



Date Generated: 02-09-2018 15:18:44

NAME: Last: KING **First: RONALD** **Date of Exam: 02-09-2018** **Case #: 120347785**
Occupation: MACHINE OPERATOR **DOB: 11-15-1967** **DOI: 02-08-2018 17:30** **Claim #:**
Employer: EMPLOYER SOL. STAFFING GROUP/KSP **Contact: GAIL HETLETVEDT [WC SPECIALIST]** **Tel.: (952)767-0053** **Fax: (952)767-0740**
Claims Administrator: GALLAGHER BASSETT **Tel.: (866)517-6782** **Fax:**

DIAGNOSES

Lumbar sprain, initial encounter (S33.5XXA), Spasm of back muscles (M62.830)

TREATMENT

Diagnostic Tests:Radiology: Radiology tests were ordered. All radiology studies sent to Radiologist for review and confirmation.

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input checked="" type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	(3) times / week for	(2) weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Massage Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

Medications: Medications were dispensed.

Supplies were dispensed.

WORK STATUS

This is not a first aid claim. Return to work with restrictions as of 02-09-2018. Expected Maximum Medical Improvement (MMI) date 03-16-2018.

Work Restrictions:

Limited stooping and bending Limited kneeling or squatting

Limited Lift, Limited Pull and Limited Push up to 15 lbs.

In the event that your employee has restrictions and no modified work is made available, employer must keep employee off work unless, and until, such modified work is made available.

TREATING PROVIDER

Name: **Keith R.. Wresch,M.D.**

Lic. #: **A90435**

Signature (Original)

Specialty: **Occupational Medicine**

Date of Exam: **02-09-2018**

NEXT APPOINTMENT

Next Appointment with Wresch Keith on 02-16-2018 11:00 am.

Executed at: US HealthWorks 599 Inland Center Drive, Suite 105, San Bernardino CA 92408 Ph:909 889-2665

Check In Time: 02-09-2018 12:35

Check Out Time: 03:18 pm