

**Declaration of Readiness
 to Proceed to Expedited Hearing (Trial)**
 OCR form sample packet

This packet contains instructions on how to fill in Optical Character Recognition (OCR) forms, examples of forms and is in the order in which forms / documents should be filed with the district office.

Use the table below to help identify the forms that you need to complete when filing a declaration of readiness to proceed to expedited hearing (trial). The table also shows the order in which the forms should be assembled. To help you find the correct document separator sheet, the product delivery unit, document type and document title are in brackets.

In this packet, you will see examples as filed by the applicant attorney for injured worker.

Name of form

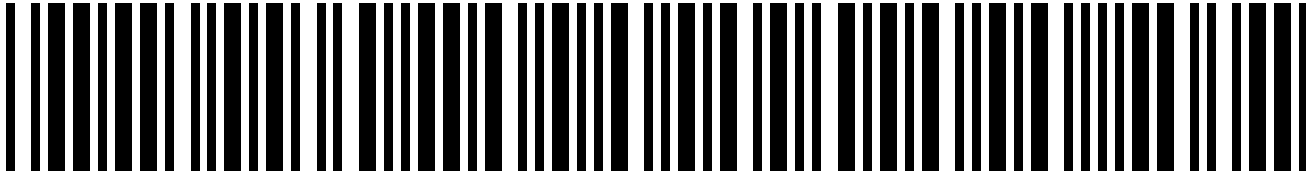
1	Document cover sheet
2	Document separator sheet [ADJ-LEGAL DOCS-DECLARATION OF READINESS TO PROCEED TO EXPEDITED HEARING]
3	Declaration of readiness to proceed
4	Document separator sheet for medical report choose appropriate document title from drop down menu [ADJ-MEDICAL DOCS-ALL MEDICAL REPORTS or AME REPORTS or QME REPORTS]
5	Medical report
6	Document separator sheet for proof of service [ADJ-LEGAL DOCS-PROOF OF SERVICE]
7	Proof of service

This packet is an example of how to fill in forms and the order in which they should be filed with the district office.

STATE OF CALIFORNIA
DWC DISTRICT OFFICE

This example shows documents submitted by a represented injured worker.

DOCUMENT COVER SHEET



Is this a new case? Yes No Companion Cases Exist Walkthrough Yes No

TO BE SET ALONG WITH MASTER CASE.

More than 15 Companion Cases

SOCIAL SECURITY NUMBER IS NOT REQUIRED.

04/16/2008 DATE YOU FILL OUT DOCUMENT COVER SHEET
Date:(MM/DD/YYYY)

SSN:

Specific Injury

ADJ12345

Case Number 1

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

SEE BODY PART NUMBER LIST ON PAGE 8.

Body Part 1: _____



Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: WHEN MORE THAN 5 BODY PARTS USE BODY PART NUMBER 700 IN THIS FIELD

Please check unit to be filed on (check only one box) CHECK ADJ ONLY

ADJ DEU SIF UEF INT RSU

Companion Cases

WHEN CORRECT CASE NUMBER IS LISTED, IT IS NOT NECESSARY TO COMPLETE OTHER INFORMATION.

ADJ67890 ←

Case Number 2

Specific Injury
 Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

Example

Specific Injury

Case Number 3

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

Specific Injury

Case Number 4

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

DO NOT PRINT OR
SUBMIT BLANK
PAGES.

Specific Injury

Case Number 5

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

Example

District office codes for place of venue

Legend	
Abbreviation	Office
AHM	Anaheim
ANA	Santa Ana
BAK	Bakersfield
EUR	Eureka
FRE	Fresno
GOL	Goleta
LAO	Los Angeles
LBO	Long Beach
MDR	Marina del Rey
OAK	Oakland
OXN	Oxnard
POM	Pomona
RDG	Redding
RIV	Riverside
SAC	Sacramento
SAL	Salinas
SBR	San Bernardino
SDO	San Diego
SFO	San Francisco
SJO	San Jose
SLO	San Luis Obispo
SRO	Santa Rosa
STK	Stockton
VNO	Van Nuys

Use this document to complete forms, but do not file this document with your forms.

DO NOT PRINT OR
SUBMIT THIS PAGE.

Body Part Code List

The body part codes listed below are used to complete forms that require the listing of the part of the body that is in issue. Please do not file this document with your forms.

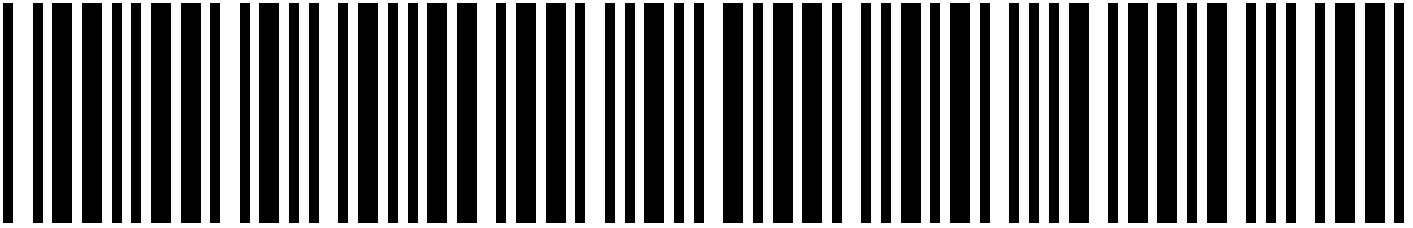
100	Head - not specified	500	Lower extremities - not specified
110	Brain	510	Legs - above ankles, not specified
120	Ear - not specified	511	Thigh femur
121	Ear - external	513	Knee Patella
124	Ear - internal including hearing	515	Lower leg tibia and fibula
130	Eye - including optic nerves and vision	518	Leg - multiple parts any combination of above parts
140	Face - not specified	519	Leg - not specified
141	Jaw - including chin and mandible	520	Ankle malleolus
144	Mouth - including lips, tongue, throat and taste	530	Foot not ankle or toe
145	Teeth	540	Toes
146	Nose - including nasal passages, sinus and smell	598	Lower extremities - multiple parts any combination of above parts
148	Face - multiple parts any combination of above parts	700	Multiple parts more than five major parts use only in fifth position of listing of body parts
149	Face - forehead, cheeks, eyelids	800	Body system - not specific
150	Scalp	801	Circulatory system - heart -other than heart attack, blood, arteries,veins, etc.
160	Skull	802	Circulatory system - Heart attack
198	Head - multiple injury any combination of above parts	810	Digestive system - stomach
200	Neck	820	Excretory system - kidneys, bladder, intestines, etc.
300	Upper extremities - not specified	830	Musculo-skeletal system - bones, joints, tendons, muscles, etc.
310	Arm - above wrist not specified	840	Nervous system - not specified
311	Arm - upper arm humerus	841	Nervous system - stress
313	Arm - elbow head of radius	842	Nervous system - Psychiatric/psych
315	Arm -forearm radius and ulna	850	Respiratory system - lungs, trachea, etc.
318	Arm - multiple parts any combination of above parts	860	Skin dermatitis, etc.
319	Arm - not specified	870	Reproductive systems
320	Wrist	880	Other body systems
330	Hand - not wrist or fingers	999	Unclassified - insufficient information to identify body parts
340	Fingers		
398	Upper extremities - multiple parts any combination of above parts		
400	Trunk - not specified		
410	Abdomen - including internal organs and groin		
411	Hernia		
420	Back - including back muscles, spine and spinal cord		
430	Chest - including ribs, breast bone and internal organs of the chest		
440	Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks		
450	Shoulders - scapula and clavicle		
498	Trunk - use for side; multiple parts any combination of above parts		

DO NOT PRINT OR
SUBMIT THIS PAGE.

Use this document to complete forms, but do not file this document with your forms.

Example

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title DECLARATION OF READINESS TO PROCEED TO EXPEDITED HEARING

Document Date 04/16/2008 **DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET**
MM/DD/YYYY

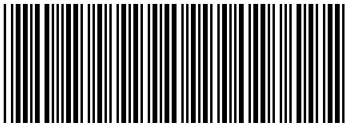
Author UNIFORM ASSIGNED NAME

IF YOU ARE A CLAIMS ADMINISTRATOR, HEARING REPRESENTATIVE OR LAW FIRM USE YOUR UNIFORM ASSIGNED NAME. FOR ALL OTHERS ENTER YOUR NAME.

Office Use Only

Received Date _____
MM/DD/YYYY

Example



**STATE OF CALIFORNIA
 DIVISION OF WORKERS' COMPENSATION
 WORKERS' COMPENSATION APPEALS BOARD
 DECLARATION OF READINESS
 TO PROCEED TO EXPEDITED HEARING (TRIAL)
 [Labor Code section 5502(b)]**

T

ADJ12345

ENTER SAME CASE NUMBER ON
DOCUMENT COVER SHEET

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

Case No.

Applicant

First Name _____

MI _____

Last Name _____

VS

Employer Information

Employer Name (Please leave blank spaces between numbers, names or words) _____

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words) _____

City _____

State _____

Zip Code _____

The Declarant requests that this case be set for expedited hearing and decision on the following issues:

- Entitlement to medical treatment per Labor Code section 4600.
- Entitlement to temporary disability, or disagreement on amount of temporary disability.
- Appeal from a determination of the Rehabilitation Unit finding entitlement to or terminating liability for rehabilitation services, or enforcement of an order of the Rehabilitation Unit.
- Entitlement to compensation is in dispute because of a disagreement between employers and/or carriers.

CHECK ALL APPROPRIATE BOX(ES).

Declarant states under penalty of perjury that he or she has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed above:

T

Example

Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

Declarant's Signature

SIGN HERE.

ENTER UNIFORM ASSIGNED NAME OF LAW FIRM.

Name of declarant or name of the law firm of the declarant (Print or Type)

Address (Please leave blank spaces between numbers, names or words)

Date 04/16/2008

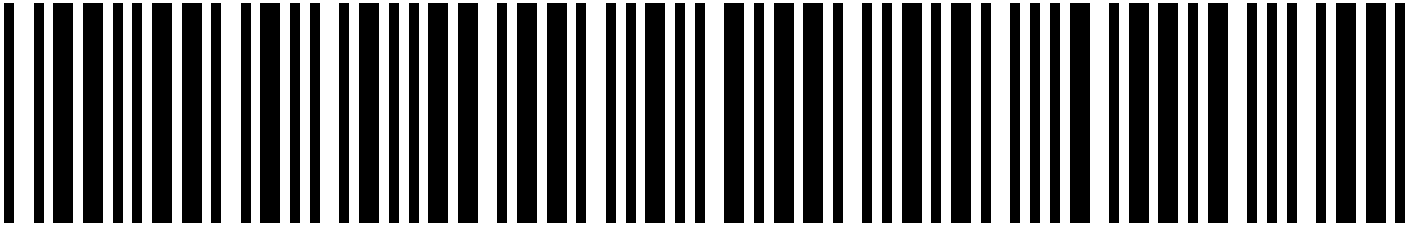
MM/DD/YYYY

DOCUMENT DATE OF DOCUMENT SEPARTOR SHEET.

Phone Number



DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type MEDICAL DOCS

Document Title QME REPORTS

Document Date 03/14/2008 DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET.
MM/DD/YYYY

Author MEDICAL PROVIDER NAME EXAMPLE:
JOHN A SMITH MD
JOHN A SMITH PT
Use only capital letters and no special characters e.g. / \ ' . " , ; () & !

Office Use Only

Received Date _____
MM/DD/YYYY

Example

[REDACTED]
[REDACTED]
Qualified Medical Evaluator
Diplomat, American Board of Physical Medicine & Rehabilitation
Diplomat, American Board of Electrodiagnostic Medicine (EMG)

[REDACTED] Evaluation

Patient
Evaluation Date
Date of Injury
Claim Number
WCAB Number
Employer

[REDACTED]
March 14, 2008
March 19, 2005
[REDACTED]
[REDACTED]

Interval History

Oral thrush

Oral thrush is still treated with Diflucan prescribed by [REDACTED]

Urticaria

Itching ostensibly due to Norco has resolved

Right upper extremity

Pain persists in the region of the right lateral epicondyle and extensor digitorum communis and radial tunnel

Left lower extremity

Pain has not changed and is provoked with prolonged standing.

Examination

Sitting

Sitting was again characterized by weight bearing on the right side and avoiding weight bearing on the left.

POB 488
[REDACTED]

[REDACTED]
[REDACTED]
Example

March 14, 2008

Page 2

Mouth

Tongue showed less fungal whiteness but a thrush-like appearance remained.

Elbow

Tenderness remained in the right epicondylar region.

Lumbar Sacral Region

Abnormal finding or pain that are absent are designated as 0, that are mild are designated 1, that are moderate are designated 2, that are severe are designated 3

Tenderness	Left	Right	Normal
Thoraco-lumbar junction	0	0	0
Lumbar sacral junction	1	1	0

Pelvis

Abnormal finding or pain that are absent are designated as 0, that are mild are designated 1, that are moderate are designated 2, that are severe are designated 3

Tenderness	Left	Right	Normal
Sacroiliac joint	1	1	0
Sacroiliac joint compression	1	1	0
Piriformis muscle	1	1	0
Posterior iliac crest	0	0	0
Sciatic notch	2	2	0
Anterior psoas tendon insertion	2	0	0

Straight Leg Raising

Straight leg raising aggravated pain. Pressure on the left posterior hamstrings above the knee and along the sciatica nerve aggravated significant pain. The same pain complaints were provoked with pressure on the buttocks and on the sciatic notch and even on the anterior pelvis in the region of the iliacus

Example

March 14, 2008

Page 3

Diagnostic Test

Magnetic resonance imaging of lumbar sacral spine on March 4, 2008 revealed L2-L3, L3-L4 2 to 3 millimeter far left lateral sub ligamentous protrusion with mild proximal left neural foraminal stenosis at both levels and 1 to 2 millimeter antero listhesis of L3 with respect to L4. At L4-L5 a 1-2 millimeter intervertebral disc bulge was noted. At L5-S1, a less than 2 millimeter intervertebral disc bulge was noted. Left renal cyst was also found.

reported that on March 6, 2005 magnetic resonance imaging of the lumbar sacral spine revealed degenerative disc disease from L2 through S1, small posterolateral annular tears at L3-L4, L4-L5 and L5-S1, and facet arthropathy with mild neural foraminal stenosis at the left L5-S1 area with the left L5 nerve root displaced against the body of L5.

In the cervical region the magnetic resonance imaging from March 4, 2008 showed a C3-C4, 1-2 millimeter left lateral intervertebral disc bud and osteophyte with mod left neural foraminal stenosis, a C5-C6 1-2 millimeter bugle and osteophytic ridge with moderate right mild left neural foraminal stenosis and borderline spinal canal narrowing, and C6-C7 1-2 millimeter lateral intervertebral disc bulge.

Diagnosis

L3, L4, L5, degenerative changes with annular degenerative changes primarily on the left side with left-sided sciatica with significant left-sided neural foraminal stenosis at the left L4 region, as noted on her most recent magnetic resonance imaging with significant sciatica noted on examination.

Cervical degenerative disc disease with radiating pain to the proximal upper extremities.

Left hemi hypalgesia, etiology unclear

Sleep disorder, aggravated by chronic pain

Depression and anxiety, aggravated by chronic pain

History of bladder incontinence, etiology unclear

Example

[REDACTED]
March 14, 2008
[REDACTED]

Page 4

History of adverse reactions to Baclofen, Cyclobenzaprine and Soma or Carisoprodol with the development of oral thrush

History of adverse reaction to Lyrica causing difficulty breathing

History of adverse reaction to Neurontin or Cymbalta, actual agent not clear, causing significantly increased pain in limbs and joints

History of adverse reaction to Norco or hydrocodone causing urticaria

History of adverse response to Sulfa causing difficulty breathing

Future Medical Treatment

Avoid

Baclofen, Flexeril and Soma as they aggravated thrush.

Lyrica due to adverse effects on her ability to breathe.

Neurontin as it provoked limb and abdominal pain.

Norco as it provoke urticaria.

Increase

Ultram to 300 milligrams ER in an attempt to reduce pain without increasing the amount of controlled substances

Restart

Cymbalta 20 milligrams once again to assess its efficacy on [REDACTED] sciatica versus adverse effects.

Start

TENS to reduce pain and muscle spasm and sciatica.

Example

March 14, 2008

Page 5

Continue

Percocet 5/325 to reduce sciatica even though it causes mild cognitive problems. This is preferable to other medications that have caused more adverse reactions

Consider

Other medication in an attempt to find one that does not cause adverse conditions but reduces sciatic pain. I will consider Mexilitine in subsequent evaluations to reduce nerve pain

Re-evaluate

In two weeks

Prolonged Evaluation

Added time was spent in educating [redacted] According to Title 8 California Code of Regulations Sections 9792.20 - 9792.23, the Department of Industrial Relations has published a Medical Treatment Utilization Schedule to replace Chapter 6, Pain, Suffering, and the Restoration of Function of Occupational Medicine Practice Guidelines, Second Edition, of the American College of Occupational and Environmental Medicine (ACOEM Practice Guidelines) education is recommended. The State of California Medical Treatment Utilization Schedule advises practitioners to develop and implement an effective strategy with skills to educate patients and recommends an education-based paradigm to start with inexpensive communication providing reassuring information to the patient. The Schedule also recommends more in-depth education to exist within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. It advises that no treatment plan is complete without addressing issues of patient education as a means of facilitating self-management of symptoms and prevention

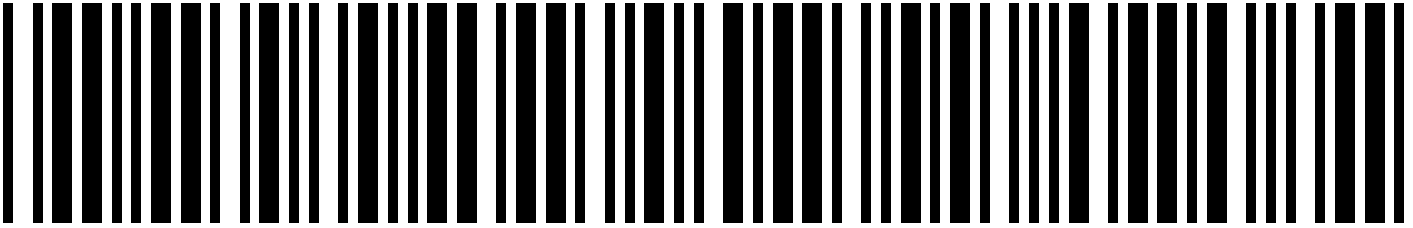
Declaration

I declare under penalty of perjury that I have not violated the provisions of California Labor Code 139.3 with regard to the evaluation of this patient or the preparation of this report

March 14, in the [redacted] California

Example

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type MEDICAL DOCS

Document Title QME REPORTS

Document Date 02/29/2008 DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET.
MM/DD/YYYY

Author MEDICAL PROVIDER NAME EXAMPLE:
JOHN A SMITH MD
JOHN A SMITH PT
Use only capital letters and no special characters e.g. / \ ' . " , ; () & !

Office Use Only

Received Date _____
MM/DD/YYYY

Example

[REDACTED]
Qualified Medical Evaluator
Diplomat, American Board of Physical Medicine & Rehabilitation
Diplomat, American Board of Electrodiagnostic Medicine (EMG)

[REDACTED] Evaluation

Patient [REDACTED]
Evaluation Date February 29, 2008
Date of Injury March 19, 2005
Claim Number [REDACTED]
WCAB Number [REDACTED]
Employer [REDACTED]

Interval History

Oral thrush

[REDACTED] at [REDACTED] according attributed causation of her oral thrush to muscle relaxant medications prescribed for her March 19, 2005 industrial injury.

Medications

Baclofen caused thrush to return in her mouth and throat and it was discontinued. Percocet 5 milligram has caused increased difficulty concentrating when compared with Vicodin. Lidoderm patch 5% to the upper thoracic region to reduce radiating pain was minimally effective

Incontinence

A urological consultation was authorized to evaluate her incontinence and the need to wears pads daily. Magnetic resonance imaging of the lumbar and cervical spine have been authorized, but [REDACTED] has not scheduled such.

Gastro-intestinal

Gastro-intestinal pain previously experienced following ingestion of nonsteroidal anti-inflammatory medications has not returned.

POB 488
[REDACTED]

[REDACTED]
Example

Friday, February 29, 2008

Page 2

Difficulty sleeping

Insomnia due to pain has continued.

Right upper extremity

Pain in the region of the right lateral epicondyle and extensor digitorum communis and radial tunnel continues

Left lower extremity

Left leg pain and cramps occur daily and sensations of numbness have increased in her feet. At times she feels as though she cannot move her legs when standing for prolonged periods of time.

Examination

Affect

Affect was more stable

Gait

Mild pain was expressed with walking.

Sitting

Sitting was characterized by weight bearing on the right side.

Mouth

Tongue continued to show a thrush-like appearance with yellowish white coating.

Abdomen

Abdominal examination revealed no significant tenderness to palpation.

Example

Friday, February 29, 2008

Page 3

Elbow

No significant change was noted in the right epicondylar region, which remained tender. Range of motion was normal.

Lumbar Spine

Tenderness to palpation remained in the left sacroiliac joint and piriformis muscles.

Neurological Examination

Leg Strength

Strength remained reduced with manual muscle testing in a non-myotomal distribution in the left leg.

Muscle Group	Innervation	Left	Right
Knee Extensors	L3-L4	4	5
Ankle Dorsiflexors	L4-L5	4	5
Ankle Plantar Flexors	L5-S1	4	5
Ankle Invertors	L5-S1	4	5
Toe Extensors	L5-S1	4	5

Sensitivity to Touch in Legs

Sensation remained reduced in a non-dermatomal distribution in the left leg. The right leg exhibited a mild loss of distal sensation to perception of a 10-gram force monofilament

Deep Tendon Reflexes

Deep tendon reflexes remained mildly increased but symmetrical

Stretch Reflex	Left	Right	Normal
Quadriceps	3	3	2/4
Triceps Surae	2	2	2/4

Example

[REDACTED]
Friday, February 29, 2008
[REDACTED]

Page 4

Diagnostic Test

Neuro-diagnostic evaluation today (February 29, 2008) revealed mild polyneuropathy with possible mild polyradiculopathy.

Diagnosis

L3, L4, L5, degenerative changes with annular degenerative changes primarily on the left side with left-sided sciatica

Left hemi hypalgesia, etiology unclear

Sleep disorder, aggravated by chronic pain

Depression and anxiety, aggravated by chronic pain

History of bladder incontinence, etiology unclear

History of adverse reaction to Baclofen, Cyclobenzaprine and Soma or Carisoprodol with the development of oral thrush

History of adverse reaction to Lynca causing difficulty breathing

History of adverse reaction to Neurontin or Cymbalta, actual agent not clear, causing significantly increased pain in limbs and joints

History of adverse reaction response to sulfa with difficulty breathing

Future Medical Treatment

Schedule

[REDACTED] is to schedule her magnetic resonance imaging of the cervical and lumbar spine now that they have been authorized.

Review

With [REDACTED] her magnetic resonance imaging of the cervical and lumbar spine at her next evaluation

Example

Friday, February 29, 2008

Page 5

Avoid

Baclofen as it aggravated thrush according to

Neurontin as it aggravated right arm and bilateral leg pain.

Cymbalta as it aggravated right arm and bilateral leg pain.

Restart

Norco 10 four times a day as hydrocodone has not caused the cognitive difficulties that Oxycodone has

Start

Ultram 100 milligrams ER in an attempt to reduce pain with increasing the amount of controlled substances.

Continue

Lidoderm patch 5% to the upper thoracic region to reduce radiating pain to the right upper extremity

Hold

Percocet 5 milligram dose.

Re-evaluate

In one week

Prolonged Evaluation

Added time was spent in educating [REDACTED] According to Title 8 California Code of Regulations Sections 9792.20 - 9792.23, the Department of Industrial Relations has published a Medical Treatment Utilization Schedule to replace Chapter 6, Pain, Suffering, and the Restoration of Function of Occupational Medicine Practice Guidelines, Second Edition, of the American College of Occupational and Environmental Medicine (ACOEM Practice Guidelines) education is recommended. The State of California Medical Treatment Utilization Schedule advises practitioners to develop and implement an effective strategy with skills to educate patients and recommends an education-based paradigm to start with inexpensive communication providing reassuring information to the patient. The Schedule also recommends more in-depth education to exist within a treatment regime employing functional restorative and innovative programs of prevention and rehabilitation. It advises that no treatment plan is complete

Example

[REDACTED]
Friday, February 29, 2008
[REDACTED]

Page 6

without addressing issues of patient education as a means of facilitating self-management of symptoms and prevention

Additional Workers' Compensation Notification

Because of HIPAA laws, we are no longer able to provide any status reports by phone. We are no longer able to entertain telephone peer-review requests. If there are any questions, please forward a written request listing the question and a \$39.98 prepayment, assuming that only a one-page special report is required. Questions received without a check cannot be answered. If a medical-legal report is required, please forward the customary amount pursuant to the medical-legal fee schedule. We apologize regarding the rules but are forced to comply with HIPAA laws and are overwhelmed by the number of telephone and fax requests because of changes in the law.

Declaration

I declare under penalty of perjury that I have not violated the provisions of California Labor Code 139.3 with regard to the evaluation of this patient or the preparation of this report.

[REDACTED]
[REDACTED]
Signed Friday, February 29, 2008 in the [REDACTED] California
[REDACTED]

Example

[REDACTED]
[REDACTED]
Qualified Medical Evaluator
Diplomat, American Board of Physical Medicine & Rehabilitation
Diplomat, American Board of Electrodiagnostic Medicine (EMG)

Neuro-Diagnostic Evaluation

Patient [REDACTED]
Evaluation Date February 29, 2008
Date of Injury March 19, 2005
Claim Number [REDACTED]

Clinical Information

Evaluate for cause of pain in either leg.

Findings

Sural sensory studies recorded at the lateral ankles exhibited mildly slowed conduction velocities. Both peroneal sensory latencies recorded at both anterior ankles revealed normal conduction velocities

Evoked tibial motor compound action potentials recorded from the abductor hallucis muscles both ankles were normal. The late tibial H reflexes recorded from the calf muscles revealed a significantly prolonged latency in the right medial gastrocnemius muscles muscle. The late tibial F waves recorded from the abductor hallucis muscle in either foot were normal. The peroneal motor studies of the regions between the popliteal fossas and fibular heads and the regions between the fibular heads and the ankles recorded from the extensor digitorum brevis muscles in both feet were within normal limits. The late peroneal F waves recorded from the extensor digitorum brevis muscles revealed a prolonged latency on the left.

Needle electromyography studies revealed normal findings bilaterally without evidence of radiculopathy or axonal degeneration. The conduction velocity studies, however, show findings that are compatible with mild polyneuropathy with possible mild polyradiculopathy.

Impression

Mild polyneuropathy with possible mild polyradiculopathy. Clinical corroboration is warranted.

POB 488
[REDACTED] [REDACTED]

Example

[REDACTED]
 [REDACTED]
Diplomates, Electrodiagnostic Med
Neurodiagnostic EMG & NCS

Patient: [REDACTED]
 Skin temp: 32° C

Physician: [REDACTED]
 Test Date: 02/29/08

Motor Nerve Study

Peroneal Nerve

Rec Site	Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)		CV (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R	L	R
Ankle	63	51	43	59	18	25	47	83	70	70		
Fib Head	138	123	65	59	19	23	68	72	380	330	50.1	45.5
Pop Fos	152	141	63	55	18	24	60	57	60	80	45.0	45.7

Tibial Nerve

Rec Site	Lat (ms)		Dur (ms)		Amp (mV)		Area (mVms)		Dist (mm)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Ankle	68	53	28	36	43	69	76	122	80	80

Sensory Nerve Study

Peroneal Nerve

Rec Site	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		CV (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
Lower leg	30	21	35	30	100	110	120	120	40.2	57.1

Sural Nerve

Rec Site	Lat (ms)		Pk Lat (ms)		Amp (uV)		Dist (mm)		CV (m/s)	
STIM SITE	L	R	L	R	L	R	L	R	L	R
mid calf	33	38	38	47	36	70	120	120	38.9	31.4

F-Wave Study

Peroneal Nerve

Rec Site	Latency	
Stim Site	ms	
	L	R
M wave	5.83	5.50
F wave	56.67	50.50
F-M	50.83	45.00

Tibial Nerve

Rec Site	Latency	
Stim Site	ms	
	L	R
M wave	5.83	4.83
F wave	55.17	50.67
F-M	49.33	45.83

Example

Patient: [REDACTED]

02/29/08

page 2

H Reflex Study

Tibial Nerve

Rec Site Soleus	Latency
Stim Site Pop Foc	ms
	L R
M wave	6 67 6 00
H wave	34 50 35 33

Right Tibial Nerve

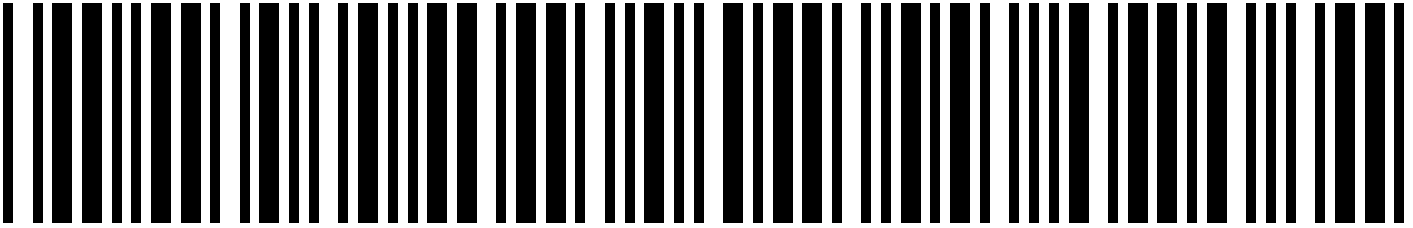
Rec Site Soleus	Latency
Stim Site Pop Foc	ms
M wave	5 50
H wave	40 50

EMG Study

Name	Ins Act	Fib	PSW	Fascic	Polk ph	MU Amp	MU Dur	Config	Pattern	Recruit
L Gastroc Med	norm	none	none	none	none	norm	norm	norm	norm	norm
L Gastroc Ln	norm	none	none	none	none	norm	norm	norm	norm	norm
L Peroneus Ln	norm	none	none	none	none	norm	norm	norm	norm	norm
L Tibialis An	norm	none	none	none	none	norm	norm	norm	norm	norm
L Ext Hal Ln	norm	none	none	none	none	norm	norm	norm	norm	norm
L Ext Dig Br	norm	none	none	none	none	norm	norm	norm	norm	norm
R Gastroc Med	norm	none	none	none	none	norm	norm	norm	norm	norm
R Gastroc Ln	norm	none	none	none	none	norm	norm	norm	norm	norm
R Peroneus Ln	norm	none	none	none	none	norm	norm	norm	norm	norm
R Tibialis An	norm	none	none	none	none	norm	norm	norm	norm	norm
R Ext Hal Ln	norm	none	none	none	none	norm	norm	norm	norm	norm
R Ext Dig Br	norm	none	none	none	none	norm	norm	norm	norm	norm

Example

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type MEDICAL DOCS

Document Title QME REPORTS

Document Date 01/24/2006 DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET.
MM/DD/YYYY

Author MEDICAL PROVIDER NAME EXAMPLE:
JOHN A SMITH MD
JOHN A SMITH PT
Use only capital letters and no special characters e.g. / \ ' . " , ; () & !

Office Use Only

Received Date _____
MM/DD/YYYY

Example

[REDACTED]

[REDACTED]

January 24, 2006

Attn: [REDACTED]

RE: [REDACTED]

EMP: [REDACTED]

CLAIM #: [REDACTED] 102

Dear SCIF:

I had the opportunity, at the request of [REDACTED] Medicine, to reevaluate [REDACTED] in the office today.

HISTORY:

He was last seen on 3/1/05. At that time, I had recommended a corticosteroid injection, however, apparently he did quite well on anti-inflammatories. Symptoms began to return and therefore he returned to [REDACTED]. His pain is intermittent without clear precipitating factors. When he was last seen he was authorized for consultation only.

PHYSICAL EXAMINATION:

Examination shows 175 degrees of forward elevation of the shoulders bilaterally. External rotation is also symmetric at 60 degrees. Internal rotation on the left is to T8 and on the right T7. Secondary impingement signs are positive.

MRI SCAN:

He has had MRI evidence of partial thickness tearing of the rotator cuff with a bursal effusion.

X-RAYS:

He also had x-ray evidence of a type II to III acromion.

[REDACTED] Example

January 24, 2006

RE: [REDACTED]

Page 2

PLAN:

Today, I have discussed options with him. I have again recommended and performed an injection of local anesthetic and steroid into the subacromial space. If he does not have significant improvement with this, I would like to see him again.

Thank you for the opportunity to continue to participate in his care.

I declare under penalty of perjury that the information contained in this regard and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it to be true.

I have not violated California Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Signed this 24th day of January, 2006 at Contra Costa County, California.

Sincerely,

[REDACTED]

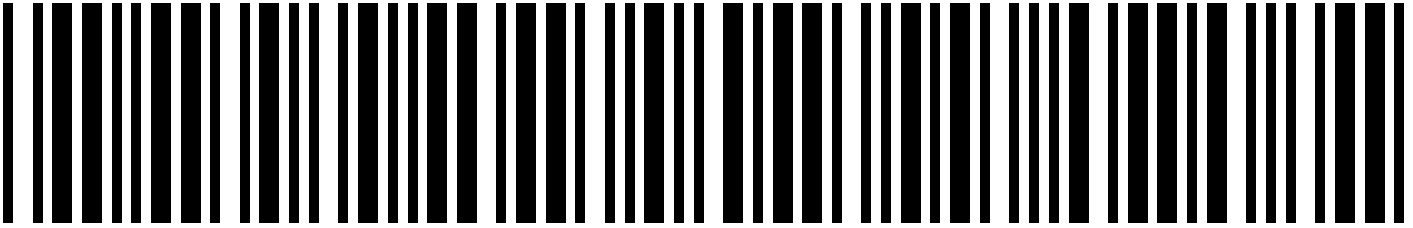
[REDACTED]

MFS/dh

cc: [REDACTED]

Example

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title PROOF OF SERVICE

Document Date 04/16/2008 **DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET**
MM/DD/YYYY

Author UNIFORM ASSIGNED NAME **IF YOU ARE A CLAIMS ADMINISTRATOR, HEARING REPRESENTATIVE OR LAW FIRM USE YOUR UNIFORM ASSIGNED NAME. FOR ALL OTHERS ENTER YOUR NAME.**

Office Use Only


Received Date _____
MM/DD/YYYY

Example



Proof of Service

I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

My business address is: 

On 04/16/2008 served a true copy of the following documents, along with supporting documents, described as: Declaration to proceed to expedited hearing and medical reports by enclosing them in a sealed envelope addressed to each of the parties named and at the addresses set forth in the Party List, and placing each envelope for collection and mailing at the business address herein following our ordinary business practices, with postage fully prepaid, or by other previously agreed-upon method of electronic service.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 04/16/2008

Declarant Signature 

Party List



Example