas, NV 89120

Re-Evaluation & Plan of Care

Patient Code: 10234CR

Patient Name:

Birth Date: 06/07/1954

Date Of Note: 3/6/2019 Onset: 02/02/2018

M25.561-Pain in right knee M54.89-Other dorsalgia

Case/Incident: R Knee

Initial Visit: 05/14/2018 / Total Visits: 68

Referral: Stephen Gephardt MD

Other Referral:

Subjective

Subjective Report

Patient reports her back feels tired from work today.

Knee Chief Complaint

Patient reports no longer having pain in her knee. Patient reports having an increase in knee stiffness after prolonged sitting. Symptoms are abolished with her HEP.

Lumbar Chief Complaint

Patient reports she continues to have some soreness across the low back that is provoked with sitting with a tolerance of 60 minutes and with bending at the waist at times. Symptoms are relieved with her HEP and heat.

Pain

On a numeric pain scale from 0-10 where 0 is no pain and 10 is the worst pain:

At best: 0/10 At worst: 6/10

ADL Restrictions

Patient has no restrictions with ADL. Patient is able to perform all ADL, but does so with modifications and compensations at times.

Work Restrictions

Work Status: FMLA

Occupation: RN

Patient has no work restrictions due to her knee. Patient avoids sitting to perform charting due to lumbar spine symptoms.

Medications

A discussion of the patient's list of medications and supplements revealed that the patient cannot remember the exact name of each substance nor the exact dosage. The patient has an understanding of the purpose of each substance and reports that the complete list is reviewed and managed by the prescribing physician on a regular basis.

Objective

Inspection

Patient presents ambulating without an AD. Knee joint is with grade I swelling. Surgical incision is clean and healed well. Gait is without deviations. The patient stands with a normal lumbar lordosis.

AROM

| Location | Left | Right |
|--------------------|----------------|--------|
| knee flexion | | 118° |
| knee extension | | 0° |
| LS extension | min lim | |
| LS flexion | no limitations | |
| LS lateral Flexion | no lim | no lim |

3/4/2019 3/1/2019
Left Right Left Right

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

PROM

PF joint play revealed no limitations

Strength

Myotome testing was strong and symmetrical in the 3/4/2019 3/1/2019

| Location | Left | Right |
|----------------|------|-------|
| Quadriceps | 5/5 | |
| Hamstrings | 5/5 | |
| Hip Abductors | 4/5 | |
| Gastroc/Soleus | 5/5 | |

3/4/2019 3/1/2019
Left Right Left Right

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Neurovascular

Fine-touch sensation was diminished in the superficial peroneal distribution and intact in all other lower extremity peripheral nerve distributions and dermatomes.

Continuation of Re-Evaluation & Plan of Care Dated 3/6/2019 for Patient
Continuation of Neurovascular

Dorsal pedal pulse is intact B. DTRs were equally depressed in the lower extremities.

Treatment Time

See Flow sheet for today's treatment.

Assessment

Assessment/Progress towards goals

Overall Progress: Excellent
 Attendance/PT compliance: Excellent
 HEP compliance: Excellent

This patient's condition is improving in response to PT as knee strength and endurance continues to improve and the patient no longer has knee symptoms. The patient no longer has gait deviations. The patient is able to abolish all LS symptoms with her HEP, but continues to have a limited sitting tolerance. The patient still lacks the end range knee flexion AROM, LS extension AROM, strength, and endurance necessary to perform all instrumental and recreational activities of daily living without modifications.

Plan

Physical Therapy Plan

I recommend we continue on our established plan of care and begin discharge planning. Continue to progress core strength and endurance work.

Frequency and Duration

3 times per week for 2-3 weeks

Thank you for this referral. If you have any questions or suggestions please feel free to call.

Exercises performed on 3/6/2019

| Description | Dur | Sets | Pounds | Reps |
|---|---------|------|----------|------|
| lumbar spine strength quadruped UE-LE extension | 10 reps | 2 | on ball | |
| knee strength step-ups | 10" | 2 | 6" | |
| lumbar spine strength side plank | 10" | 6 | modified | HOLD |
| lumbar spine strength quadruped UE-LE extension | 20" | 2 | ball | |
| lumbar spine strength planks | 10 reps | 6 | HOLD | |
| lumbar spine strength bridge | 10 reps | 2 | 5" hold | |
| cardio bicycle | HOLD | | Hills L5 | |
| knee strength SAQs | 10 reps | 3 | 2# | |
| Manual therapy | HOLD | | | |
| knee strength terminal extension | 20 reps | 3 | Blue TB | |
| knee ROM flexion seated | 10 reps | 2 | | |
| knee strength total gym DLS | 10 reps | 3 | L10+20# | |
| lumbar spine strength rows | 10 reps | 3 | 24# ball | |
| hip strength Clams | 10 reps | 3 | red TB | |
| lumbar spine strength lats | 10 reps | 3 | 60# | |
| knee strength hamstrings | 15 reps | 3 | 7.5# | |
| lumbar spine ROM rotation | 10 reps | 4 | R, L, R | |
| modality hot pack | 15 min | LS | | |
| lumbar spine ROM extension | 10 reps | 4 | | |
| knee ROM heel slides | 20 reps | 2 | | |
| knee ROM gastrocnemius stretch | 10" | 10 | | |
| knee strength quad sets | 20 reps | 2 | | |
| modality E-stim | 15 min | | pre | |
| modality cold pack | 15 min | | pre/post | |

Signature

Traci L Cassidy, PT, DPT

TRACI L CASSIDY, PT, DPT NPI: 1508298043

Date: 3/6/2019

This note was digitally signed.

I certify that the above rehabilitative services are required and authorized by me, and that the patient's plan will be reviewed every 15() 30() 60() 90() days.

Referral

Stephen Gephardt MD Phone: (702) 912-4100 Fax: (702) 912-4101

Date: / /

Purchase Order Detail
(Group by Vendor Name, PO Number)
Include All PO's

| Date | Item Number | Item Description | Vendor Catalog Number | Order Qty | UM | Order Price | Extended Amt. | Tax | Ext. Amt. with Tax |
|--|-------------|---|-----------------------|-------------|----------|-------------|---------------|---------------|--------------------|
| Compo | GL Number | Requestion Number | Project | Open Qty | GPO Ind. | Status | Contract No | Contract Type | Commodity Code |
| | | | | Sub-Project | | | | | Line No |
| | | | | | | | | | Alloc No |
| Vendor Name: SMITH AND NEPHEW ORTHO 860170 | | | | | | | | | |
| PO Class: | | | | | | | | | |
| 19/2018 | 39789 | RIM SPEED PIN 45MM STERILE (CAPPED) | 74013471 | 1 EA | | \$0 | \$0 | \$0 | \$0 |
| 19/2018 | 39790 | PRO BONE SPIKE SHORT (CAPPED) | 71512449 | 1 EA | | \$0 | \$0 | \$0 | \$0 |
| 19/2018 | 39791 | GNS TOCAR PIN 1/8X4IN (CAPPED) | 71931813 | 1 EA | | \$0 | \$0 | \$0 | \$0 |
| 19/2018 | 39792 | JRNY II BCS FEMORAL OXIN RT SZ 5 (CAPPED) | 74022115 | 1 EA | | \$0 | \$0 | \$0 | \$0 |
| 19/2018 | 39793 | JRNY TIBIA BASE NP RT SZ5 (CAPPED) | 74022215 | 1 EA | | \$0 | \$0 | \$0 | \$0 |
| 19/2018 | 35841 | PATELLAR GENESIS II RESURFACING 29MM | 71420574 | 1 EA | | \$0 | \$0 | \$0 | \$0 |

Purchase Order Detail
(Group by Vendor Name, PO Number)
Include All PO's

| PO Date | Item Number | Vendor Catalog Number | Order Qty | UM | Order Price | Extended Amt. | Tax | Ext. Amt. with Tax |
|------------|-------------------------------------|-----------------------|-------------|----------|-------------------|----------------|---------|--------------------|
| Composer | Item Description | Mfr Catalog Number | Rec'd Qty | Status | Contract No | Delivery Date | | |
| | GL Number | Requisition Number | Open Qty | GPO Ind. | Sub-Ledger | Commodity Code | Line No | Alloc No |
| | | Project | Sub-Project | | | | | |
| PO Number: | 134779 | | | | PO Class: | | | |
| 11/19/2018 | 39795 | 74027252 | 1 | EA | \$5,300.00 | \$5,300.00 | \$0 | \$5,300.00 |
| by March | JRNY II BCS XLPE ART ISRT SZ 5-6 RT | 74027252 | 1 | | Complete | 11/19/2018 | | |
| | 10MM (TOTAL) | | | | | | | |
| | 3000-702100-660010 | 437110 | 0 | | | | | |
| | | | | | | | | |
| 11/19/2018 | [non-catalog] | DOS 11/14/2018 | 1 | EA | \$0 | 47542 | 7 | \$0 |
| by March | DOS 11/14/2018 RIGHT TOTAL KNEE | | 1 | | Complete | 11/19/2018 | \$0 | \$0 |
| | ARTHROPLASTY | | | | | | | |
| | 3000-702100-660050 | 437110 | 0 | | | | | |
| | | | | | | | | |
| 11/19/2018 | [non-catalog] | PT ACCT # 1800330850 | 1 | EA | \$0 | \$0 | 8 | \$0 |
| by March | WULFF PT ACCT # 18003308500 | | 1 | | Complete | 11/19/2018 | \$0 | \$0 |
| | 3000-702100-660050 | 437110 | 0 | | | | | |
| | | | | | | | | |
| | | | | | Total for PO: | \$5,300.00 | \$0 | \$5,300.00 |
| | | | | | Total for Vendor: | \$5,300.00 | \$0 | \$5,300.00 |

Purchase Order Detail
(Group by Vendor Name, PO Number)
Include All PO's

| Data | | Item Number | Vendor Catalog Number | Order Qty | U/M | Order Price | Extended Amt. | Tax | Ext. Amt. with Tax |
|-----------------------------------|--------------------|------------------|-----------------------|-----------|------------|--------------|----------------|----------|--------------------|
| Composer | Item Description | Item Description | Req. Cat. Number | Rec'd Qty | Status | Contract No. | Delivery Date | | |
| | GL Number | Project | Requisition Number | Open Qty | GPQ Ind. | Sub-Lodgor | Commodity Code | Line No. | Alloc No |
| Vendor Name: STRYKER ORTHO 861560 | | | | | | | | | |
| Number: 133910 | | | | | | | | | |
| 2/2018 | 17985 | 6197-9-010 | 6197-9-010 | 3 PK | \$2,472.53 | Complete | \$7,417.59 | \$0 | \$7,417.59 |
| March | 3000-702100-660010 | 434440 | | 0 | | | 47542 | 1 | |
| Total for PO: | | | | | | | | \$0 | \$7,417.59 |
| Total for Vendor: | | | | | | | | \$0 | \$7,417.59 |
| Grand Total: | | | | | | | | \$0 | \$12,717.59 |
| Total Number of PO's: | | | | | | | | | 2 |

action

poration IN 3000 - UNIVERSITY MEDICAL CENTER OF SON
up By = Vendor first and then PO Number
ude Taxable PO's? = Include All PO's
Number IN 133910; 134779
play Line Notes = Yes

12,717.59 + 20%
2,543.52
15,261.11

ation line

Vendor: 800170-SMITH AND NEPHEW ORTHO ENT
Box 951605
LLAS TX 75395-1805
Corporation: 3000 - UNIVERSITY MEDICAL CENTER OF 30 NV
Voucher No: 1929436
PO No: 134779
Invoice Date: 11/23/2018
Terms: PAYMENT UPON RECEIPT
Due Date: 11/23/2018
Processed On: 11/26/2018
By: Carmen Ramirez-Gomez

| Line No - Description Object Sub-Project Sub-Ledger | Net Line Amt Freight Amt Freight Tax | State Tax Accrued State Tax Accr Frt State Tax | City Tax Accrued City Tax Accr Frt City Tax | County Tax Accrued County Tax Accr Frt County Tax | Misc Amt Discount Amt | Extended Amt |
|--|--|--|---|---|--------------------------|--------------|
| | | | | | | |
| RIM SPEED PIN 45MM STERILE (CAPPED) 00-702100-660050 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| PRO BONE SPIKE SHORT (CAPPED) 00-702100-660050 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| GNS TOCAR PIN 1/8X4IN (CAPPED) 00-702100-660050 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| JRNY II BCS FEMORAL OXIN RT SZ 5 (CAPPE 00-702100-660010 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| JRNY TIBIA BASE NP RT SZ5 (CAPPED) 00-702100-660010 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| PATELLAR GENESIS II RESURFACING 29MM 00-702100-660010 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| JRNY II BCS XLPE ART ISRT SZ 5-6 RT 10MM 00-702100-660010 | \$5,300.00 | \$0 | \$0 | \$0 | \$0 | \$5,300.00 |
| DOS 11/14/2018 RIGHT TOTAL KNEE ARTHRO 00-702100-660050 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| NULFF PT ACCT # 18003308500 00-702100-660050 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Invoice Line Totals

Net Lines: \$ 5,300.00

Freight: \$ 0

Frt Tax: \$ 0

State Tax \$ 0

Accrued State Tax \$ 0

Accr State Frt Tax: \$ 0

Net Pay Amount: \$ 5,300.00

City Tax \$ 0

Accr City Tax: \$ 0

Accr City Frt Tax: \$ 0

Total Accrued Amount: \$ 0

County Tax \$ 0

Accr County Tax: \$ 0

Accr County Frt Tax: \$ 0

Misc: \$ 0

Discount: \$ 0

Total Invoice Amount: \$ 5,300.00

| | | | | | | | | | | | | | | | | | | |
|--|--------------|---|------------|---|-------------|-------------|-----------|-------------------|--------------------|----------|------------------|-------------------|------------|--------------------|---------------------|----------|--------------|--------------|
| Inclor: 801559-STRYKER ORTHOPEADICS Box 93213 | | Voucher No: 1909746 Invoice Date: 11/06/2018 Due Date: 11/06/2018 | | Corporation: 3000 - UNIVERSITY MEDICAL CENTER OF SO NV PO No: 133910 Terms: PAYMENT UPON RECEIPT Processed On: 11/21/2018 By: Carmen Ramirez-Gomez | | | | | | | | | | | | | | |
| Line No - Description | Jurisdiction | Sub-Project | Sub-Ledger | Net Line Amt | Freight Amt | Freight Tax | State Tax | Accrued State Tax | Accr Frt State Tax | City Tax | Accrued City Tax | Accr Frt City Tax | County Tax | Accrued County Tax | Accr Frt County Tax | Misc Amt | Discount Amt | Extended Amt |
| CEMENT BONE W/TORAMYCIN | | | | | | | | | | | | | | | | | | |
| 00-702100-660010 | | | | | | | | | | | | | | | | | | |
| Invoice Line Totals | | | | | | | | | | | | | | | | | | |
| Net Lines: \$ 7,417.59 | | | | | | | | | | | | | | | | | | |
| Freight: \$ 0 | | | | | | | | | | | | | | | | | | |
| Frt Tax: \$ 0 | | | | | | | | | | | | | | | | | | |
| State Tax \$ 0 | | | | | | | | | | | | | | | | | | |
| Accrued State Tax \$ 0 | | | | | | | | | | | | | | | | | | |
| Accr State Frt Tax: \$ 0 | | | | | | | | | | | | | | | | | | |
| Net Pay Amount: \$ 7,417.59 | | | | | | | | | | | | | | | | | | |
| City Tax \$ 0 | | | | | | | | | | | | | | | | | | |
| Accr City Tax: \$ 0 | | | | | | | | | | | | | | | | | | |
| Accr City Frt Tax: \$ 0 | | | | | | | | | | | | | | | | | | |
| Total Accrued Amount: \$ 0 | | | | | | | | | | | | | | | | | | |
| City Tax \$ 0 | | | | | | | | | | | | | | | | | | |
| Accr City Tax: \$ 0 | | | | | | | | | | | | | | | | | | |
| Accr City Frt Tax: \$ 0 | | | | | | | | | | | | | | | | | | |
| Total Invoice Amount: \$ 7,417.59 | | | | | | | | | | | | | | | | | | |
| Misc: \$ 0 | | | | | | | | | | | | | | | | | | |
| Discount: \$ 0 | | | | | | | | | | | | | | | | | | |

Subjective

DOB: 06/07/1954
02/07/2019

HISTORY: The patient returns for a followup visit. We are just under 3 months status post right total knee arthroplasty. She reports she is doing very well. She is having little to no pain. She is flexing the knee up to 118 degrees with physical therapy, is ambulating, and feels as though she is probably ready to return back to work.

Objective

On physical examination, she has just very slight increased warmth but no redness. Her knee goes from 0-110 degrees of flexion today. There is no gross laxity. Calves are nontender.

X-RAYS: AP and lateral radiographs of the knees demonstrate no interval change in alignment and no evidence of loosening.

Assessment

STATUS POST RIGHT TOTAL KNEE ARTHROPLASTY, DOING WELL.

Plan

We will have her continue to work in therapy on strengthening and additional knee flexion. We will plan on returning her back to full duty on February 11th as previously planned.

Medications

Follow Up

Follow up with me in 4 weeks' time with repeat clinical exam.

Richard N. Wulff, MD

RNW:ul
DR: 02/08/19
DT: 02/08/19
#67062/67063

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| | | | | | |
|---------------|-----------------------|---------|----------|------------------|-----------------------|
| Patient: | | MRN: | 5291 | Accession: | 3855 |
| Patient #: | 5291 | Birth: | 6/7/1954 | | |
| Clinician: | Gephardt, MD, Stephen | Age: | 65 years | Collection Date: | 7/17/2019 3:10 PM |
| Home Phone: | 7025805259 | Gender: | Female | Received Date: | 7/22/2019 10:58 AM MM |
| Organization: | Nevada Pain Care | | | | |

Medication Compliance Assessment**Prescribed Medications:** *Oxycodone, Tramadol, Zolpidem***CONSISTENT RESULT - REPORTED MEDICATION DETECTED (PARENT DRUG AND/OR METABOLITE)**

| REPORTED PRESCRIPTION | ANTICIPATED POSITIVE(S) | TEST OUTCOME | DETECTION WINDOW |
|-----------------------|-------------------------|--------------|------------------|
| Tramadol | O-Desmethyiltramadol | POSITIVE | 3 days |
| Tramadol | Tramadol | POSITIVE | 3 days |

INCONSISTENT RESULT - REPORTED MEDICATION NOT DETECTED (NEITHER PARENT DRUG NOR METABOLITE)

| REPORTED PRESCRIPTION | ANTICIPATED POSITIVE(S) | TEST OUTCOME | DETECTION WINDOW |
|-----------------------|-------------------------|--------------|------------------|
| Oxycodone | Oxycodone | NEGATIVE | 3 days |
| Oxycodone | Noroxycodone | NEGATIVE | 3 days |
| Oxycodone | Oxymorphone | NEGATIVE | 3 days |
| Zolpidem | Zolpidem | NEGATIVE | 2 days |

INCONSISTENT RESULTS - ANALYTE DETECTED BUT NO CORRESPONDING PRESCRIPTION REPORTED

| DETECTED ANALYTE | ILLEGIT | MEASURED RESULT | CUTOFF | TEST OUTCOME | DETECTION WINDOW |
|------------------|---------|-----------------|--------|--------------|------------------|
| N/A | N/A | N/A | N/A | N/A | N/A |

SPECIMEN VALIDITY TESTING

| TEST | TEST OUTCOME | MEASURED RESULT | REFERENCE RANGE |
|------------------|--------------|-----------------|-----------------|
| Creatinine | | 114.3 | 20.0 - 400.0 |
| pH | | 5.5 | 4.8 - 8.5 |
| Specific Gravity | | 1.024 | 1.002 - 1.030 |

ADDITIONAL MEDICATIONS REPORTED BUT NOT TESTED IN THIS REPORT**Detailed Definitive Results**

| Test Name | Outcome | Measured Result | Cutoff | Units | Illicit? | Status |
|--------------------------------|----------|-----------------|---------------|-------|----------|-------------------|
| Validity + Confirmation | | | | | | |
| Creatinine | | 114.3 | 20.0 - 400.0 | mg/dL | No | |
| pH | | 5.5 | 4.8 - 8.5 | | No | |
| Specific Gravity | | 1.024 | 1.002 - 1.030 | | No | |
| 6-MAM | NEGATIVE | | <20 | ng/mL | Yes | Consistent Result |
| 7-Aminoclonazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |

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Accession: 3855 Patient: #: 5291
Lab Results for:

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Patient: MRN: 5291 Accession: 3855
 Patient #: 5291 Birth: 6/7/1954
 Clinician: Gephardt, MD, Stephen Age: 65 years Collection Date: 7/17/2019 3:10 PM
 Home Phone: 7025805259 Gender: Female Received Date: 7/22/2019 10:58 AM MM
 Organization: Nevada Pain Care

Detailed Definitive Results

| Test Name | Outcome | Measured Result | Cutoff | Units | Illicit? | Status |
|-------------------------|----------|-----------------|--------|-------|----------|-------------------|
| Clonazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Alpha-Hydroxyalprazolam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Alprazolam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Amitriptyline | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Nortriptyline | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Amphetamine | NEGATIVE | | <500 | ng/mL | No | Consistent Result |
| Methamphetamine | NEGATIVE | | <500 | ng/mL | Yes | Consistent Result |
| Benzoylcegonine | NEGATIVE | | <150 | ng/mL | Yes | Consistent Result |
| Buprenorphine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Norbuprenorphine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Codeine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Morphine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Desipramine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Imipramine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Nordiazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Diazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Desalkylflurazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Doxepin | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Desmethyldoxepin | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| EDDP | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Methadone | NEGATIVE | | <150 | ng/mL | No | Consistent Result |
| Fentanyl | NEGATIVE | | <10.0 | ng/mL | No | Consistent Result |
| Norfentanyl | NEGATIVE | | <10.0 | ng/mL | No | Consistent Result |
| Flunitrazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Flurazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Gabapentin | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Hydrocodone | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Hydromorphone | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Lorazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| MDA | NEGATIVE | | <500 | ng/mL | Yes | Consistent Result |
| MDMA | NEGATIVE | | <500 | ng/mL | Yes | Consistent Result |
| Meperidine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Normeperidine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Mephedrone | NEGATIVE | | <100 | ng/mL | Yes | Consistent Result |
| Carisoprodol | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Meprobamate | NEGATIVE | | <500 | ng/mL | No | Consistent Result |
| Methylone | NEGATIVE | | <100 | ng/mL | Yes | Consistent Result |

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Accession: 3855 Patient: #: 5291
Lab Results for: I

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Patient: MRN: 5291 Accession: 3855
 Patient #: 5291 Birth: 6/7/1954
 Clinician: Gephardt, MD, Stephen Age: 65 years Collection Date: 7/17/2019 3:10 PM
 Home Phone: 7025805259 Gender: Female Received Date: 7/22/2019 10:58 AM MM
 Organization: Nevada Pain Care

Detailed Definitive Results

| Test Name | Outcome | Measured Result | Cutoff | Units | Illicit? | Status |
|---------------------|----------|-----------------|--------|-------|----------|--------------------------------|
| Midazolam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| O-Desmethytramadol | POSITIVE | 8254 | <100 | ng/mL | No | Consistent Result for Tramadol |
| Tramadol | POSITIVE | 11871 | <100 | ng/mL | No | Consistent Result for Tramadol |
| Oxazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Temazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Oxycodone | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Noroxycodone | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Oxymorphone | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Phencyclidine (PCP) | NEGATIVE | | <25 | ng/mL | Yes | Consistent Result |
| Tapentadol | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Zolpidem | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |

CLIA # 29D2079031

Laboratory Director: Raymond C. Kelly, Ph.D.

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Accession: 3855 Patient: #: 5291

Lab Results for:

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Patient: MRN: 5291 Accession: 7419
 Patient #: 5291 Birth: 6/7/1954
 Clinician: Gephardt, MD, Stephen Age: 65 years Collection Date: 9/12/2019 4:00 PM
 Home Phone: 7025805259 Gender: Female Received Date: 9/19/2019 12:33 PM MM
 Organization: Nevada Pain Care

Medication Compliance Assessment

Prescribed Medications: *Oxycodone, Tramadol, Zolpidem*

CONSISTENT RESULT - REPORTED MEDICATION DETECTED (PARENT DRUG AND/OR METABOLITE)

| REPORTED PRESCRIPTION | ANTICIPATED POSITIVE(S) | TEST OUTCOME | DETECTION WINDOW |
|-----------------------|-------------------------|--------------|------------------|
| Zolpidem | Zolpidem | POSITIVE | 2 days |

INCONSISTENT RESULT - REPORTED MEDICATION NOT DETECTED (NEITHER PARENT DRUG NOR METABOLITE)

| REPORTED PRESCRIPTION | ANTICIPATED POSITIVE(S) | TEST OUTCOME | DETECTION WINDOW |
|-----------------------|-------------------------|--------------|------------------|
| Oxycodone | Oxycodone | NEGATIVE | 3 days |
| Oxycodone | Noroxycodone | NEGATIVE | 3 days |
| Oxycodone | Oxymorphone | NEGATIVE | 3 days |
| Tramadol | O-Desmethyiltramadol | NEGATIVE | 3 days |
| Tramadol | Tramadol | NEGATIVE | 3 days |

INCONSISTENT RESULTS - ANALYTE DETECTED BUT NO CORRESPONDING PRESCRIPTION REPORTED

| DETECTED ANALYTE | ILLCIT | MEASURED RESULT | CUTOFF | TEST OUTCOME | DETECTION WINDOW |
|------------------|--------|-----------------|--------|--------------|------------------|
| Gabapentin | No | 2203 | <100 | POSITIVE | 3 days |

SPECIMEN VALIDITY TESTING

| TEST | TEST OUTCOME | MEASURED RESULT | REFERENCE RANGE |
|------------------|--------------|-----------------|-----------------|
| Creatinine | | 103.6 | 20.0 - 400.0 |
| pH | | 5.1 | 4.8 - 8.5 |
| Specific Gravity | HIGH | 1.032 | 1.002 - 1.030 |

ADDITIONAL MEDICATIONS REPORTED BUT NOT TESTED IN THIS REPORT**Detailed Definitive Results**

| Test Name | Outcome | Measured Result | Cutoff | Units | Illicit? | Status |
|--|----------|-----------------|---------------|-------|----------|-------------------|
| Run by AG on 9/23/2019 10:27:59 AM at Location: ATT-EAST | | | | | | |
| Validity + Confirmation | | | | | | |
| Creatinine | | 103.6 | 20.0 - 400.0 | mg/dL | No | |
| pH | | 5.1 | 4.8 - 8.5 | | No | |
| Specific Gravity | HIGH | 1.032 | 1.002 - 1.030 | | No | |
| 6-MAM (Heroin metabolite) | NEGATIVE | | <20 | ng/mL | Yes | Consistent Result |
| 7-Aminoclonazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |

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 Accession: 7419 Patient #: 5291
 Lab Results for:

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| | | | | | |
|---------------|-----------------------|---------|----------|------------------|-----------------------|
| Patient: | | MRN: | 5291 | Accession: | 7419 |
| Patient #: | 5291 | Birth: | 6/7/1954 | | |
| Clinician: | Gephardt, MD, Stephen | Age: | 65 years | Collection Date: | 9/12/2019 4:00 PM |
| Home Phone: | 7025805259 | Gender: | Female | Received Date: | 9/19/2019 12:33 PM MM |
| Organization: | Nevada Pain Care | | | | |

Detailed Definitive Results

| Test Name | Outcome | Measured Result | Cutoff | Units | Illicit? | Status |
|--------------------------------------|----------|-----------------|--------|-------|----------|---------------------|
| Clonazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Alpha-Hydroxyalprazolam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Alprazolam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Amitriptyline | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Nortriptyline | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Amphetamine | NEGATIVE | | <500 | ng/mL | No | Consistent Result |
| Methamphetamine | NEGATIVE | | <500 | ng/mL | Yes | Consistent Result |
| Benzoylcegonine (Cocaine metabolite) | NEGATIVE | | <150 | ng/mL | Yes | Consistent Result |
| Buprenorphine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Norbuprenorphine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Codeine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Morphine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Desipramine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Imipramine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Nordiazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Diazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Desalkylflurazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Doxepin | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Desmethyldoxepin | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| EDDP | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Methadone | NEGATIVE | | <150 | ng/mL | No | Consistent Result |
| Fentanyl | NEGATIVE | | <10.0 | ng/mL | No | Consistent Result |
| Norfentanyl | NEGATIVE | | <10.0 | ng/mL | No | Consistent Result |
| Flunitrazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Flurazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Gabapentin | POSITIVE | 2203 | <100 | ng/mL | No | Inconsistent Result |
| Hydrocodone | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Hydromorphone | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Lorazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| MDA | NEGATIVE | | <500 | ng/mL | Yes | Consistent Result |
| MDMA | NEGATIVE | | <500 | ng/mL | Yes | Consistent Result |
| Meperidine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Normeperidine | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Mephedrone | NEGATIVE | | <100 | ng/mL | Yes | Consistent Result |
| Carisoprodol | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Meprobamate | NEGATIVE | | <500 | ng/mL | No | Consistent Result |

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Accession: 7419 Patient #: 5291
Lab Results for: T

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| | | | | | |
|---------------|-----------------------|---------|----------|------------------|-----------------------|
| Patient: | | MRN: | 5291 | Accession: | 7419 |
| Patient #: | 5291 | Birth: | 6/7/1954 | | |
| Clinician: | Gephardt, MD, Stephen | Age: | 65 years | Collection Date: | 9/12/2019 4:00 PM |
| Home Phone: | 7025805259 | Gender: | Female | Received Date: | 9/19/2019 12:33 PM MM |
| Organization: | Nevada Pain Care | | | | |

Detailed Definitive Results

| Test Name | Outcome | Measured Result | Cutoff | Units | Illicit? | Status |
|---------------------|----------|-----------------|--------|-------|----------|--------------------------------|
| Methylone | NEGATIVE | | <100 | ng/mL | Yes | Consistent Result |
| Midazolam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| O-Desmethyltramadol | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Tramadol | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Oxazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Temazepam | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Oxycodone | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Noroxycodone | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Oxymorphone | NEGATIVE | < 100 | <100 | ng/mL | No | Inconsistent Result |
| Phencyclidine (PCP) | NEGATIVE | | <25 | ng/mL | Yes | Consistent Result |
| Tapentadol | NEGATIVE | | <100 | ng/mL | No | Consistent Result |
| Zolpidem | POSITIVE | 124 | <100 | ng/mL | No | Consistent Result for Zolpidem |

CLIA # 29D2079031

Laboratory Director: Raymond C. Kelly, Ph.D.

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Accession: 7419 Patient #: 5291

Lab Results for: F

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DIR18

Patient:

Address: 1110 Mountain View Dr

Date of Birth: June 07, 1954



Nevada Pain Care

7220 S Cimarron Rd Ste 270 LAS VEGAS NV 89113

Phone: (702) 912-4100 Fax: (702) 912-4101

DOB: June 07, 1954

Visit Date: October 29, 2019

Vitals:

WT: refused HT: refused BP: 131/65 mmHg Left Arm Sitting

Chief Complaint/History of Present Illness:

The patient presents today for re-evaluation. She continues to report low back pain without radicular symptoms.

This patient was involved in a work-related injury on February 2, 2018. The patient's Claim number is 0583-WC-18-0000837. She continues to work at UMC hospital with no restrictions. She reports while working at UMC hospital, she had a slip and fall. She states she fell directly onto her right knee, catching herself with her left wrist. She reports she had immediate left wrist pain, right knee pain, and low back pain. She reports since the injury, her wrist pain has subsided, but she continues to experience right knee pain and low back pain, right knee pain the worst. The patient admits to having two surgeries on the right knee by Dr. Wulft prior to her recent fall.

She presented with back pain. It is located lumbar spine. The symptom is ongoing. The patient describes the pain as squeezing, tingling/pins and needles and tiring/exhausting. The complaint moderately limits activities. The following activities are adversely/negatively affected by pain: enjoyment of life, general activity, mood, normal work, recreational activities, relationship(s) with people, sleep and walking. The frequency of episodes is decreasing. Significant medications include narcotic pain medication. Important triggers include bending, twisting, activity and exertion. The symptom is alleviated by heat and rest. The symptom is exacerbated by exertion and activity.

Patient describes pain now to be at 6. Worst pain being at 8 and least pain at 5. On average pain over the last month, patients rates it at 5

She reports to be stable on her current medication, reporting 40% pain relief.

Medication HX:

Patient:

Address:

120

Date of Birth: June 07, 1954

Drug Allergy: NO KNOWN DRUG ALLERGIES

Past Medical HX:

knee surgery Recorded Date: August 28, 2018

Pain Treatment History

physical therapy

Diagnostic Tests and Imaging

MRI

MRI of Lumbar spine at DR on September 11, 2018 reviewed . Impression showed moderate spinal canal stenosis at L4-L5, mild spinal canal stenosis at L3-L4, and multilevel facet joint hypertrophy with facet joint effusions.

x-ray

Anesthesia History

Had anesthesia (sedation for surgical procedure)? Yes

Adverse reaction to anesthesia? No

Social HX:

Tobacco history Never Used Tobacco

Alcohol history Social Alcohol Use

Has the patient ever used illegal drugs? Denies Any Illegal Drug Use

Relationship: Father Disease: Heart disease; Arthritis Recorded Date: August 28, 2018

Relationship: Mother (no known diseases) Recorded Date: August 28, 2018

Review of Systems:

Constitutional: The patient denied chills, difficulty sleeping, night sweats, easy bruising, excessive sweating, excessive thirst, fatigue, fever, insomnia, low sex drive, tremors, unexplained weight gain, unexplained weight loss and weakness.

Eyes: The patient denied recent visual changes.

Ears/Nose/Throat/Neck: The patient denied nosebleeds, dental problems, recurrent sore throat, earaches, ringing in the ears, hearing problems and sinus problems.

Cardiovascular: The patient denied fainting, shortness of breath during sleep, bleeding disorder, high blood pressure, chest pain, irregular heartbeat, swelling on the feet, deep vein thrombosis and lightheadedness.

Respiratory: The patient denied shortness of breath on exertion/effort, cough, wheezing, shortness of breath at rest and pulmonary embolism.

Gastrointestinal: The patient denied constipation, abdominal cramps, dark and tarry stools, acid reflux, diarrhea, coffee ground appearance in vomit, hernia and vomiting.

Genitourinary/Nephrology: The patient denied erectile dysfunction, blood in urine, flank pain, decreased urine flow/frequency/volume, painful urination and pelvic pressure.

Musculoskeletal: The patient complained of joint pain, back pain, joint swelling and joint stiffness but denied neck pain and muscle spasms.

Neurologic: The patient complained of carpal tunnel syndrome and numbness/tingling but denied instability when walking, dizziness, seizure, headache and tremors.

Patient:

Address:

Date of Birth: June 07, 1954

Psychiatric: The patient complained of **depression** and **feeling anxious** but denied suicidal thoughts, suicidal planning and stress problems.

PE:

abnormal gait

mod limp left leg

lumbar

good ROM with flexion pt co discomfort lower lumbar

good ROM with extension

mild facet loading left greater than right

equal strength and sensation bil thighs lower legs and feet

BIL SI tenderness to palpation right greater than left

Constitutional:

general appearance- overall: well nourished and well developed; assistive Device: cane

Musculoskeletal:

gait and station- conventional walking: **abnormal gait**

MS: spine/rib/pelvis:

insp & palp - S/R/P- sacroiliac joints: **Positive Faber** and **Positive gaenslen**; lumbar spine inspection:

rigid spine; lumbar spine palpation: **tender lumbar spinous processes** and **tender facet joints mild**

facet loading bilaterally; sacroiliac palpation: **left sacroiliac joint tenderness** and **right sacroiliac**

joint tenderness; thoracic/lumbar muscles palpation: **tender left paralumbar** and **tender right**

paralumbar; range of motion - S/R/P; lumbar flexion: **painful lumbar muscles with flexion, pain**

radiating to the sacral region and 51-75% flexion; lumbar extension: **painful lumbar muscles with**

extension, pain radiating to the sacral region and 26-50% extension; left lateral lumbar rotation:

painful lumbar muscles with left lateral rotation, pain radiating to the sacral region and 26-50%

left lateral rotation; right lateral lumbar rotation: **painful lumbar muscles with right lateral rotation,**

pain radiating to the sacral region and 26-50% right lateral rotation

MS: right lower extremity:

insp & palp - RLE- knee: **tenderness over inferior pole of patella** and **tenderness over pes anserine**

bursa; range of motion - RLE; knee: **decreased flexion**

Diagnosis:

M17.11-715.96 Unilateral primary osteoarthritis, right knee

G89.4-338.4 Chronic pain syndrome

M54.5-724.2 Low back pain

M47.816-721.3 Spondylosis without myelopathy or radiculopathy, lumbar region

M79.2-729.2 Neuralgia and neuritis, unspecified

M48.061-724.02 Spinal stenosis, lumbar region without neurogenic claudication

S83.241S-905.7 Other tear of medial meniscus, current injury, right knee, sequela

M17.11-716.96 Unilateral primary osteoarthritis, right knee

Patient:

Address:

Date of Birth: June 07, 1954

Z96.651-V43.65 Presence of right artificial knee joint
M46.1-720.2 Sacroiliitis, not elsewhere classified
Z51.81-V58.69 Encounter for therapeutic drug level monitoring
Z79.891-V58.69 Long term (current) use of opiate analgesic
Z79.899-V07.39 Other long term (current) drug therapy

Prescriptions:

Ambien 10 mg tablet, 1 Tablet(s) PO QHS, 30 days, 1 refill, for a total of 30, start on October 29, 2019, end on December 27, 2019.

ibuprofen 800 mg tablet, 1 Tablet(s) PO BID, 30 days, for a total of 60, start on October 29, 2019, end on November 27, 2019.

oxycodone-acetaminophen 10 mg-325 mg tablet, 1 Tablet(s) PO daily, 30 days, for a total of 30, start on October 29, 2019, end on November 27, 2019.

tramadol 50 mg tablet, 1 Tablet(s) PO Q12H, 30 days, for a total of 60, start on October 29, 2019, end on November 27, 2019.

Services Performed:

99214 OFFICE/OUTPATIENT VISIT EST

82570 ASSAY OF URINE CREATININE

80307 Drug test prsmv instrmnt chemistry analyzers

Services Ordered:

Lumbar RFA (BIL L3 L4 L5)

Assessment:

The patient presents today with increased lumbar pain, she reports the pain has returned within this last month. She describes the pain as sharp, throbbing and tingling. The patient reports the previous Bilateral Lumbar Radiofrequency Ablation at levels L2, L3, L4, L5 was very beneficial in reducing her pain, she reports she has had nine months of great relief. She reports the procedure helped increase her range of motion, she was able to function as a nurse full time and perform daily living activities.

As the patients pain in the lumbar spine has returned, I recommend the patient to repeat the Bilateral Lumbar Radiofrequency Ablation at levels L2, L3, L4, L5.

We discussed the post-procedure care and expectations for the lumbar medial branch Radiofrequency Ablation. The patient is aware that pain levels may increase after the procedure; however, the pain will then slowly subside. In fact, it can take up to six or eight weeks for maximum efficacy. I highly encouraged the patient to ice the injection site for a whole month after the procedure.

Plan:

The patient was provided with a medication refill.

Patient:

Address:

Date of Birth: June 07, 1954

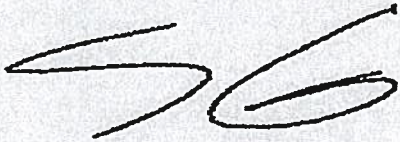
Due to the prior procedure being very beneficial in reducing the patients pain complaints for nine months, I recommend the patient proceeds with a repeat Bilateral Lumbar Radiofrequency Ablation at levels L2, L3, L4, L5.

The risks benefits of the interventional procedure were discussed at length with the patient including the risk of bleeding, infection, nerve damage and the potential for an increase in pain symptoms. Educational information was provided to the patient regarding the procedure and the procedure was further explained using anatomic models and diagrams. All of the patient's questions were answered. The patient understands that the explanation of the procedure is not exhaustive, but all questions and concerns have been fully addressed at this time.

The patient will return to the clinic in one month for further discussion of treatment options and medical management. The patient, however, was encouraged to call should he or she have any questions or concerns in the interim.

Should you have any questions or wish to discuss my findings, feel free to contact me at your leisure.

Regards,

A handwritten signature in black ink, appearing to be 'SG' with a stylized flourish.

Stephen Gephardt MD

Accompanied in room by: Medical Assistant Christina M.

CC:



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Tel: (702) 912-4100 Fax: (702) 912-4101
Stephen A. Gephardt, M.D. Adam J. Antflick, D.O.

PHYSICIANS' PROGRESS REPORT

Patient Name: _____ Date of Birth: 6/7/54
Date of Exam: 01/20/2020 Date of Injury: 2/2/18 Return Appt: 02/17/2020
Employer: _____ Claim Number: 0583-WC-18-0000
Diagnosis: lumbar radiculitis

Return Full Duty Effective: _____ Off Work from: _____ to _____
Return to work with restrictions listed below on (date): _____

MODIFIED WORK RESTRICTIONS RESTRICTIONS ARE: ☐ Permanent ☐ Temporary

- | | |
|--|--|
| <input type="checkbox"/> Able to work _____ hours/day | <input type="checkbox"/> Change positions as needed |
| <input type="checkbox"/> Able to lift up to _____ lbs. | <input type="checkbox"/> Walking limited to _____ hours/day |
| <input type="checkbox"/> No climbing ladders/stairs | <input type="checkbox"/> Standing limited to _____ hours/day |
| <input type="checkbox"/> No kneeling | <input type="checkbox"/> Sitting limited to _____ hours/day |
| <input type="checkbox"/> No bending/stooping | <input type="checkbox"/> Avoid reaching above shoulders |
| <input type="checkbox"/> No bending at the waist | <input type="checkbox"/> No use of _____ body part |
| <input type="checkbox"/> No sitting | <input type="checkbox"/> No standing |

☐ PT ☐ OT Frequency _____ x / wk. Duration: _____ wks. ☐ Home Program

☐ Consult: _____ ☐ Diagnostic Testing: _____

Prescription(s): Ibuprofen 800mg Tab BID, percocet 10/325mg #15 tramadol 50mg #60

Comments: lumbar radiofrequency ablation to be completed on a yearly basis
patient has reached MMI
order-orthocore therapy wrap-lumbar.

Date: 01/20/2020 Physician Name: S. Gephardt MD Physician Signature: _____