

# FRAUDSNIFFR

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## *Medical Records Cover Page*

Client:	Horace Mann Companies
Requester:	Monica Campbell
Claim #:	877-619-1912/AU02499990
Case #:	125742OT-02
Patient's Name:	Ninos Yousif
Date of Birth:	4/14/1982

Our office was contacted and requested to secure records for the above-referenced patient from the following facility:

Dr./Facility:	Allen Shwartz Medical Center
Dr./Facility:	
Address:	
City/State/Zip:	
Telephone:	
Request Date:	July 21, 2025
Date Cleared:	September 10, 2025

### **Special Instructions:**

Obtain medical records based on canvass result.

# Fax

TO PHONE	RECORDS SENT	SPECIALTY FAX	x Unknown or N/A (586)111-1111
FROM PHONE	Angela Tobia at Allan Schwartz Medical Center PC 2489469400	SPECIALTY FAX	Internal Medicine 5869838135
SUBJECT DATE	Patient Referral 08/14/2025	TIME	02:59:59 PM

Angela Tobia sent you this referral using Practice Fusion's EHR. To retrieve this referral instantly online, sign up for a Practice Fusion account today.



Practice Fusion, the #1 cloud based electronic health record platform for doctors and patients

Retrieve referral online at:  
<https://static.practicefusion.com/apps/ehr/#/referral/5Q5894C>  
Your referral access code is 5Q5894C

Expires in 14 days and will stay active for 30 days after retrieval

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The contents of this fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be legally privileged. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender of this fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments. Failure to maintain confidentiality is strictly prohibited and subject to penalties under state and federal law.

PATIENT

NINOS O YOUSIF

DOB 04/14/1982

AGE 43 yrs

SEX Male

PRN YN230802

H N/A

M (586) 822-0448

W N/A

E NINOSYOUSIF.NY@GMAIL.COM

32860 KNAPP AVENUE

WARREN, MI 48093

ALLAN SCHWARTZ MEDICAL CENTER PC

T 2489469400

F 5869838135

1120 EAST LONG LAKE

SUITE 120

TROY, MI 48085

Referrals/Response Letter

**To:** RECORDS SENT  
**From:** Angela Tobia  
**Sent:** 08/14/2025 14:59:59  
**Subject:** Patient Referral  
**Regarding:** NINOS O YOUSIF

1

Sincerely,

Angela Tobia

Diagnoses

TYPE	CODE	DESCRIPTION	START/STOP
ICD-10	V89.2XXA	Person injured in unspecified motor-vehicle accident, traffic, initial encounter	N/A -
ICD-10	M54.2	Cervicalgia	N/A -
ICD-10	R51.9	Headache, unspecified	N/A -
ICD-10	M62.838	Other muscle spasm	N/A -
ICD-10	M25.512	Pain in left shoulder	N/A -
ICD-10	M79.622	Pain in left upper arm	N/A -
ICD-10	M25.532	Pain in left wrist	N/A -
ICD-10	M62.830	Muscle spasm of back	N/A -
ICD-10	M54.50	Low back pain, unspecified	N/A -
ICD-10	M54.51	Vertebrogenic low back pain	N/A -
ICD-10	V89.2XXD	Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter	N/A -
ICD-10	S43.429S	Sprain of unspecified rotator cuff capsule, sequela	N/A -
ICD-10	M25.511	Pain in right shoulder	N/A -
ICD-10	S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter	N/A -
ICD-10	M12.9	Arthropathy, unspecified	N/A -
ICD-10	M79.10	Myalgia, unspecified site	N/A -

Active Medications for NINOS O YOUSIF

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Cyclobenzaprine HCl 7.5 MG Oral Tablet - Cyclobenzaprine HCl Oral Tablet 7.5 MG	Take 2 tablet by mouth daily at bedtime	N/A -	
LIDOSYNC 4-1 % External Patch - Lidocaine-Menthol External Patch 4-1 %	Apply 12 hour on and 12 hour off	N/A -	
CeleBREX 200 MG Oral Capsule - Celecoxib Oral Capsule 200 MG	Take 1 capsule by mouth 2 times per day as needed	N/A -	
Somnicin Oral Capsule - Melatonin-5 Hydroxytryptophan-Tryptophan-Vit B6-Magnesium Oral Capsule	take 1 tablet by mouth nightly	N/A -	

Diclofenac Sodium 3 % External Gel -  
Diclofenac Sodium (Actinic Keratoses)  
External Gel 3 %

Apply 1 application  
topically to affected  
area 2 times per  
day

12/25/2024 -

Omeprazole-Sodium Bicarbonate 20-  
1100 MG Oral Capsule - Omeprazole-  
Sodium Bicarbonate Oral Capsule 20-  
1100 MG

Take 1 capsule by  
mouth daily on an  
empty stomach

N/A -

DRUG ALLERGY	ONSET
Penicillins 🚫 Severe allergy - active	Unknown

Encounter - 01/28/2025

SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		01/28/2025	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

CC

The patient returned to the office for his monthly follow-up appointment.  
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.

S

The patient returned to the office for his monthly follow-up appointment.  
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.  
The patient rates his pain level to be an 8 on the pain scale.  
The patient states that there have not been new areas of pain since the last visit.  
The patient states that his pain is worse in the morning time, right when he wakes up.  
The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.  
The patient states that he is not experiencing headaches.  
The patient states that he is not experiencing dizziness.  
The patient states that he is taking medication.  
The patient states that he does needs a refill of the medications.  
The patient continues to mention that he attends physical therapy three times weekly.  
The patient states the electric thing with gel and stickers is the only thing that help him at the physical therapy.  
The patient states that he is not working at this time.  
The patient describes the pain to be a tired and sore feeling in his left shoulder.  
The patient states that he is experiencing shocking in his lower back.  
The patient states that he has been experiencing difficulty sleeping.

The patient states that he takes sleeping pills to help him sleep at night.

=====

The above information was obtained by the staff before being seen by physician

History of Present Illness:

The patient is presenting for a clinic visit with concerns regarding increasing discomfort in the shoulder, described as a pulling sensation. They have noticed this sensation worsening every day. The patient is uncertain about the specifics of any imaging they have received, mentioning confusion between whether it was a CT scan or MRI, stating, "I know there's two of them, either Kaskan or Amarai. One of them I did." They recall being referred for the imaging by our clinic but do not have details on the location or type.

During the visit, the patient expressed confusion about a recent communication from their insurance regarding nurse management services, stating, "the insurance called me and they say something about nurse management or something like that." They were informed that a nurse would assist with their appointments, but they are unclear about the details and purpose of this service. The patient denies any side effects from their current medications and is hoping to make an adjustment in their medication regimen to further address their concerns.

The patient reports having metal on the right side of their body, which complicates the ability to undergo an MRI. They mention having completed one type of imaging, although the type is unclear, and express a desire to have the records verified by our staff. They are open to further investigation and management of their shoulder symptoms.

Review of Systems:

Constitutional: Denies fever, chills, unexplained weight loss, night sweats, or changes in sleeping pattern.

Head: Denies head injuries.

Eyes: Denies visual changes, headache, eye pain, or double vision.

Ears, Nose, Mouth, Throat: No hearing loss, nasal congestion, or sore throat.

Cardiovascular: No chest pain or palpitations.

Respiratory: No coughing, wheezing, or shortness of breath.

Gastrointestinal: No abdominal pain, nausea, or diarrhea.

Genitourinary: No urinary symptoms.

Musculoskeletal: Reports pulling sensation in shoulder; denies joint pain and muscle aches elsewhere.

Integumentary: No stria, lesions, wounds, or excessive dryness/discoloration.

Neurological: No headaches or weakness.

Psychiatric: No depression, mood swings, or anxiety.

Endocrine: No heat or cold intolerance.

Hematologic/Lymphatic: No bruising or lymphadenopathy.

Allergic/Immunologic: No allergies or recurrent infections.

O

Neuro: Focused AAO x3, Cranial nerves II-XII are grossly intact with no focal deficits.

DTR'S: 2/4, b/l neg SLR, Normal sensory exam, No tremors or abnormal movements, Normal gait.

Cervical Spine: Normal curvature, no muscle spasms. paraspinal tenderness noted. ROM decreased with lateral bend, rotation due to pain.

Thoracic Spine: Normal curvature, no muscle spasms, para spinal tenderness. ROM decreased with lateral bend, rotation, flexion and extension due to pain.

Lumbar Spine: Normal curvature, no muscle spasms. no para spinal tenderness noted. ROM decreased with lateral bend, rotation, flexion and extension due to pain. No SI joint tenderness..

Upper Extremities: left shoulder tenderness, ROM decreased with flexion and extension due to pain, warm, well perfused, no edema. unable to left shoulder above head

Lower Extremities: No knee tenderness, crepitation, no fluid, ROM, warm, well perfused, no edema.

A

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120

Troy, MI 48085

Tel: 248-946-9400

Fax: 586-816-1904

Physical Therapy Certificate Form

☒ CONTINUE PHYSICAL THERAPY

☐ 3 x W x 4 ☐ 2 x W x 4 ☐ 1 x W x 4

x V89.2XXS

Diagnosis:

☐ CARPAL TUNNEL SYNDROME ☐ CERVICAL DISC BULGING

☐ CERVICAL DISC DISPLACEMENT ☐ LEG PAIN RT LT

☐ CERVICAL FACET ARTHROPATHY ☐ CERVICAL RADICULITIS

☐ LUMBAR DISC BULGING ☒ CERVICAL SPRAIN/STRAIN

☐ LUMBAR DISC PROTRUSION ☐ LUMBAR FACET ARTHROPATHY

☒ CERVICALGIA ☐ CERVICAL DISC HERNIATION

☒ LUMBAGO ☐ LUMBAR RADICULITIS

☐ LUMBAR DISC DISEASE ☐ CERVICAL DISC DISEASE

☐ CERVICAL DISC PROTRUSION ☐ WRIST PAIN RT LT

☐ COCCYX PAIN ☒ MUSCLE SPASM

☒ LUMBAR SPRAIN/STRAIN ☐ KNEE MENISCUS TEAR RT LT

☐ DIFFICULTY WALKING ☐ ELBOW PAIN RT LT

☐ PARESTHESIA ☐ FOOT PAIN RT LT

☐ SACROILIAC PAIN RT LT ☐ HAND PAIN RT LT

☒ SHOULDER TENDONITIS / TEARING / ROTATING CUFF RT x LT

☐ ANKLE PAIN RT LT ☐ HAND WAXING

☒ THORACIC SPRAIN/STRAIN ☐ POST TRAUMATIC HEADACHE

☒ MASSAGE THERAPIST ☐ CHIROPRACTIC

☐ Nerve Therapy

☒ Shockwave,

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120

Troy, MI 48085

Tel: 248-946-9400  
Fax: 586-816-1904

Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

[x] V89.2XXS

Diagnosis:[x] Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)

[X] Muscle Spasms. [x] Myalgia

[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain ☐ Cervical Disc Herniation

[x] Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)

☐ Cervical Radiculopathy [x] Rotator Cuff Pain/Injury [x] Left / ☐ Right

[x] Shoulder Pain [x] Left / [x] Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right

[x] Arm Pain: [x] Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right

☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right

☐ Hand Pain: ☐ Left / ☐ Right

[x] Thoracic Facet Syndrome [X] Thoracic Sprain/Strain [x] Thoracic Disc Disease

[x] Lumbago ☐ Lumbar Radiculopathy [X] Lumbar Sprain/Strain

[x] Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right

☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right

☐ Left Hip Pain ☐ Right Hip Pain

☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking

☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right

☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury

☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right

☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis

DATES APPLICABLE: 01/28/25 to 02/28/25

[x] WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.

☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.

[x] "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.

☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.

\_\_\_\_\_ HOURS A DAY FOR 30 DAYS

[x] DRIVING: The patient is unable to drive and requires transportation services.

[x] Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]

Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]

Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]

Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]

Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]

Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]

Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]

Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]

Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [ICD-10: V89.2XXD], [ICD-9: E819.9]

Sprain of unspecified rotator cuff capsule, sequela [ICD-10: S43.429S], [ICD-9: 905.7], [SNOMED: 961000119104]

Pain in right shoulder [ICD-10: M25.511], [ICD-9: 719.41], [SNOMED: 15917011000119100]

Sprain of ligaments of cervical spine, subsequent encounter [ICD-10: S13.4XXD], [ICD-9: V58.89], [SNOMED: 36241000119108]

Arthropathy, unspecified [ICD-10: M12.9], [ICD-9: 716.90], [SNOMED: 399269003]

Myalgia, unspecified site [ICD-10: M79.10], [SNOMED: 68962001]

P

Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient

appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection

Further education and details are necessary, will schedule a further follow-up appointment.

I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.

CT with and without Contrast:

Thoracic Spine

Lumbar Spine

Left Shoulder

Referral:

Orthopedic Surgery (has not made an appointment yet)

Pain Management (has not made an appointment yet)

Assessment and Plan:

Back Pain

- Increase muscle relaxant dosage at night.
- MRI of the upper and lower back to rule out herniated disc.
- Continue current sleeping medication.
- ICD-10: M54.5 (Low back pain)

Shoulder Pain

- Confirm if shoulder x-ray was done; if not, proceed with x-ray and MRI.
- Consider referral to a specialist if pain persists.
- ICD-10: M25.511 (Pain in right shoulder)

Hip Bursitis

- Consider corticosteroid injection for inflammation.
- Continue with current medication for pain management.
- ICD-10: M70.71 (Bursitis of hip)

Differential Diagnosis:

- Herniated disc (ICD-10: M51.26)
- Cervical radiculopathy (ICD-10: M54.12)
- Myofascial pain syndrome (ICD-10: M79.1)

Additional Plan:

- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

Methocarbamol 750 MG Oral Tablet take 1 tablet by mouth in the morning

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	01/28/2025

Encounter - 01/28/2025

SEEN BY	SEEN ON		
ALLAN SCHWARTZ Osteopathic medicine	01/28/2025		
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC



N/A	N/A	N/A	N/A
CC			
X-RAY COMPLETED CERVICAL SPINE,			
S			
O			
A			

X-Ray Report

Exam: Cervical Spine X-ray (AP View)

Findings:

Loss of vertebral body height at C4, C5, C6, and C7.

Mild facet arthropathy is present at these levels.

Anterior osteophyte formation ("lipping") is noted at C3, C4, and C5.

There is a significant concavity of the inferior end plates of C3 through C6, raising suspicion for underlying disc disease.

These concave deformities extend from C2 through C6.

Exam: Left Shoulder X-ray (AP View - Unnatural Projection)

Findings:

No acute osseous abnormalities identified.

No evidence of fracture or dislocation.

There is mild acromioclavicular (AC) joint arthropathy, but no significant degenerative changes.

Further Interpretation/Recommendations

Consider obtaining follow-up imaging for a more comprehensive assessment of findings and to rule out any acute pathology.

Clinical correlation is advised for the assessment of inflammatory changes and related symptoms'.

Consider further imaging as necessary based on clinical findings.

P
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SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	02/04/2025

Encounter - 12/26/2024

SEEN BY	SEEN ON		
FATME BAZZI Nurse Practitioner	12/26/2024		
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

CC
The patient returned to the office for his monthly follow-up appointment.
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.
S

The patient returned to the office for his two-week follow-up appointment.

The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.

The patient rates his pain level to be a 5 on the pain scale.

The patient states that his pain level was a 10 around 4 to 5 days ago couldn't move at all.

The patient states that there have not been new areas of pain since the last visit.

The patient states that his pain is worse in the morning time, right when he wakes up.

The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.

The patient states that he is sometimes experiencing headaches.

The patient states that he is sometimes experiencing dizziness.

The patient states that he is taking medication.

The patient states that he does not needs a refill of the medications.

The patient continues to mention that he attends physical therapy three times weekly.

The patient states the electric thing with gel and stickers is the only thing that help him at the physical therapy.

The patient states that he is not working at this time.

The patient describes the pain to be a tired and sore feeling in his left shoulder.

The patient states that he is experiencing shocking in his lower back.

The patient states that he has been experiencing difficulty sleeping.

The patient states that he takes sleeping pills to help him sleep at night.

O
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Neuro: Focused AAO x3, Cranial nerves II-XII are grossly intact with no focal deficits.  
DTR'S: 2/4, b/l neg SLR, Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature, no muscle spasms. paraspinal tenderness noted. ROM decreased with lateral bend, rotation due to pain.  
Thoracic Spine: Normal curvature, no muscle spasms, para spinal tenderness. ROM decreased with lateral bend, rotation, flexion and extension due to pain.  
Lumbar Spine: Normal curvature, no muscle spasms. no para spinal tenderness noted. ROM decreased with lateral bend, rotation, flexion and extension due to pain. No SI joint tenderness..  
Upper Extremities: left shoulder tenderness, ROM decreased with flexion and extension due to pain, warm, well perfused, no edema. unable to left shoulder above head  
Lower Extremities: No knee tenderness, crepitation, no fluid, ROM, warm, well perfused, no edema.

A

Allan Schwartz Medical Center, PC  
1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

Physical Therapy Certificate Form

\_\_\_ EVALUATION AND TREATMENT

\_\_x\_\_ CONTINUE PHYSICAL THERAPY

[ x ] 3 x W x 4 [ ] 2 x W x 4 [ ] 1 x W x 4

x V89.2XXS

Diagnosis:

[ ] CARPAL TUNNEL SYNDROME [ ] CERVICAL DISC BULGING

[ ] CERVICAL DISC DISPLACEMENT [ ] LEG PAIN RT LT

[ ] CERVICAL FACET ARTHROPATHY [ ] CERVICAL RADICULITIS

[ ] LUMBAR DISC BULGING [x ] CERVICAL SPRAIN/STRAIN

[ ] LUMBAR DISC PROTRUSION [ ] LUMBAR FACET ARTHROPATHY

[x ] CERVICALGIA [ ] CERVICAL DISC HERNIATION

[x ] LUMBAGO [ ] LUMBAR RADICULITIS

[ ] LUMBAR DISC DISEASE [ ] CERVICAL DISC DISEASE

[ ] CERVICAL DISC PROTRUSION [ ] WRIST PAIN RT LT

[ ] COCCYX PAIN [x ] MUSCLE SPASM

[x ] LUMBAR SPRAIN/STRAIN [ ] KNEE MENISCUS TEAR RT LT

[ ] DIFFICULTY WALKING [ ] ELBOW PAIN RT LT

[ ] PARESTHESIA [ ] FOOT PAIN RT LT

[ ] SACROILIAC PAIN RT LT [ ] HAND PAIN RT LT

[x] SHOULDER TENDONITIS / TEARING / ROTATING CUFF RT x LT

[ ] ANKLE PAIN RT LT [ ] HAND WAXING

[x ] THORACIC SPRAIN/STRAIN [ ] POST TRAUMATIC HEADACHE

[x ] MASSAGE THERAPIST [ ] CHIROPRACTIC

[ ] Nervo Therapy

[x ] Shockwave,

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120

Troy, MI 48085

Tel: 248-946-9400

Fax: 586-816-1904

Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

[x ] V89.2XXS

Diagnosis:[x] Whiplash Injury [ ] Post-Traumatic Stress Disorder (PTSD)

[X] Muscle Spasms. [x] Myalgia

[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain [ ] Cervical Disc Herniation

[x] Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)

[ ] Cervical Radiculopathy [x] Rotator Cuff Pain/Injury [x] Left / [ ] Right

[x] Shoulder Pain [x] Left / [x] Right [ ] Elbow Sprain/Strain [ ] Left / [ ] Right

☒ Arm Pain: ☒ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right

☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right

☐ Hand Pain: ☐ Left / ☐ Right

☒ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☒ Thoracic Disc Disease

☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain

☒ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right

☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right

☐ Left Hip Pain ☐ Right Hip Pain

☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking

☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right

☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury

☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right

☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis

DATES APPLICABLE: 12/26/2024 to 01/26/2025

☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.

☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.

☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.

☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.

\_\_\_\_\_ HOURS A DAY FOR 30 DAYS

☒ DRIVING: The patient is unable to drive and requires transportation services.

☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]

Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]

Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]

Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]

Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

Plan:

- x-ray to left shoulder
- MRI for cervical, thoracic and lumbar spine. mention that patient had surgeries before and had metal placed in his right arm and right hip.
- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

Diclofenac Sodium 3 % External Gel (start date: 12/26/2024)	
SIGNED BY	SIGNED ON
ALLAN SCHWARTZ Osteopathic medicine	12/26/2024

Encounter - 12/06/2024			
SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		12/06/2024	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

CC

The patient returned to the office for his monthly follow-up appointment and regarding his xrays, Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder,

S

The patient returned to the office for his monthly follow-up appointment and regarding his xrays, Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder, The patient rates his pain level to be a 7 on the pain scale.  
The patient states that there have not been new areas of pain since the last visit,  
The patient states that his pain is worse in the morning time, right when he wakes up,  
The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.  
The patient states that he is experiencing headaches,  
The patient states that he experiences dizziness.  
The patient states that he is taking medication.  
The patient states that he needs a refill of the medications.  
The patient continues to mention that he attends physical therapy three times weekly.  
The patient states that he is not working at this time.  
The patient states that he has not been experiencing loss of consciousness during or after the accident.  
The patient describes the pain to be a tired and sore feeling in his left shoulder,  
The patient states that he is experiencing numbness in his lower back,  
The patient states that he has not been experiencing difficulty sleeping.  
The patient states that he had XRAys done at his last appointment,

=====

The above information was obtained by the staff before being seen by physician

History of Present Illness:

The patient reports ongoing pain in the back, shoulder, and neck. The pain in the back is particularly severe at night, making it difficult to sleep without medication. The patient describes the shoulder pain as a stabbing sensation and indicates that it is located in a specific area. Additionally, the patient reports new neck pain, primarily on one side, which is suspected to be related to a muscle spasm potentially caused by the shoulder pain. Recent x-rays show inflammation in the hip and middle and lower back, with noted bruising and swelling of the discs between the vertebrae. An MRI is recommended to rule out a herniated disc. The patient is currently using muscle relaxants and a sleeping aid and is advised to increase the muscle relaxant dosage at night if needed.

Review of Systems:

Constitutional: No fever, chills, unexplained weight loss, night sweats, sleeping pattern, unexplained falls.

Head: Denies the following; head injuries.

Eyes: No visual changes, headache, eye pain, double vision, scotomas (blind spots), floaters.

Ears, Nose, Mouth, Throat: No hearing loss, nasal congestion, or sore throat.

Cardiovascular: No chest pain or palpitations.

Respiratory: Reports occasional dry cough but no shortness of breath.

Gastrointestinal: No abdominal pain, nausea, or diarrhea.

Genitourinary: No urinary symptoms.

Musculoskeletal: Joint pain and muscle aches.

Integumentary: No stria, lesions, wounds, incisions, nodules, excessive dryness/discoloration, skin rashes or itching.

Neurological: No headaches or weakness.

Psychiatric: No depression, mood swings, anxiety, phobias and insomnia, sensory dysfunction/changes, seizures/tics.

Endocrine: No heat or cold intolerance.

Hematologic/Lymphatic: No bruising or lymphadenopathy.

Allergic/Immunologic: No allergies or recurrent infections.

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General: Patient is alert, awake and in no distress.

Head: Atraumatic, Normocephalic, No lesions.

Eyes: PERRLA, EOM's full, conjunctivae clear, fundi grossly normal.

Ears: EAC's clear, TM'S normal.

Nose: Mucosa normal, no obstruction.

Throat: Clear, No exudates, No lesions.

Neck: Supple, No masses, no thyromegaly, No bruits.

Chest: Lungs clear, no rales, no bronchi, no wheezes.

Heart: RRR, no murmurs, no rubs, no gallops.

Abdomen: Soft, no tenderness, no masses, BS normal.

Psych: Normal intelligent speech with good insight.

Skin: Normal, no rashes, no lesions noted.

Neuro Focused: AAO x3, Cranial nerves II-XII are grossly intact

DTR'S: Normal sensory exam, No tremors or abnormal movements, Normal gait.

Cervical Spine: Normal curvature

Pain to palpation located at: none  
Tightness: bilateral paraspinal  
Muscle Spasms: bilateral paraspinal  
Edema: none  
AROM: Limited with pain on left rotation and backward extension  
Thoracic Spine: Normal curvature  
Pain to palpation located at: Left middle back  
Tightness: \*\*\*  
Muscle Spasms: \*\*\*  
Edema: \*\*\*  
AROM: \*\*\*  
Lumbar Spine: Normal curvature, No SI joint tenderness  
Pain to palpation located at: none  
Tightness: none  
Muscle Spasms: none  
Edema: none  
AROM: none  
Upper Extremities: No crepitation, no fluid, warm, well perfused  
Pain to palpation located at: Left shoulder  
Hand Grip Strength: Normal  
Edema: Slight swelling in the shoulder  
AROM:  
Right arm abduction  
- Full  
Right arm flexion  
- Full  
Left arm abduction  
- Painful significantly limited  
Left arm flexion  
- Painful  
Lower Extremities: No knee tenderness, crepitation, no fluid, warm, well perfused  
Pain to palpation located at: none  
Straight Leg Raise: \*\*\*  
Muscle Spasms: none  
Edema: none  
AROM: none

A

NINOS YOUSIF

04/14/1982

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120

Troy, MI 48085

Tel: 248-946-9400

Fax: 586-816-1904

Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

[x ] V89.2XXS

Diagnosis:[x] Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)

[X] Muscle Spasms. [x] Myalgia

[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain ☐ Cervical Disc Herniation

[x] Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)

☐ Cervical Radiculopathy [x] Rotator Cuff Pain/Injury [x] Left / ☐ Right

[x] Shoulder Pain [x] Left / [x] Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right

[x] Arm Pain: [x] Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right

☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right

☐ Hand Pain: ☐ Left / ☐ Right

[x] Thoracic Facet Syndrome [X] Thoracic Sprain/Strain [x] Thoracic Disc Disease

☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☒ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
DATES APPLICABLE: 12/06/2024 to 01/06/2024  
☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.  
☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.  
☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.  
☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.  
\_\_\_\_\_ HOURS A DAY FOR 30 DAYS  
☒ DRIVING: The patient is unable to drive and requires transportation services.  
☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]  
Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]  
Sprain of unspecified rotator cuff capsule, sequela [ICD-10: S43.429S], [ICD-9: 905.7], [SNOMED: 961000119104]  
Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [ICD-10: V89.2XXD], [ICD-9: E819.9]  
Pain in right shoulder [ICD-10: M25.511], [ICD-9: 719.41], [SNOMED: 15917011000119100]  
Sprain of ligaments of cervical spine, subsequent encounter [ICD-10: S13.4XXD], [ICD-9: V58.89], [SNOMED: 36241000119108]  
Arthropathy, unspecified [ICD-10: M12.9], [ICD-9: 716.90], [SNOMED: 399269003]  
Myalgia, unspecified site [ICD-10: M79.10], [SNOMED: 68962001]

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Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection  
Further education and details are necessary, will schedule a further follow-up appointment.  
I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.

DME:  
Cold compression shoulder or back  
X-Ray:

Left Shoulder  
Cervical Spine  
MRI:

Thoracic  
Lumbar Spine  
Left Shoulder  
Referral:  
Orthopedic Surgery  
Assessment and Plan:  
Back Pain

- Increase muscle relaxant dosage at night.
- MRI of the upper and lower back to rule out herniated disc.
- Continue current sleeping medication.
- ICD-10: M54.5 (Low back pain)

Shoulder Pain

- Confirm if shoulder x-ray was done; if not, proceed with x-ray and MRI.
- Consider referral to a specialist if pain persists.
- ICD-10: M25.511 (Pain in right shoulder)

Hip Bursitis

- Consider corticosteroid injection for inflammation.
- Continue with current medication for pain management.
- ICD-10: M70.71 (Bursitis of hip)

Differential Diagnosis:

- Herniated disc (ICD-10: M51.26)
- Cervical radiculopathy (ICD-10: M54.12)
- Myofascial pain syndrome (ICD-10: M79.1)

Additional Plan:

- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

Somnicin Oral Capsule take 1 tablet by mouth nightly

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	12/06/2024

Encounter - 12/05/2024

SEEN BY	SEEN ON		
MOHAMAD SADEK Osteopathic Medicine	12/05/2024		
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

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X-Ray Interpretation

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X-Ray Interpretation  
Chest X-Ray (PA and Lateral Views):  
Clear lung fields and normal cardiomediastinal contours.  
No acute osseous or soft tissue abnormalities.  
Hip X-Ray (AP and Frog-Leg Views):  
Increased signal inflammation noted; no fractures or evidence of arthritis.  
Soft tissues appear unremarkable.  
Lumbar Spine (AP and Lateral Views):



Facet arthropathy diffusely noted.  
Increased inflammatory changes involving the superior and inferior vertebral endplates.  
No evidence of acute fractures or subluxations.  
Thoracic Spine (AP and Lateral Views):  
Possible degenerative disease from T5 to T7.  
Increased inflammatory changes spanning T4 to T10.

P

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	12/05/2024

Encounter - 11/26/2024

SEEN BY	SEEN ON		
MOHAMAD SADEK Osteopathic Medicine	11/26/2024		
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

CC

The patient returned to the office for his two week follow-up appointment.  
Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.

S

The patient returned to the office for his two week follow-up appointment.  
Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.  
The patient rates his pain level to be a 7 on the pain scale.

The patient states that there have not been new areas of pain since the last visit.  
The patient states that his pain is worse in the morning time, right when he wakes up,  
The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.  
The patient states that he is experiencing headaches. right side of face next to right eye. Migraines  
The patient states that he experiences dizziness.  
The patient states that he is taking medication.  
The patient states that his pain is better at night due to medication.  
The patient states that he needs a refill of the medications.

The patient continues to mention that he attends physical therapy three times weekly.

The patient states that he is not working at this time.  
The patient states that he has not been experiencing loss of consciousness during or after the accident.

The patient describes the pain to be a tired and sore feeling in his left shoulder,  
The patient states that he is experiencing numbness in his lower back.  
The patient states that he has not been experiencing difficulty sleeping.  
The patient states that he had XRays done at his last appointment.

=====

The above information was obtained by the staff before being seen by physician  
# Constitutional: Denies the following; unexplained weight loss, night sweats, sleeping pattern, fever, itch/rash, lumps/bumps/masses, unexplained falls.  
# Skin: Denies the following; neuritis, rashes, stria, lesions, wounds, incisions, nodules, tumors, eczema, excessive dryness/dyscoloration.  
# Head: Denies the following; head injuries.  
# Eyes: Denies the following; visual changes, headache, eye pain, double vision, scotomas (blind spots), floaters.  
# Neurological: Denies the following; depression, mood swings, anxiety, phobias and insomnia, sensory dysfunction/changes, seizures/tics  
# Musculoskeletal: Positive for; Pain, stiffness

O

General: Patient is alert, awake and in no distress.  
Head: Atraumatic, Normocephalic, No lesions.



Eyes: PERRLA, EOM's full, conjunctivae clear, fundi grossly normal.  
Ears: EAC's clear, TM'S normal.  
Nose: Mucosa normal, no obstruction.  
Throat: Clear, No exudates, No lesions.  
Neck: Supple, No masses, no thyromegaly, No bruits.  
Chest: Lungs clear, no rales, no bronchi, no wheezes.  
Heart: RRR, no murmurs, no rubs, no gallops.  
Abdomen: Soft, no tenderness, no masses, BS normal.  
Psych: Normal intelligent speech with good insight.  
Skin: Normal, no rashes, no lesions noted.  
Neuro Focused: AAO x3, Cranial nerves II-XII are grossly intact  
DTR'S: Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature  
Pain to palpation located at: none  
Tightness: bilateral paraspinal  
Muscle Spasms: bilateral paraspinal  
Edema: none  
AROM: Limited with pain on left rotation and backward extension  
Thoracic Spine: Normal curvature  
Pain to palpation located at: Left middle back  
Tightness: \*\*\*  
Muscle Spasms: \*\*\*  
Edema: \*\*\*  
AROM: \*\*\*  
Lumbar Spine: Normal curvature, No SI joint tenderness  
Pain to palpation located at: none  
Tightness: none  
Muscle Spasms: none  
Edema: none  
AROM: none  
Upper Extremities: No crepitation, no fluid, warm, well perfused  
Pain to palpation located at: Left shoulder  
Hand Grip Strength: Normal  
Edema: Slight swelling in the shoulder  
AROM:  
Right arm abduction  
- Full  
Right arm flexion  
- Full  
Left arm abduction  
- Painful significantly limited  
Left arm flexion  
- Painful  
Lower Extremities: No knee tenderness, crepitation, no fluid, warm, well perfused  
Pain to palpation located at: none  
Straight Leg Raise: \*\*\*  
Muscle Spasms: none  
Edema: none  
AROM: none

A

NINOS YOUSIF  
04/14/1982  
Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

Disability Certificate Form  
Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:  
[x ] V89.2XXS

Diagnosis:[x] Whiplash Injury [ ] Post-Traumatic Stress Disorder (PTSD)  
[X] Muscle Spasms. [x] Myalgia

☒ Neuropathy/Radiculopathy ☒ Headaches

☒ Cervical Sprain/Strain ☐ Cervical Disc Herniation  
☐ Cervical Facet Arthropathy ☒ Cervicalgia (Neck Pain)  
☐ Cervical Radiculopathy ☐ Rotator Cuff Pain/Injury ☐ Left / ☐ Right  
☒ Shoulder Pain ☐ Left / ☐ Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right  
☐ Arm Pain: ☐ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right  
☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

☐ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☐ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☐ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
DATES APPLICABLE: 11/12/2024 to 12/12/2024

☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.  
☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.  
☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.  
☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.  
\_\_\_\_\_ HOURS A DAY FOR 30 DAYS  
☒ DRIVING: The patient is unable to drive and requires transportation services.  
☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]  
Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [ICD-10: V89.2XXD], [ICD-9: E819.9]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

P

Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection  
If further education and details are necessary, will schedule a further follow-up appointment.  
I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.  
DME:

- heating pad

- massage chair
  - back brace
- CT

- left shoulder
- left hip
- lumbar spine

Assessment and Plan:

1. Thoracic back pain secondary to trauma
  - ICD-10: M54.6
  - Plan: Continue current management, monitor for any side effects or changes due to medication, encourage increased physical activity and at-home exercises.
2. Left shoulder pain
  - ICD-10: M25.512
  - Plan: Consider x-rays to rule out any fractures or additional injuries, provide instructions for alternating and combination of ice/cooling pads after use of heat/heating pads.
3. Breathing difficulty secondary to musculoskeletal pain
  - ICD-10: R06.02
  - Plan: X-ray of the chest to rule out any other underlying issues, encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.

Differential Diagnosis:

1. Muscular strain of the thoracic region
2. Contusion or soft tissue injury of the left shoulder
3. Costochondritis or rib injury

Plan:

- Continue current management
  - Monitor for any side effects or changes due to medication.
  - Encourage increased physical activity and at-home exercises.
  - PT/OT Plan of Care - noted above.
  - Encouragement of usage of DME and provided necessary instructions on use.
  - Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

LIDOSYNC 4-1 % External Patch Apply 12 hour on and 12 hour off  
Excedrin Migraine 250-250-65 MG Oral Tablet Take 1 tablets by mouth daily prn  
CeleBREX 200 MG Oral Capsule Take 1 capsule by mouth 2 times per day as needed  
Diclofenac Sodium 2 % External Solution Apply 4 pumps topically to affected area 2 times per day  
Zegerid 20-1100 MG Oral Capsule Take 1 capsule by mouth daily on an empty stomach  
Cyclobenzaprine HCI 7.5 MG Oral Tablet Take 1 tablet by mouth daily at bedtime

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	11/26/2024

Encounter - 11/12/2024

SEEN BY	SEEN ON		
MOHAMAD SADEK Osteopathic Medicine	11/12/2024		
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	109/81
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	77.0 bpm	14.0 rpm	N/A
CC			

The patient was seen at the office today for an initial comprehensive visit due to a motor vehicle accident that has occurred on 11/10/2024.  
The patient is experiencing of pain to be located in his left side, left shoulder, thoracic region,  
S

The patient was seen at the office today for an initial comprehensive visit due to a motor vehicle accident that has occurred on 11/10/2024.  
The patient states that the accident occurred at 6:16 PM at the location of Shoemaker and Hunch,

The patient continues to mention that the weather was raining and the road conditions were muddy off roads.  
The patient states that the side of the vehicle that was hit was the driver side. the car flipped.  
In the vehicle, the patient was sitting in the seat.  
The patient was wearing their seat belt.  
The patient states that the accident happened by the car slipped into a ditch at the end of the road and flipped, no other vehicle was involved.  
The patient continues to state that the airbags did deploy.  
The patient did lose consciousness because his phone woke him up calling 911.  
The patient states that he strike any body part against a part inside the vehicle when the incident occurred.  
The police and the ambulance were called to the scene.  
The patient did not go to the hospital.  
The patient was working prior to the accident.  
The patient mentions that he did not see another doctor before visiting our office for medical treatment.  
The patient is experiencing of pain to be located in his left side, left shoulder, thoracic region,  
On a scale of one to ten, the patient rates their pain to be a 7 to 8.  
The patient describes their pain to be a pulling sensation.  
The patient are experience tingling in their body.  
The patient also does experiences muscle spasms/ pulling sensation.  
The patient mentions that their pain is primarily worse in the night time.  
The patient states that he can't sleep because the positions that are comfortable also cause him pain.  
The patient has no past medical history.  
The patient has a past surgical history of 32 surgeries, from previous accident 2002.  
The patient has Penicillin allergies. The patient states that as of medication, he is not taking anything.  
The patient states that he does not drink alcohol.  
The patient does not smoke.  
The patient does not do any recreational drugs.  
The patient has no imaging at this time,

=====

The above information was obtained by the staff before being seen by physician

History of Present Illness:

The patient presented with pain primarily in the thoracic region and the middle of the back, notably on the left side, including the left shoulder and hip. The patient experienced dizziness described as a headache but not accompanied by feelings of spinning. This dizziness began following an accident involving hitting a door. The patient reported headaches, which are unusual for them, as they have never experienced headaches prior to the accident. There is no numbness, but the patient feels pulling sensations and experiences difficulty breathing, which is uncertain whether due to pain or tightness. The pulling sensation is localized from the back to the shoulder area. Movement limitations were noted with pain during neck rotation, particularly when turning left or extending backwards. The left arm movement is also painful, especially when turning or moving sideways. The patient is right-handed and noted slight swelling in the shoulder area but did not undergo any x-rays or imaging. Breathing exacerbates the discomfort, with the patient feeling air movement in the back when inhaling. This is suspected to be due to inflammation causing muscular tension and subsequent pain.

Review of Systems:

- Constitutional: No fatigue or fever noted.
- Eyes: No vision changes or eye pain.
- ENT: No spinning sensation; headache present.
- Respiratory: Hard breathing noted, especially during inhalation; no cough.
- Cardiovascular: No chest pain.
- Gastrointestinal: No nausea or vomiting.
- Musculoskeletal: Pain in thoracic region, left shoulder, and hip; pulling sensation in the back.
- Neurological: No numbness or tingling; dizziness described as a headache.
- Psychiatric: No anxiety or depression reported.

O

General: Patient is alert, awake and in no distress.  
Head: Atraumatic, Normocephalic, No lesions.  
Eyes: PERRLA, EOM's full, conjunctivae clear, fundi grossly normal.  
Ears: EAC's clear, TM'S normal.  
Nose: Mucosa normal, no obstruction.  
Throat: Clear, No exudates, No lesions.  
Neck: Supple, No masses, no thyromegaly, No bruits.  
Chest: Lungs clear, no rales, no bronchi, no wheezes.  
Heart: RRR, no murmurs, no rubs, no gallops.  
Abdomen: Soft, no tenderness, no masses, BS normal.  
Psych: Normal intelligent speech with good insight.  
Skin: Normal, no rashes, no lesions noted.  
Neuro Focused: AAO x3, Cranial nerves II-XII are grossly intact

DTR'S: Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature  
Pain to palpation located at: none  
Tightness: bilateral paraspinal  
Muscle Spasms: bilateral paraspinal  
Edema: none  
AROM: Limited with pain on left rotation and backward extension  
Thoracic Spine: Normal curvature  
Pain to palpation located at: Left middle back  
Tightness: \*\*\*  
Muscle Spasms: \*\*\*  
Edema: \*\*\*  
AROM: \*\*\*  
Lumbar Spine: Normal curvature, No SI joint tenderness  
Pain to palpation located at: none  
Tightness: none  
Muscle Spasms: none  
Edema: none  
AROM: none  
Upper Extremities: No crepitation, no fluid, warm, well perfused  
Pain to palpation located at: Left shoulder  
Hand Grip Strength: Normal  
Edema: Slight swelling in the shoulder  
AROM:  
Right arm abduction  
- Full  
Right arm flexion  
- Full  
Left arm abduction  
- Painful signiofacanltly limited  
Left arm flexion  
- Painful  
Lower Extremities: No knee tenderness, crepitation, no fluid, warm, well perfused  
Pain to palpation located at: none  
Straight Leg Raise: \*\*\*  
Muscle Spasms: none  
Edema: none  
AROM: none

A

Allan Schwartz Medical Center, PC  
  
1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

Physical Therapy Certificate Form

[x] EVALUATION AND TREATMENT  
[] CONTINUE PHYSICAL THERAPY

[X] 3 x W x 4 2 x W x 4 1 x W x 4

V89.2XXS

Diagnosis:[x] Whiplash Injury [] Post-Traumatic Stress Disorder (PTSD)  
[X] Muscle Spasms. [x] Myalgia  
[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain [] Cervical Disc Herniation  
[] Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)  
[] Cervical Radiculopathy [] Rotator Cuff Pain/Injury [] Left / [] Right  
[x] Shoulder Pain [] Left / [] Right [] Elbow Sprain/Strain [] Left / [] Right  
[] Arm Pain: [] Left / [] Right [] Elbow Pain: [] Left / [] Right  
  
[] Forearm Pain: [] Left / [] Right [] Carpal Tunnel Syndrome [] Left / [] Right

☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

☐ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☐ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☐ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
From 11/12/24 --> 12/12/24

=====

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

#### Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:  
V89.2XXS

Diagnosis:☒ Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)  
☒ Muscle Spasms. ☒ Myalgia  
☒ Neuropathy/Radiculopathy ☒ Headaches

☒ Cervical Sprain/Strain ☐ Cervical Disc Herniation  
☐ Cervical Facet Arthropathy ☒ Cervicalgia (Neck Pain)  
☐ Cervical Radiculopathy ☐ Rotator Cuff Pain/Injury ☐ Left / ☐ Right  
☒ Shoulder Pain ☐ Left / ☐ Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right  
☐ Arm Pain: ☐ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right  
☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

☐ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☐ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☐ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.

☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.

☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.

☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.

\_\_\_\_\_ HOURS A DAY FOR 30 DAYS

☒ DRIVING: The patient is unable to drive and requires transportation services.

☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Person injured in unspecified motor-vehicle accident, traffic, initial encounter [ICD-10: V89.2XXA], [ICD-9: E819.9]



Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]  
Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

P

Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines. Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office. Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection.

If further education and details are necessary, will schedule a further follow-up appointment.

I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary. Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.

DME:

- heating pad
- massage chair
- back brace

X-Ray:

- left shoulder
- left hip
- lumbar spine
- chest AP and lateral

Assessment and Plan:

1. Thoracic back pain secondary to trauma

- ICD-10: M54.6

- Plan: Continue current management, monitor for any side effects or changes due to medication, encourage increased physical activity and at-home exercises.

2. Left shoulder pain

- ICD-10: M25.512

- Plan: Consider x-rays to rule out any fractures or additional injuries, provide instructions for alternating and combination of ice/cooling pads after use of heat/heating pads.

3. Breathing difficulty secondary to musculoskeletal pain

- ICD-10: R06.02

- Plan: X-ray of the chest to rule out any other underlying issues, encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.

Differential Diagnosis:

1. Muscular strain of the thoracic region

2. Contusion or soft tissue injury of the left shoulder

3. Costochondritis or rib injury

Plan:

- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.

- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

MAPS and Urine drug screen: obtained for therapeutic monitoring; screening is recommended for current prescribed medications, non-prescribed medications of abuse (such as but not limited to other opioids, benzodiazepines, barbiturates,



stimulants), as well as illicit or potentially abused drugs (such as, but not limited to alcohol, marijuana, cocaine, amphetamines). Sample to be sent for definitive testing.  
This test part is of a baseline evaluation for a new patient or an established patient who is being considered for chronic opioid therapy or other long-term therapy involving controlled substances. Patient is an NEW PATIENT.

Medications attached to encounter:

Naproxen 500 MG Oral Tablet Take 1 tablet by mouth every 12 hours with food or milk as needed  
Diclofenac Sodium 2 % External Solution Apply 4 pumps topically to affected area 2 times per day  
Zegerid 20-1100 MG Oral Capsule Take 1 capsule by mouth daily on an empty stomach  
Cyclobenzaprine HCl 7.5 MG Oral Tablet Take 1 tablet by mouth daily at bedtime

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	11/12/2024

Referral electronically submitted by Angela Tobia 08/14/2025 02:59PM



# APPENDIX

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899- EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 2,211.58	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 12/06/2024	

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	11/12/24	99199		Unlisted special svc px/rprt	1	768.29	0.00	768.29	
ICD Ref 1,2,3,4									
2	11/12/24	99487		Cplx chrnc care 1st 60 min	1	225.00	0.00	225.00	
ICD Ref 1,2,3,4									
3	11/26/24	99487		Cplx chrnc care 1st 60 min	1	225.00	0.00	225.00	
ICD Ref 1,2,3,4									
4	12/06/24	99199		Unlisted special svc px/rprt	1	768.29	0.00	768.29	
ICD Ref 1,2,3,4									
5	12/06/24	99487		Cplx chrnc care 1st 60 min	1	225.00	0.00	225.00	
ICD Ref 1,2,3,4									
Total Lines :						2211.58	0.00	2211.58	

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Page 2 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899-EOBID-DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 2,211.58	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 12/06/2024	

Reimbursement Amount :	2,211.58
Apportionment % :	
Subtotal :	2,211.58
Less Deductible :	300.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	1,911.58
Allocated PIP Payment :	1,911.58
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
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844-646-2827

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899- EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 2,211.58	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 12/06/2024	

Comments :

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899-EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 2,211.58	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 12/06/2024	

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the jurisdiction in which the claim was submitted. We reserve all rights to recover any amounts paid on this bill to the extent that future Michigan judicial, legislative, or regulatory matters provide legal support for recovery. If you wish to appeal this decision, please complete the Auto Insurance Utilization Review Provider Appeal Request form (FIS2356): [michigan.gov/difs/utilization-review](https://michigan.gov/difs/utilization-review) and submit to [DIFSURAppeals@michigan.gov](mailto:DIFSURAppeals@michigan.gov).

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844-646-2827

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EOB -- Other

Date	Number	Amount
01/01/2025	4101107480	\$407.24

Insured:  
Ninos Yousif

Check Issued By:  
MBR User

**Reason:** Medical Payment/Medical Expense Benefit

Claim Number: AU02499990  
Loss Date: 11/10/2024  
Policy Number: 2185151260  
Name Of Insured: Ninos Yousif  
Claimant: Ninos Yousif Invoice: YOUNI001 31321 DOS: 11/12/2024

DETACH BEFORE DEPOSITING



# EXPLANATION OF REVIEW

ARCHIVE

## Michigan

**Receive Date** : 12/26/2024  
**Service Provider** : **SCHWARTZ, ALLAN**  
85-1437367  
1120 E LONG LK RD STE 120  
TROY MI 48085

**Claim Number** : AU02499990  
**Adjuster** : Jean Bowen  
**Date Of Loss** : 11/10/2024

**Billing Provider** : **ALLAN SCHWARTZ MEDICAL CENTER**  
85-1437367  
PO BOX 1386  
STERLING HEIGHTS MI 48311

**Patient** : **YOUSIF, NINOS**  
32860 KNAPP AVE  
WARREN MI 48093

**Patient Account #** : YOUNI001 31321

**Provider Title** : Doctor of Osteopathic Medicine  
**Provider Specialty** :

**Carrier** : **HORACE MANN EDUCATORS CORPORATION**  
ATTN: MEDICAL BILLING PO BOX 26006  
DAPHNE AL 36526

**Dates Of Service** : 11/12/2024 to 11/12/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.50		ICD-0	Low back pain, unspecified
2	S33.5XXA		ICD-0	Sprain of ligaments of lumbar spine, initial encounter
3	R25.2		ICD-0	Cramp and spasm
4	R20.0		ICD-0	Anesthesia of skin
5	M54.16		ICD-0	Radiculopathy, lumbar region
6	M54.14		ICD-0	Radiculopathy, thoracic region
7	M54.6		ICD-0	Pain in thoracic spine
8	S29.012A		ICD-0	Strain of muscle and tendon of back wall of thorax, init

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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844-646-2827

Printed On --

31-Dec-2024 8:51 pm

Page 1 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 509.50	NX4343900- EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 407.24	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 11/12/2024	

1	11/12/24	99204	Office o/p new mod 45 min	1	423.87	0.00	321.61	MI_BASE
ICD Ref 1,2,3,4								
2	11/12/24	G0482	Drug test def 15-21 classes	1	85.63	0.00	85.63	
ICD Ref 1,2,3,4								
Total Lines :					509.50	0.00	407.24	

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PO BOX 26006, DAPHNE, AL 36526  
844-646-2827

Claim Number --	AU02499990	Total Charges --	\$ 509.50	NX4343900- EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 407.24	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 11/12/2024	

Reimbursement Amount :	407.24
Apportionment % :	
Subtotal :	407.24
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	407.24
Allocated PIP Payment :	407.24
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
MI_BASE	Pursuant to MCL 500.3157(2), a physician, hospital, clinic, or other person that renders treatment or rehabilitative occupational training to an injured person for an accidental bodily injury covered by personal protection insurance is not eligible for payment or reimbursement under this chapter for more than the stated percentage of the amount payable to the person for the treatment or training under Medicare for the applicable service year.		

For faster, more efficient bill processing, electronic billing is available. Please visit [cccis.com/ebilling](http://cccis.com/ebilling) for more information.

PO BOX 26006, DAPHNE, AL 36526  
844-646-2827

Claim Number --	AU02499990	Total Charges --	\$ 509.50	NX4343900-EOBID-DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 407.24	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 11/12/2024	

Comments :

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Claim Number --	AU02499990	Total Charges --	\$ 509.50	NX4343900- EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER			ARCHIVE
Service Provider --	SCHWARTZ, ALLAN	Total Reimbursement --	\$ 407.24	
Patient Name --	YOUSIF, NINOS	Dates Of Service --	11/12/2024 - 11/12/2024	

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844-646-2827

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31-Dec-2024 8:51 pm

Page 5 of 5

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EOB -- Other



Date	Number	Amount
01/21/2025	4101113587	\$244.57

Insured:  
Ninos Yousif

Check Issued By:  
MBR User

**Reason:** Medical Payment/Medical Expense Benefit

Claim Number: AU02499990  
Loss Date: 11/10/2024  
Policy Number: 2185151260  
Name Of Insured: Ninos Yousif  
Claimant: Ninos Yousif Invoice: YOUNI001 31751 DOS: 12/26/2024

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FOR OTHER  
DETACH BEFORE DEPOSITING

# EXPLANATION OF REVIEW

ARCHIVE

Michigan

**Receive Date** : 01/06/2025  
**Service Provider** : SCHWARTZ, ALLAN  
 85-1437367  
 1120 EAST LONG LK RD STE 120  
 TROY MI 48085

**Claim Number** : AU02499990  
**Adjuster** : Jean Bowen  
**Date Of Loss** : 11/10/2024

**Billing Provider** : ALLAN SCHWARTZ MEDICAL CENTER  
 85-1437367  
 PO BOX 1386  
 STERLING HEIGHTS MI 48311

**Patient** : YOUSIF, NINOS  
 32860 KNAPP AVE  
 WARREN MI 48093

**Provider Title** : Doctor of Osteopathic Medicine  
**Provider Specialty** :

**Patient Account #** : YOUNI001 31751  
**Carrier** : HORACE MANN EDUCATORS CORPORATION  
 ATTN: MEDICAL BILLING PO BOX 26006  
 DAPHNE AL 36526

**Dates Of Service** : 12/26/2024 to 12/26/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.50		ICD-0	Low back pain, unspecified
2	S33.5XXA		ICD-0	Sprain of ligaments of lumbar spine, initial encounter
3	M54.16		ICD-0	Radiculopathy, lumbar region
4	M54.14		ICD-0	Radiculopathy, thoracic region
5	M54.6		ICD-0	Pain in thoracic spine

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	12/26/24	99214		Office o/p est mod 30 min	1	326.20	0.00	244.57	MI_BASE
ICD Ref 1,2,3,4									

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Page 1 of 5

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 EOB -- Other



Claim Number --	AU02499990	Total Charges --	\$ 326.20	NX4351614- EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 244.57	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

Total Lines :	1	326.20	0.00	244.57
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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 326.20	NX4351614- EOBID -DR
				ARCHIVE
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 244.57	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

Reimbursement Amount :	244.57
Apportionment % :	
Subtotal :	244.57
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	244.57
Allocated PIP Payment :	244.57
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
MI_BASE	Pursuant to MCL 500.3157(2), a physician, hospital, clinic, or other person that renders treatment or rehabilitative occupational training to an injured person for an accidental bodily injury covered by personal protection insurance is not eligible for payment or reimbursement under this chapter for more than the stated percentage of the amount payable to the person for the treatment or training under Medicare for the applicable service year.		

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Page 3 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 326.20	NX4351614-EOBID-DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER			ARCHIVE
Service Provider --	SCHWARTZ, ALLAN	Total Reimbursement --	\$ 244.57	
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

Comments :

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 326.20	NX4351614- EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER			ARCHIVE
Service Provider --	SCHWARTZ, ALLAN	Total Reimbursement --	\$ 244.57	
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

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EOB -- Other



Date	Number	Amount
01/21/2025	4101113586	\$768.29

Insured:  
Ninos Yousif

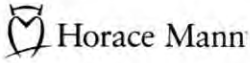
Check Issued By:  
MBR User

**Reason:** Medical Payment/Medical Expense Benefit

Claim Number: AU02499990  
Loss Date: 11/10/2024  
Policy Number: 2185151260  
Name Of Insured: Ninos Yousif  
Claimant: Ninos Yousif Invoice: YOUNI001 31752 DOS: 12/26/2024

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EOB -- Other  
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**EXPLANATION OF REVIEW****PROVIDER****Michigan**

**Receive Date** : 01/06/2025  
**Service Provider** : **SCHWARTZ, ALLAN**  
85-1437367  
1120 EAST LONG LK RD STE 120  
TROY MI 48085

**Claim Number** : AU02499990  
**Adjuster** : Jean Bowen  
**Date Of Loss** : 11/10/2024

**Patient** : **YOUSIF, NINOS**  
32860 KNAPP AVE  
WARREN MI 48093

**Billing Provider** : **ALLAN SCHWARTZ MEDICAL CENTER**  
PO BOX 1386  
STERLING HEIGHTS MI 48311

**Provider Title** : Doctor of Osteopathic Medicine  
**Provider Specialty** :

**Patient Account #** : YOUNI001 31752  
**Carrier** : **HORACE MANN EDUCATORS CORPORATION**  
ATTN: MEDICAL BILLING PO BOX 26006  
DAPHNE AL 36526

**Dates Of Service** : 12/26/2024 to 12/26/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.50		ICD-0	Low back pain, unspecified
2	S33.5XXA		ICD-0	Sprain of ligaments of lumbar spine, initial encounter
3	M54.16		ICD-0	Radiculopathy, lumbar region
4	M54.14		ICD-0	Radiculopathy, thoracic region
5	M54.6		ICD-0	Pain in thoracic spine

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	12/26/24	99199		Unlisted special svc px/rprt	1	768.29	0.00	768.29	
ICD Ref		1,2,3,4							

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Claim Number --	AU02499990	Total Charges --	\$ 993.29	NX4351613-EOBID-DR
				PROVIDER
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 768.29	
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

2	12/26/24	99487	Cplx chrnc care 1st 60 min	1	225.00	0.00	0.00	RL90
ICD Ref 1,2,3,4								
Total Lines :					2	993.29	0.00	768.29

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Claim Number --	AU02499990	Total Charges --	\$ 993.29	NX4351613- EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER			PROVIDER
Service Provider --	SCHWARTZ, ALLAN	Total Reimbursement --	\$ 768.29	
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

Reimbursement Amount :	768.29
Apportionment % :	
Subtotal :	768.29
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	768.29
Allocated PIP Payment :	768.29
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
RL90	The treatment provided was not related to this accident. Services not related to this accident are not reimbursable.		

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Claim Number --	AU02499990	Total Charges --	\$ 993.29	NX4351613- EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER			PROVIDER
Service Provider --	SCHWARTZ, ALLAN	Total Reimbursement --	\$ 768.29	
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

Comments :

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Page 4 of 5

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EOB -- Other

<b>Claim Number --</b>	AU02499990	<b>Total Charges --</b>	\$ 993.29	<b>NX4351613-EOBID -DR</b>
				<b>PROVIDER</b>
<b>Billing Provider --</b>	ALLAN SCHWARTZ MEDICAL CENTER	<b>Total Reimbursement --</b>	\$ 768.29	
<b>Service Provider --</b>	SCHWARTZ, ALLAN			
<b>Patient Name --</b>	YOUSIF, NINOS	<b>Dates Of Service --</b>	12/26/2024 - 12/26/2024	

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18-Jan-2025 2:36 am

Page 5 of 5

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# Fax

TO PHONE	RECORDS SENT	SPECIALTY FAX	x Unknown or N/A (586)111-1111
FROM PHONE	Angela Tobia at Allan Schwartz Medical Center PC 2489469400	SPECIALTY FAX	Internal Medicine 5869838135
SUBJECT DATE	Patient Referral 02/18/2025	TIME	01:28:36 PM

Angela Tobia sent you this referral using Practice Fusion's EHR. To retrieve this referral instantly online, sign up for a Practice Fusion account today.



Practice Fusion, the #1 cloud based electronic health record platform for doctors and patients

Retrieve referral online at:  
<https://static.practicefusion.com/apps/ehr/#!/referral/TGNSC7X>  
Your referral access code is TGNSC7X

Expires in 14 days and will stay active for 30 days after retrieval

## Confidentiality notice:

The contents of this fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be legally privileged. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender of this fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments. Failure to maintain confidentiality is strictly prohibited and subject to penalties under state and federal law.

PATIENT  
NINOS O YOUSIF  
DOB 04/14/1982  
AGE 42 yrs  
SEX Male  
PRN YN230802

H N/A  
M (586) 822-0448  
W N/A  
E NINOSYOUSIF.NY@GMAIL.COM  
32860 KNAPP AVENUE  
WARREN, MI 48093

ALLAN SCHWARTZ MEDICAL CENTER PC  
T 2489469400  
F 5869838135  
1120 EAST LONG LAKE  
SUITE 120  
TROY, MI 48085

## Referrals/Response Letter

**To:** RECORDS SENT  
**From:** Angela Tobia  
**Sent:** 02/18/2025 13:28:36  
**Subject:** Patient Referral  
**Regarding:** NINOS O YOUSIF

Recs

Sincerely,

Angela Tobia

## Diagnoses

TYPE	CODE	DESCRIPTION	START/STOP
ICD-10	V89.2XXA	Person injured in unspecified motor-vehicle accident, traffic, initial encounter	N/A -
ICD-10	M54.2	Cervicalgia	N/A -
ICD-10	R51.9	Headache, unspecified	N/A -
ICD-10	M62.838	Other muscle spasm	N/A -
ICD-10	M25.512	Pain in left shoulder	N/A -
ICD-10	M79.622	Pain in left upper arm	N/A -
ICD-10	M25.532	Pain in left wrist	N/A -
ICD-10	M62.830	Muscle spasm of back	N/A -
ICD-10	M54.50	Low back pain, unspecified	N/A -
ICD-10	M54.51	Vertebrogenic low back pain	N/A -
ICD-10	V89.2XXD	Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter	N/A -
ICD-10	S43.429S	Sprain of unspecified rotator cuff capsule, sequela	N/A -
ICD-10	M25.511	Pain in right shoulder	N/A -
ICD-10	S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter	N/A -
ICD-10	M12.9	Arthropathy, unspecified	N/A -
ICD-10	M79.10	Myalgia, unspecified site	N/A -

## Active Medications for NINOS O YOUSIF

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Cyclobenzaprine HCl 7.5 MG Oral Tablet - Cyclobenzaprine HCl Oral Tablet 7.5 MG	Take 2 tablet by mouth daily at bedtime	N/A -	
LIDOSYNC 4-1 % External Patch - Lidocaine-Menthol External Patch 4-1 %	Apply 12 hour on and 12 hour off	N/A -	
CeleBREX 200 MG Oral Capsule - Celecoxib Oral Capsule 200 MG	Take 1 capsule by mouth 2 times per day as needed	N/A -	
Somnicin Oral Capsule - Melatonin-5 Hydroxytryptophan-Tryptophan-Vit B6-Magnesium Oral Capsule	take 1 tablet by mouth nightly	N/A -	

Diclofenac Sodium 3 % External Gel - Diclofenac Sodium (Actinic Keratoses) External Gel 3 %	Apply 1 application topically to affected area 2 times per day	12/25/2024 -
Omeprazole-Sodium Bicarbonate 20- 1100 MG Oral Capsule - Omeprazole- Sodium Bicarbonate Oral Capsule 20- 1100 MG	Take 1 capsule by mouth daily on an empty stomach	N/A -
Methocarbamol 750 MG Oral Tablet - Methocarbamol Oral Tablet 750 MG	take 1 tablet by mouth in the morning	N/A -

DRUG ALLERGY	ONSET
Penicillins  Severe allergy - active	Unknown

Encounter - 11/12/2024			
SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		11/12/2024	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	109/81
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	77.0 bpm	14.0 rpm	N/A
CC			
The patient was seen at the office today for an initial comprehensive visit due to a motor vehicle accident that has occurred on 11/10/2024.			
The patient is experiencing of pain to be located in his left side, left shoulder, thoracic region,			
S			

The patient was seen at the office today for an initial comprehensive visit due to a motor vehicle accident that has occurred on 11/10/2024.

The patient states that the accident occurred at 6:16 PM at the location of Shoemaker and Hunch,

The patient continues to mention that the weather was raining and the road conditions were muddy off roads.

The patient states that the side of the vehicle that was hit was the driver side. the car flipped.

In the vehicle, the patient was sitting in the seat.

The patient was wearing their seat belt.

The patient states that the accident happened by the car slipped into a ditch at the end of the road and flipped, no other vehicle was involved.

The patient continues to state that the airbags did deploy.

The patient did lose consciousness because his phone woke him up calling 911.

The patient states that he strike any body part against a part inside the vehicle when the incident occurred.

The police and the ambulance were called to the scene.

The patient did not go to the hospital.

The patient was working prior to the accident.

The patient mentions that he did not see another doctor before visiting our office for medical treatment.

The patient is experiencing of pain to be located in his left side, left shoulder, thoracic region,

On a scale of one to ten, the patient rates their pain to be a 7 to 8.

The patient describes their pain to be a pulling sensation.

The patient are experience tingling in their body.

The patient also does experiences muscle spasms/ pulling sensation.

The patient mentions that their pain is primarily worse in the night time.

The patient states that he can't sleep because the positions that are comfortable also cause him pain.

The patient has no past medical history.

The patient has a past surgical history of 32 surgeries, from previous accident 2002.

The patient has Penicillin allergies. The patient states that as of medication, he is not taking anything.

The patient states that he does not drink alcohol.

The patient does not smoke.

The patient does not do any recreational drugs.

The patient has no imaging at this time,

=====

The above information was obtained by the staff before being seen by physician

#### History of Present Illness:

The patient presented with pain primarily in the thoracic region and the middle of the back, notably on the left side, including the left shoulder and hip. The patient experienced dizziness described as a headache but not accompanied by feelings of spinning. This dizziness began following an accident involving hitting a door. The patient reported headaches, which are unusual for them, as they have never experienced headaches prior to the accident. There is no numbness, but the patient feels pulling sensations and experiences difficulty breathing, which is uncertain whether due to pain or tightness. The pulling sensation is localized from the back to the shoulder area. Movement limitations were noted with pain during neck rotation, particularly when turning left or extending backwards. The left arm movement is also painful, especially when turning or moving sideways. The patient is right-handed and noted slight swelling in the shoulder area but did not undergo any x-rays or imaging. Breathing exacerbates the discomfort, with the patient feeling air movement in the back when inhaling. This is suspected to be due to inflammation causing muscular tension and subsequent pain.

#### Review of Systems:

- Constitutional: No fatigue or fever noted.
- Eyes: No vision changes or eye pain.
- ENT: No spinning sensation; headache present.
- Respiratory: Hard breathing noted, especially during inhalation; no cough.
- Cardiovascular: No chest pain.
- Gastrointestinal: No nausea or vomiting.
- Musculoskeletal: Pain in thoracic region, left shoulder, and hip; pulling sensation in the back.
- Neurological: No numbness or tingling; dizziness described as a headache.
- Psychiatric: No anxiety or depression reported.

O

General: Patient is alert, awake and in no distress.

Head: Atraumatic, Normocephalic, No lesions.

Eyes: PERRLA, EOM's full, conjunctivae clear, fundi grossly normal.

Ears: EAC's clear, TM'S normal.

Nose: Mucosa normal, no obstruction.

Throat: Clear, No exudates, No lesions.

Neck: Supple, No masses, no thyromegaly, No bruits.

Chest: Lungs clear, no rales, no bronchi, no wheezes.

Heart: RRR, no murmurs, no rubs, no gallops.

Abdomen: Soft, no tenderness, no masses, BS normal.

Psych: Normal intelligent speech with good insight.

Skin: Normal, no rashes, no lesions noted.

Neuro Focused: AAO x3, Cranial nerves II-XII are grossly intact

DTR'S: Normal sensory exam, No tremors or abnormal movements, Normal gait.

Cervical Spine: Normal curvature

Pain to palpation located at: none

Tightness: bilateral paraspinal

Muscle Spasms: bilateral paraspinal

Edema: none

AROM: Limited with pain on left rotation and backward extension

Thoracic Spine: Normal curvature

Pain to palpation located at: Left middle back

Tightness: \*\*\*

Muscle Spasms: \*\*\*

Edema: \*\*\*

AROM: \*\*\*

Lumbar Spine: Normal curvature, No SI joint tenderness

Pain to palpation located at: none

Tightness: none

Muscle Spasms: none

Edema: none

AROM: none

Upper Extremities: No crepitation, no fluid, warm, well perfused

Pain to palpation located at: Left shoulder

Hand Grip Strength: Normal

Edema: Slight swelling in the shoulder

AROM:

Right arm abduction

- Full

Right arm flexion

- Full

Left arm abduction

- Painful signiofacanltly limited  
Left arm flexion  
- Painful  
Lower Extremities: No knee tenderness, crepitation, no fluid, warm, well perfused  
Pain to palpation located at: none  
Straight Leg Raise: \*\*\*  
Muscle Spasms: none  
Edema: none  
AROM: none

A

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

### Physical Therapy Certificate Form

☒ EVALUATION AND TREATMENT  
☐ CONTINUE PHYSICAL THERAPY

☒ 3 x W x 4 2 x W x 4 1 x W x 4

V89.2XXS

Diagnosis:☒ Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)  
☒ Muscle Spasms. ☒ Myalgia  
☒ Neuropathy/Radiculopathy ☒ Headaches

☒ Cervical Sprain/Strain ☐ Cervical Disc Herniation  
☐ Cervical Facet Arthropathy ☒ Cervicalgia (Neck Pain)  
☐ Cervical Radiculopathy ☐ Rotator Cuff Pain/Injury ☐ Left / ☐ Right  
☒ Shoulder Pain ☐ Left / ☐ Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right  
☐ Arm Pain: ☐ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right  
☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

☐ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☐ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☐ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
From 11/12/24 --> 12/12/24

=====

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

### Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

V89.2XXS

Diagnosis:☒ Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)



☒ Muscle Spasms. ☒ Myalgia  
☒ Neuropathy/Radiculopathy ☒ Headaches

☒ Cervical Sprain/Strain ☐ Cervical Disc Herniation  
☐ Cervical Facet Arthropathy ☒ Cervicalgia (Neck Pain)  
☐ Cervical Radiculopathy ☐ Rotator Cuff Pain/Injury ☐ Left / ☐ Right  
☒ Shoulder Pain ☐ Left / ☐ Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right  
☐ Arm Pain: ☐ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right  
☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

☐ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☐ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☐ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.

☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.

☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.

☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.

\_\_\_\_\_ HOURS A DAY FOR 30 DAYS

☒ DRIVING: The patient is unable to drive and requires transportation services.

☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Person injured in unspecified motor-vehicle accident, traffic, initial encounter [ICD-10: V89.2XXA], [ICD-9: E819.9]

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]

Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]

Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]

Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]

Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]

Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]

Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]

Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]

Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

P

Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection

If further education and details are necessary, will schedule a further follow-up appointment.

I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.

DME:

- heating pad

- massage chair
  - back brace
- X-Ray:

- left shoulder
- left hip
- lumbar spine
- chest AP and lateral

Assessment and Plan:

1. Thoracic back pain secondary to trauma
  - ICD-10: M54.6
  - Plan: Continue current management, monitor for any side effects or changes due to medication, encourage increased physical activity and at-home exercises.
2. Left shoulder pain
  - ICD-10: M25.512
  - Plan: Consider x-rays to rule out any fractures or additional injuries, provide instructions for alternating and combination of ice/cooling pads after use of heat/heating pads.
3. Breathing difficulty secondary to musculoskeletal pain
  - ICD-10: R06.02
  - Plan: X-ray of the chest to rule out any other underlying issues, encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.

Differential Diagnosis:

1. Muscular strain of the thoracic region
2. Contusion or soft tissue injury of the left shoulder
3. Costochondritis or rib injury

Plan:

- Continue current management
  - Monitor for any side effects or changes due to medication.
  - Encourage increased physical activity and at-home exercises.
  - PT/OT Plan of Care - noted above.
  - Encouragement of usage of DME and provided necessary instructions on use.
  - Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

MAPS and Urine drug screen: obtained for therapeutic monitoring; screening is recommended for current prescribed medications, non-prescribed medications of abuse (such as but not limited to other opioids, benzodiazepines, barbiturates, stimulants), as well as illicit or potentially abused drugs (such as, but not limited to alcohol, marijuana, cocaine, amphetamines). Sample to be sent for definitive testing.

This test part is of a baseline evaluation for a new patient or an established patient who is being considered for chronic opioid therapy or other long-term therapy involving controlled substances. Patient is a NEW PATIENT.

Medications attached to encounter:

Naproxen 500 MG Oral Tablet Take 1 tablet by mouth every 12 hours with food or milk as needed  
Diclofenac Sodium 2 % External Solution Apply 4 pumps topically to affected area 2 times per day  
Zegerid 20-1100 MG Oral Capsule Take 1 capsule by mouth daily on an empty stomach  
Cyclobenzaprine HCl 7.5 MG Oral Tablet Take 1 tablet by mouth daily at bedtime

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	11/12/2024

Encounter - 11/26/2024			
SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		11/26/2024	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			
The patient returned to the office for his two week follow-up appointment.			
Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.			
S			

The patient returned to the office for his two week follow-up appointment.  
Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.  
The patient rates his pain level to be a 7 on the pain scale.

The patient states that there have not been new areas of pain since the last visit.  
The patient states that his pain is worse in the morning time, right when he wakes up,  
The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.  
The patient states that he is experiencing headaches. right side of face next to right eye. Migraines  
The patient states that he experiences dizziness.  
The patient states that he is taking medication.  
The patient states that his pain is better at night due to medication.  
The patient states that he needs a refill of the medications.

The patient continues to mention that he attends physical therapy three times weekly.

The patient states that he is not working at this time.  
The patient states that he has not been experiencing loss of consciousness during or after the accident.

The patient describes the pain to be a tired and sore feeling in his left shoulder,  
The patient states that he is experiencing numbness in his lower back.  
The patient states that he has not been experiencing difficulty sleeping.  
The patient states that he had XRays done at his last appointment.

=====

The above information was obtained by the staff before being seen by physician  
# Constitutional: Denies the following; unexplained weight loss, night sweats, sleeping pattern, fever, itch/rash, lumps/bumps/masses, unexplained falls.  
# Skin: Denies the following; neuritis, rashes, stria, lesions, wounds, incisions, nodules, tumors, eczema, excessive dryness/dyscoloration.  
# Head: Denies the following; head injuries.  
# Eyes: Denies the following; visual changes, headache, eye pain, double vision, scotomas (blind spots), floaters.  
# Neurological: Denies the following; depression, mood swings, anxiety, phobias and insomnia, sensory dysfunction/changes, seizures/tics  
# Musculoskeletal: Positive for; Pain, stiffness

O
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General: Patient is alert, awake and in no distress.  
Head: Atraumatic, Normocephalic, No lesions.  
Eyes: PERRLA, EOM's full, conjunctivae clear, fundi grossly normal.  
Ears: EAC's clear, TM'S normal.  
Nose: Mucosa normal, no obstruction.  
Throat: Clear, No exudates, No lesions.  
Neck: Supple, No masses, no thyromegaly, No bruits.  
Chest: Lungs clear, no rales, no bronchi, no wheezes.  
Heart: RRR, no murmurs, no rubs, no gallops.  
Abdomen: Soft, no tenderness, no masses, BS normal.  
Psych: Normal intelligent speech with good insight.  
Skin: Normal, no rashes, no lesions noted.  
Neuro Focused: AAO x3, Cranial nerves II-XII are grossly intact  
DTR'S: Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature  
Pain to palpation located at: none  
Tightness: bilateral paraspinal  
Muscle Spasms: bilateral paraspinal  
Edema: none  
AROM: Limited with pain on left rotation and backward extension  
Thoracic Spine: Normal curvature  
Pain to palpation located at: Left middle back  
Tightness: \*\*\*  
Muscle Spasms: \*\*\*  
Edema: \*\*\*  
AROM: \*\*\*  
Lumbar Spine: Normal curvature, No SI joint tenderness

Pain to palpation located at: none  
Tightness: none  
Muscle Spasms: none  
Edema: none  
AROM: none  
Upper Extremities: No crepitation, no fluid, warm, well perfused  
Pain to palpation located at: Left shoulder  
Hand Grip Strength: Normal  
Edema: Slight swelling in the shoulder  
AROM:  
Right arm abduction  
- Full  
Right arm flexion  
- Full  
Left arm abduction  
- Painful significantly limited  
Left arm flexion  
- Painful  
Lower Extremities: No knee tenderness, crepitation, no fluid, warm, well perfused  
Pain to palpation located at: none  
Straight Leg Raise: \*\*\*  
Muscle Spasms: none  
Edema: none  
AROM: none

A

NINOS YOUSIF  
04/14/1982  
Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

[x ] V89.2XXS

Diagnosis:[x] Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)

[X] Muscle Spasms. [x] Myalgia

[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain ☐ Cervical Disc Herniation

☐ Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)

☐ Cervical Radiculopathy ☐ Rotator Cuff Pain/Injury ☐ Left / ☐ Right

[x] Shoulder Pain ☐ Left / ☐ Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right

☐ Arm Pain: ☐ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right

☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right

☐ Hand Pain: ☐ Left / ☐ Right

☐ Thoracic Facet Syndrome [X] Thoracic Sprain/Strain ☐ Thoracic Disc Disease

[x] Lumbago ☐ Lumbar Radiculopathy [X] Lumbar Sprain/Strain

☐ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right

☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right

☐ Left Hip Pain ☐ Right Hip Pain

☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking

☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right

☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury

☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right

☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis

DATES APPLICABLE: 11/12/2024 to 12/12/2024

[x] WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.

☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.

☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.

☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.

\_\_\_\_\_ HOURS A DAY FOR 30 DAYS

☒ DRIVING: The patient is unable to drive and requires transportation services.

☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]  
Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [ICD-10: V89.2XXD], [ICD-9: E819.9]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

P

Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection

If further education and details are necessary, will schedule a further follow-up appointment.

I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.

DME:

- heating pad
- massage chair
- back brace

CT

- left shoulder
- left hip
- lumbar spine

Assessment and Plan:

1. Thoracic back pain secondary to trauma

- ICD-10: M54.6

- Plan: Continue current management, monitor for any side effects or changes due to medication, encourage increased physical activity and at-home exercises.

2. Left shoulder pain

- ICD-10: M25.512

- Plan: Consider x-rays to rule out any fractures or additional injuries, provide instructions for alternating and combination of ice/cooling pads after use of heat/heating pads.

3. Breathing difficulty secondary to musculoskeletal pain

- ICD-10: R06.02

- Plan: X-ray of the chest to rule out any other underlying issues, encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.

Differential Diagnosis:

1. Muscular strain of the thoracic region
2. Contusion or soft tissue injury of the left shoulder
3. Costochondritis or rib injury

- Plan:
- Continue current management
  - Monitor for any side effects or changes due to medication.
  - Encourage increased physical activity and at-home exercises.
  - PT/OT Plan of Care - noted above.
  - Encouragement of usage of DME and provided necessary instructions on use.
  - Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

LIDOSYNC 4-1 % External Patch Apply 12 hour on and 12 hour off  
Excedrin Migraine 250-250-65 MG Oral Tablet Take 1 tablets by mouth daily prn  
CeleBREX 200 MG Oral Capsule Take 1 capsule by mouth 2 times per day as needed  
Diclofenac Sodium 2 % External Solution Apply 4 pumps topically to affected area 2 times per day  
Zegerid 20-1100 MG Oral Capsule Take 1 capsule by mouth daily on an empty stomach  
Cyclobenzaprine HCl 7.5 MG Oral Tablet Take 1 tablet by mouth daily at bedtime

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	11/26/2024

Encounter - 12/05/2024			
SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		12/05/2024	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			
X-Ray Interpretation			
S			
O			
A			

X-Ray Interpretation  
Chest X-Ray (PA and Lateral Views):  
Clear lung fields and normal cardiomediastinal contours.  
No acute osseous or soft tissue abnormalities.  
Hip X-Ray (AP and Frog-Leg Views):  
Increased signal inflammation noted; no fractures or evidence of arthritis.  
Soft tissues appear unremarkable.  
Lumbar Spine (AP and Lateral Views):  
Facet arthropathy diffusely noted.  
Increased inflammatory changes involving the superior and inferior vertebral endplates.  
No evidence of acute fractures or subluxations.  
Thoracic Spine (AP and Lateral Views):  
Possible degenerative disease from T5 to T7.  
Increased inflammatory changes spanning T4 to T10.

P	
SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	12/05/2024

Encounter - 12/06/2024			
SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		12/06/2024	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A



TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			
<p>The patient returned to the office for his monthly follow-up appointment and regarding his xrays, Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder,</p>			
S			
<p>The patient returned to the office for his monthly follow-up appointment and regarding his xrays, Patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder, The patient rates his pain level to be a 7 on the pain scale.</p> <p>The patient states that there have not been new areas of pain since the last visit, The patient states that his pain is worse in the morning time, right when he wakes up, The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.</p> <p>The patient states that he is experiencing headaches, The patient states that he experiences dizziness.</p> <p>The patient states that he is taking medication. The patient states that he needs a refill of the medications.</p> <p>The patient continues to mention that he attends physical therapy three times weekly. The patient states that he is not working at this time.</p> <p>The patient states that he has not been experiencing loss of consciousness during or after the accident. The patient describes the pain to be a tired and sore feeling in his left shoulder, The patient states that he is experiencing numbness in his lower back, The patient states that he has not been experiencing difficulty sleeping.</p> <p>The patient states that he had XRAys done at his last appointment,</p> <p>=====</p>			
<p>The above information was obtained by the staff before being seen by physician</p>			
History of Present Illness:			
<p>The patient reports ongoing pain in the back, shoulder, and neck. The pain in the back is particularly severe at night, making it difficult to sleep without medication. The patient describes the shoulder pain as a stabbing sensation and indicates that it is located in a specific area. Additionally, the patient reports new neck pain, primarily on one side, which is suspected to be related to a muscle spasm potentially caused by the shoulder pain. Recent x-rays show inflammation in the hip and middle and lower back, with noted bruising and swelling of the discs between the vertebrae. An MRI is recommended to rule out a herniated disc. The patient is currently using muscle relaxants and a sleeping aid and is advised to increase the muscle relaxant dosage at night if needed.</p>			
Review of Systems:			
Constitutional: No fever, chills, unexplained weight loss, night sweats, sleeping pattern, unexplained falls.			
Head: Denies the following; head injuries.			
Eyes: No visual changes, headache, eye pain, double vision, scotomas (blind spots), floaters.			
Ears, Nose, Mouth, Throat: No hearing loss, nasal congestion, or sore throat.			
Cardiovascular: No chest pain or palpitations.			
Respiratory: Reports occasional dry cough but no shortness of breath.			
Gastrointestinal: No abdominal pain, nausea, or diarrhea.			
Genitourinary: No urinary symptoms.			
Musculoskeletal: Joint pain and muscle aches.			
Integumentary: No stria, lesions, wounds, incisions, nodules, excessive dryness/discoloration, skin rashes or itching.			
Neurological: No headaches or weakness.			
Psychiatric: No depression, mood swings, anxiety, phobias and insomnia, sensory dysfunction/changes, seizures/tics.			
Endocrine: No heat or cold intolerance.			
Hematologic/Lymphatic: No bruising or lymphadenopathy.			
Allergic/Immunologic: No allergies or recurrent infections.			
O			

General: Patient is alert, awake and in no distress.

Head: Atraumatic, Normocephalic, No lesions.

Eyes: PERRLA, EOM's full, conjunctivae clear, fundi grossly normal.

Ears: EAC's clear, TM'S normal.

Nose: Mucosa normal, no obstruction.

Throat: Clear, No exudates, No lesions.

Neck: Supple, No masses, no thyromegaly, No bruits.

Chest: Lungs clear, no rales, no bronchi, no wheezes.

Heart: RRR, no murmurs, no rubs, no gallops.

Abdomen: Soft, no tenderness, no masses, BS normal.

Psych: Normal intelligent speech with good insight.

Skin: Normal, no rashes, no lesions noted.

Neuro Focused: AAO x3, Cranial nerves II-XII are grossly intact  
DTR'S: Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature  
Pain to palpation located at: none  
Tightness: bilateral paraspinal  
Muscle Spasms: bilateral paraspinal  
Edema: none  
AROM: Limited with pain on left rotation and backward extension  
Thoracic Spine: Normal curvature  
Pain to palpation located at: Left middle back  
Tightness: \*\*\*  
Muscle Spasms: \*\*\*  
Edema: \*\*\*  
AROM: \*\*\*  
Lumbar Spine: Normal curvature, No SI joint tenderness  
Pain to palpation located at: none  
Tightness: none  
Muscle Spasms: none  
Edema: none  
AROM: none  
Upper Extremities: No crepitation, no fluid, warm, well perfused  
Pain to palpation located at: Left shoulder  
Hand Grip Strength: Normal  
Edema: Slight swelling in the shoulder  
AROM:  
Right arm abduction  
- Full  
Right arm flexion  
- Full  
Left arm abduction  
- Painful significantly limited  
Left arm flexion  
- Painful  
Lower Extremities: No knee tenderness, crepitation, no fluid, warm, well perfused  
Pain to palpation located at: none  
Straight Leg Raise: \*\*\*  
Muscle Spasms: none  
Edema: none  
AROM: none

A

NINOS YOUSIF

04/14/1982

Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120

Troy, MI 48085

Tel: 248-946-9400

Fax: 586-816-1904

Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

[x ] V89.2XXS

Diagnosis:[x] Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)

[X] Muscle Spasms. [x] Myalgia

[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain ☐ Cervical Disc Herniation

[x] Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)

☐ Cervical Radiculopathy [x] Rotator Cuff Pain/Injury [x] Left / ☐ Right

[x] Shoulder Pain [x] Left / [x] Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right

[x] Arm Pain: [x] Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right

☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right



☐ Hand Pain: ☐ Left / ☐ Right

☒ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☒ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☒ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
DATES APPLICABLE: 12/06/2024 to 01/06/2024

☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.  
☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.  
☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.  
☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.  
\_\_\_\_\_ HOURS A DAY FOR 30 DAYS  
☒ DRIVING: The patient is unable to drive and requires transportation services.  
☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]  
Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]  
Sprain of unspecified rotator cuff capsule, sequela [ICD-10: S43.429S], [ICD-9: 905.7], [SNOMED: 961000119104]  
Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [ICD-10: V89.2XXD], [ICD-9: E819.9]  
Pain in right shoulder [ICD-10: M25.511], [ICD-9: 719.41], [SNOMED: 15917011000119100]  
Sprain of ligaments of cervical spine, subsequent encounter [ICD-10: S13.4XXD], [ICD-9: V58.89], [SNOMED: 36241000119108]  
Arthropathy, unspecified [ICD-10: M12.9], [ICD-9: 716.90], [SNOMED: 399269003]  
Myalgia, unspecified site [ICD-10: M79.10], [SNOMED: 68962001]

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Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection  
Further education and details are necessary, will schedule a further follow-up appointment.  
I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.  
DME:  
Cold compression shoulder or back  
X-Ray:

Left Shoulder

Cervical Spine  
MRI:

Thoracic  
Lumbar Spine  
Left Shoulder

Referral:  
Orthopedic Surgery  
Assessment and Plan:  
Back Pain

- Increase muscle relaxant dosage at night.
- MRI of the upper and lower back to rule out herniated disc.
- Continue current sleeping medication.
- ICD-10: M54.5 (Low back pain)

Shoulder Pain

- Confirm if shoulder x-ray was done; if not, proceed with x-ray and MRI.
- Consider referral to a specialist if pain persists.
- ICD-10: M25.511 (Pain in right shoulder)

Hip Bursitis

- Consider corticosteroid injection for inflammation.
- Continue with current medication for pain management.
- ICD-10: M70.71 (Bursitis of hip)

Differential Diagnosis:

- Herniated disc (ICD-10: M51.26)
- Cervical radiculopathy (ICD-10: M54.12)
- Myofascial pain syndrome (ICD-10: M79.1)

Additional Plan:

- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

Somnicin Oral Capsule take 1 tablet by mouth nightly

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	12/06/2024

Encounter - 12/26/2024			
SEEN BY		SEEN ON	
FATME BAZZI Nurse Practitioner		12/26/2024	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			

The patient returned to the office for his monthly follow-up appointment.  
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.

S

The patient returned to the office for his two-week follow-up appointment.  
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.  
The patient rates his pain level to be a 5 on the pain scale.  
The patient states that his pain level was a 10 around 4 to 5 days ago couldn't move at all.  
The patient states that there have not been new areas of pain since the last visit.  
The patient states that his pain is worse in the morning time, right when he wakes up.  
The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.  
The patient states that he is sometimes experiencing headaches.

The patient states that he is sometimes experiencing dizziness.  
The patient states that he is taking medication.  
The patient states that he does not need a refill of the medications.  
The patient continues to mention that he attends physical therapy three times weekly.  
The patient states the electric thing with gel and stickers is the only thing that helps him at the physical therapy.  
The patient states that he is not working at this time.  
The patient describes the pain to be a tired and sore feeling in his left shoulder.  
The patient states that he is experiencing shocking in his lower back.  
The patient states that he has been experiencing difficulty sleeping.

The patient states that he takes sleeping pills to help him sleep at night.

O

Neuro: Focused AAO x3, Cranial nerves II-XII are grossly intact with no focal deficits.  
DTR'S: 2/4, b/l neg SLR, Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature, no muscle spasms. paraspinal tenderness noted. ROM decreased with lateral bend, rotation due to pain.  
Thoracic Spine: Normal curvature, no muscle spasms, para spinal tenderness. ROM decreased with lateral bend, rotation, flexion and extension due to pain.  
Lumbar Spine: Normal curvature, no muscle spasms. no para spinal tenderness noted. ROM decreased with lateral bend, rotation, flexion and extension due to pain. No SI joint tenderness..  
Upper Extremities: left shoulder tenderness, ROM decreased with flexion and extension due to pain, warm, well perfused, no edema. unable to left shoulder above head  
Lower Extremities: No knee tenderness, crepitation, no fluid, ROM, warm, well perfused, no edema.

A

Allan Schwartz Medical Center, PC  
1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

Physical Therapy Certificate Form

\_\_\_\_EVALUATION AND TREATMENT

\_\_x\_\_CONTINUE PHYSICAL THERAPY

[ x ] 3 x W x 4 [ ] 2 x W x 4 [ ] 1 x W x 4

x V89.2XXS

Diagnosis:

[ ] CARPAL TUNNEL SYNDROME [ ] CERVICAL DISC BULGING  
[ ] CERVICAL DISC DISPLACEMENT [ ] LEG PAIN RT LT  
[ ] CERVICAL FACET ARTHROPATHY [ ] CERVICAL RADICULITIS  
[ ] LUMBAR DISC BULGING [x] CERVICAL SPRAIN/STRAIN  
[ ] LUMBAR DISC PROTRUSION [ ] LUMBAR FACET ARTHROPATHY  
[x] CERVICALGIA [ ] CERVICAL DISC HERNIATION  
[x] LUMBAGO [ ] LUMBAR RADICULITIS  
[ ] LUMBAR DISC DISEASE [ ] CERVICAL DISC DISEASE  
[ ] CERVICAL DISC PROTRUSION [ ] WRIST PAIN RT LT  
[ ] COCCYX PAIN [x] MUSCLE SPASM  
[x] LUMBAR SPRAIN/STRAIN [ ] KNEE MENISCUS TEAR RT LT  
[ ] DIFFICULTY WALKING [ ] ELBOW PAIN RT LT  
[ ] PARESTHESIA [ ] FOOT PAIN RT LT  
[ ] SACROILIAC PAIN RT LT [ ] HAND PAIN RT LT  
[x] SHOULDER TENDONITIS / TEARING / ROTATING CUFF RT x LT  
[ ] ANKLE PAIN RT LT [ ] HAND WAXING  
[x] THORACIC SPRAIN/STRAIN [ ] POST TRAUMATIC HEADACHE  
[x] MASSAGE THERAPIST [ ] CHIROPRACTIC

[ ] Nerve Therapy

[x] Shockwave,

Allan Schwartz Medical Center, PC

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Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:  
[x ] V89.2XXS

Diagnosis:[x] Whiplash Injury ☐ Post-Traumatic Stress Disorder (PTSD)  
[X] Muscle Spasms. [x] Myalgia  
[x] Neuropathy/Radiculopathy [x] Headaches

[X] Cervical Sprain/Strain ☐ Cervical Disc Herniation  
[x] Cervical Facet Arthropathy [X] Cervicalgia (Neck Pain)  
☐ Cervical Radiculopathy [x] Rotator Cuff Pain/Injury [x] Left / ☐ Right  
[x] Shoulder Pain [x] Left / [x] Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right  
[x] Arm Pain: [x] Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right  
☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

[x] Thoracic Facet Syndrome [X] Thoracic Sprain/Strain [x] Thoracic Disc Disease  
[x] Lumbago ☐ Lumbar Radiculopathy [X] Lumbar Sprain/Strain  
[x] Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
DATES APPLICABLE: 12/26/2024 to 01/26/2025

[x] WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.  
☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.  
☐ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.  
☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.  
\_\_\_\_\_ HOURS A DAY FOR 30 DAYS  
[x] DRIVING: The patient is unable to drive and requires transportation services.  
[x] Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]

P

Plan:

- x-ray to left shoulder
- MRI for cervical, thoracic and lumbar spine. mention that patient had surgeries before and had metal placed in his right arm and right hip.
- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

Diclofenac Sodium 3 % External Gel (start date: 12/26/2024)

SIGNED BY \_\_\_\_\_ SIGNED ON \_\_\_\_\_

Encounter - 01/28/2025			
SEEN BY		SEEN ON	
MOHAMAD SADEK Osteopathic Medicine		01/28/2025	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			
The patient returned to the office for his monthly follow-up appointment.			
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.			
S			
The patient returned to the office for his monthly follow-up appointment.			
The patient states that he is experiencing pain in his cervical, thoracic, lumbar (left side), and left shoulder.			
The patient rates his pain level to be an 8 on the pain scale.			
The patient states that there have not been new areas of pain since the last visit.			
The patient states that his pain is worse in the morning time, right when he wakes up.			
The patient continues to mention that his pain is on and off throughout the day, but without medication its constant.			
The patient states that he is not experiencing headaches.			
The patient states that he is not experiencing dizziness.			
The patient states that he is taking medication.			
The patient states that he does needs a refill of the medications.			
The patient continues to mention that he attends physical therapy three times weekly.			
The patient states the electric thing with gel and stickers is the only thing that help him at the physical therapy.			
The patient states that he is not working at this time.			
The patient describes the pain to be a tired and sore feeling in his left shoulder.			
The patient states that he is experiencing shocking in his lower back.			
The patient states that he has been experiencing difficulty sleeping.			
The patient states that he takes sleeping pills to help him sleep at night.			
=====			
The above information was obtained by the staff before being seen by physician			
History of Present Illness:			
The patient is presenting for a clinic visit with concerns regarding increasing discomfort in the shoulder, described as a pulling sensation. They have noticed this sensation worsening every day. The patient is uncertain about the specifics of any imaging they have received, mentioning confusion between whether it was a CT scan or MRI, stating, "I know there's two of them, either Kaskan or Amarai. One of them I did." They recall being referred for the imaging by our clinic but do not have details on the location or type.			
During the visit, the patient expressed confusion about a recent communication from their insurance regarding nurse management services, stating, "the insurance called me and they say something about nurse management or something like that." They were informed that a nurse would assist with their appointments, but they are unclear about the details and purpose of this service. The patient denies any side effects from their current medications and is hoping to make an adjustment in their medication regimen to further address their concerns.			
The patient reports having metal on the right side of their body, which complicates the ability to undergo an MRI. They mention having completed one type of imaging, although the type is unclear, and express a desire to have the records verified by our staff. They are open to further investigation and management of their shoulder symptoms.			
Review of Systems:			
Constitutional: Denies fever, chills, unexplained weight loss, night sweats, or changes in sleeping pattern.			
Head: Denies head injuries.			
Eyes: Denies visual changes, headache, eye pain, or double vision.			
Ears, Nose, Mouth, Throat: No hearing loss, nasal congestion, or sore throat.			
Cardiovascular: No chest pain or palpitations.			
Respiratory: No coughing, wheezing, or shortness of breath.			
Gastrointestinal: No abdominal pain, nausea, or diarrhea.			
Genitourinary: No urinary symptoms.			
Musculoskeletal: Reports pulling sensation in shoulder; denies joint pain and muscle aches elsewhere.			
Integumentary: No stria, lesions, wounds, or excessive dryness/discoloration.			
Neurological: No headaches or weakness.			



Psychiatric: No depression, mood swings, or anxiety.  
Endocrine: No heat or cold intolerance.  
Hematologic/Lymphatic: No bruising or lymphadenopathy.  
Allergic/Immunologic: No allergies or recurrent infections.

O

Neuro: Focused AAO x3, Cranial nerves II-XII are grossly intact with no focal deficits.  
DTR'S: 2/4, b/l neg SLR, Normal sensory exam, No tremors or abnormal movements, Normal gait.  
Cervical Spine: Normal curvature, no muscle spasms. paraspinal tenderness noted. ROM decreased with lateral bend, rotation due to pain.  
Thoracic Spine: Normal curvature, no muscle spasms, para spinal tenderness. ROM decreased with lateral bend, rotation, flexion and extension due to pain.  
Lumbar Spine: Normal curvature, no muscle spasms. no para spinal tenderness noted. ROM decreased with lateral bend, rotation, flexion and extension due to pain. No SI joint tenderness..  
Upper Extremities: left shoulder tenderness, ROM decreased with flexion and extension due to pain, warm, well perfused, no edema. unable to left shoulder above head  
Lower Extremities: No knee tenderness, crepitation, no fluid, ROM, warm, well perfused, no edema.

A

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1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904  
Physical Therapy Certificate Form  
\_\_x\_\_ CONTINUE PHYSICAL THERAPY  
[ x ] 3 x W x 4 [ ] 2 x W x 4 [ ] 1 x W x 4  
x V89.2XXS

Diagnosis:

[ ] CARPAL TUNNEL SYNDROME [ ] CERVICAL DISC BULGING  
[ ] CERVICAL DISC DISPLACEMENT [ ] LEG PAIN RT LT  
[ ] CERVICAL FACET ARTHROPATHY [ ] CERVICAL RADICULITIS  
[ ] LUMBAR DISC BULGING [x] CERVICAL SPRAIN/STRAIN  
[ ] LUMBAR DISC PROTRUSION [ ] LUMBAR FACET ARTHROPATHY  
[x] CERVICALGIA [ ] CERVICAL DISC HERNIATION  
[x] LUMBAGO [ ] LUMBAR RADICULITIS  
[ ] LUMBAR DISC DISEASE [ ] CERVICAL DISC DISEASE  
[ ] CERVICAL DISC PROTRUSION [ ] WRIST PAIN RT LT  
[ ] COCCYX PAIN [x] MUSCLE SPASM  
[x] LUMBAR SPRAIN/STRAIN [ ] KNEE MENISCUS TEAR RT LT  
[ ] DIFFICULTY WALKING [ ] ELBOW PAIN RT LT  
[ ] PARESTHESIA [ ] FOOT PAIN RT LT  
[ ] SACROILIAC PAIN RT LT [ ] HAND PAIN RT LT  
[x] SHOULDER TENDONITIS / TEARING / ROTATING CUFF RT x LT  
[ ] ANKLE PAIN RT LT [ ] HAND WAXING  
[x] THORACIC SPRAIN/STRAIN [ ] POST TRAUMATIC HEADACHE  
[x] MASSAGE THERAPIST [ ] CHIROPRACTIC  
[ ] Nervo Therapy  
[x] Shockwave,  
Allan Schwartz Medical Center, PC

1120 East Long Lake Road, Suite 120  
Troy, MI 48085  
Tel: 248-946-9400  
Fax: 586-816-1904

Disability Certificate Form

Dear Adjuster,

I have examined and/or treated the above-named patient for injuries sustained in the aforementioned accident. I have disabled the patient from those activities marked due to the diagnosis circled, according to the paragraph with dates indicated:

[x] V89.2XXS

Diagnosis:[x] Whiplash Injury [ ] Post-Traumatic Stress Disorder (PTSD)  
[X] Muscle Spasms. [x] Myalgia  
[x] Neuropathy/Radiculopathy [x] Headaches

☒ Cervical Sprain/Strain ☐ Cervical Disc Herniation  
☒ Cervical Facet Arthropathy ☒ Cervicalgia (Neck Pain)  
☐ Cervical Radiculopathy ☒ Rotator Cuff Pain/Injury ☒ Left / ☐ Right  
☒ Shoulder Pain ☒ Left / ☒ Right ☐ Elbow Sprain/Strain ☐ Left / ☐ Right  
☒ Arm Pain: ☒ Left / ☐ Right ☐ Elbow Pain: ☐ Left / ☐ Right

☐ Forearm Pain: ☐ Left / ☐ Right ☐ Carpal Tunnel Syndrome ☐ Left / ☐ Right  
☐ Wrist Sprain/Strain ☐ Left / ☐ Right ☐ Wrist Pain: ☐ Left / ☐ Right  
☐ Hand Pain: ☐ Left / ☐ Right

☒ Thoracic Facet Syndrome ☒ Thoracic Sprain/Strain ☒ Thoracic Disc Disease  
☒ Lumbago ☐ Lumbar Radiculopathy ☒ Lumbar Sprain/Strain  
☒ Lumbar Facet Arthropathy ☐ Sacroiliac Pain: ☐ Left / ☐ Right  
☐ Hamstring Pain/Tightness: ☐ Left / ☐ Right ☐ Quadriceps Pain/Tightness: ☐ Left / ☐ Right  
☐ Left Hip Pain ☐ Right Hip Pain  
☐ Leg Pain: ☐ Left / ☐ Right ☐ Difficulty Walking  
☐ Knee Sprain/Strain ☐ Knee Pain: ☐ Left / ☐ Right  
☐ Anterior Cruciate Ligament (ACL) Injury ☐ Meniscus Injury  
☐ Ankle Sprain/Strain ☐ Foot Pain: ☐ Left / ☐ Right  
☐ Ankle Pain: ☐ Left / ☐ Right. ☐ Achilles Tendinitis  
DATES APPLICABLE: 01/28/25 to 02/28/25

☒ WORK/EMPLOYMENT DISABILITY: The patient has been on work disability.

☐ WORK RESTRICTION: The patient is restricted from lifting more than \_\_\_\_\_ lbs.

☒ "HOUSEWORK" OR REPLACEMENT SERVICES: Some housework may involve bending, lifting, twisting, and prolonged standing, i.e./ vacuuming, making beds, sinks, bathtubs, toilets, moving furniture, picking up objects off the floor, carrying garbage or groceries, etc. It is my opinion that the patient cannot do housework.

☐ ATTENDED CARE: The patient needed help taking care of his own needs including but not limited to, dressing, bathing, using the restroom, supervising, driving to/from doctor appointments, caring for passing medication, changing bandages, lifting, fetching, taking care of grooming and general hygiene needs.

\_\_\_\_\_ HOURS A DAY FOR 30 DAYS

☒ DRIVING: The patient is unable to drive and requires transportation services.

☒ Check if the patient can drive short distances.

Diagnoses attached to this encounter:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]  
Headache, unspecified [ICD-10: R51.9], [SNOMED: 25064002]  
Other muscle spasm [ICD-10: M62.838], [ICD-9: 728.85], [SNOMED: 45352006]  
Pain in left shoulder [ICD-10: M25.512], [ICD-9: 719.41], [SNOMED: 15916971000119109]  
Pain in left upper arm [ICD-10: M79.622], [ICD-9: 729.5], [SNOMED: 316841000119104]  
Pain in left wrist [ICD-10: M25.532], [ICD-9: 719.43], [SNOMED: 316851000119102]  
Muscle spasm of back [ICD-10: M62.830], [ICD-9: 724.8], [SNOMED: 203095000]  
Low back pain, unspecified [ICD-10: M54.50], [SNOMED: 279039007]  
Vertebrogenic low back pain [ICD-10: M54.51], [SNOMED: 279039007]  
Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [ICD-10: V89.2XXD], [ICD-9: E819.9]  
Sprain of unspecified rotator cuff capsule, sequela [ICD-10: S43.429S], [ICD-9: 905.7], [SNOMED: 961000119104]  
Pain in right shoulder [ICD-10: M25.511], [ICD-9: 719.41], [SNOMED: 15917011000119100]  
Sprain of ligaments of cervical spine, subsequent encounter [ICD-10: S13.4XXD], [ICD-9: V58.89], [SNOMED: 36241000119108]  
Arthropathy, unspecified [ICD-10: M12.9], [ICD-9: 716.90], [SNOMED: 399269003]  
Myalgia, unspecified site [ICD-10: M79.10], [SNOMED: 68962001]

P

Discussed with the patient further options if symptoms persist or fail to provide a significant improvement that the patient appreciates, with the return of meaningful activity, weaning pain medication, and resuming normal daily routines, Should this be the case, we will first have to review all images, perform diagnostic invasive monitoring of nerve conduction/muscle response to electrical stimulation done at the office Explained less invasive options indicated after careful patient selection including several intervention Pain Procedures performed under sedation, as well as emphasizing the availability of options that can range from very helpful to curative after careful patient selection

Further education and details are necessary, will schedule a further follow-up appointment.

I clearly explained that safe medical standards of care and practice protocols including but not limited to: Injections, Chiropractor Manipulation, Osteopathic Manipulation, PT/OT, and Surgical intervention as a last resort, if deemed medically necessary, Patient understands clearly and acknowledges our step-by-step approach.

Medications were prescribed as follows there is a medical necessity indicated in the physical exam findings. I reviewed the "4 A's" of chronic opioid usage with the patient (Analgesia, ADLs, Adverse side effects, and Aberrant behavior) and determined that the patient was utilizing their medications appropriately as prescribed and discussed. Education was given regarding

medication regimen, side effects, and addiction. The patient has an opioid use agreement with our practice and will be subject to our protocol monitoring of urine drug screening and MAPS checking.

CT with and without Contrast:

Thoracic Spine

Lumbar Spine

Left Shoulder

Referral:

Orthopedic Surgery (has not made an appointment yet)

Pain Management (has not made an appointment yet)

Assessment and Plan:

Back Pain

- Increase muscle relaxant dosage at night.
- MRI of the upper and lower back to rule out herniated disc.
- Continue current sleeping medication.
- ICD-10: M54.5 (Low back pain)

Shoulder Pain

- Confirm if shoulder x-ray was done; if not, proceed with x-ray and MRI.
- Consider referral to a specialist if pain persists.
- ICD-10: M25.511 (Pain in right shoulder)

Hip Bursitis

- Consider corticosteroid injection for inflammation.
- Continue with current medication for pain management.
- ICD-10: M70.71 (Bursitis of hip)

Differential Diagnosis:

- Herniated disc (ICD-10: M51.26)
- Cervical radiculopathy (ICD-10: M54.12)
- Myofascial pain syndrome (ICD-10: M79.1)

Additional Plan:

- Continue current management
- Monitor for any side effects or changes due to medication.
- Encourage increased physical activity and at-home exercises.
- PT/OT Plan of Care - noted above.
- Encouragement of usage of DME and provided necessary instructions on use.
- Encourage physical activity, stretches, physical therapy, instructions, and ambulation - while at home as tolerated/appropriate.
- Spoke with patient regarding addition of non-pharmacologic pain control, i.e., alternating and combination of ice/cooling pads after use of heat/heating pads.

Medications attached to encounter:

Methocarbamol 750 MG Oral Tablet take 1 tablet by mouth in the morning

SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	01/28/2025

Encounter - 01/28/2025			
SEEN BY		SEEN ON	
ALLAN SCHWARTZ Osteopathic medicine		01/28/2025	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A
CC			
X-RAY COMPLETED CERVICAL SPINE,			
S			
O			
A			

X-Ray Report

Exam: Cervical Spine X-ray (AP View)

Findings:



Loss of vertebral body height at C4, C5, C6, and C7.  
Mild facet arthropathy is present at these levels.  
Anterior osteophyte formation ("lipping") is noted at C3, C4, and C5.  
There is a significant concavity of the inferior end plates of C3 through C6, raising suspicion for underlying disc disease.  
These concave deformities extend from C2 through C6.  
Exam: Left Shoulder X-ray (AP View - Unnatural Projection)  
Findings:  
No acute osseous abnormalities identified.  
No evidence of fracture or dislocation.  
There is mild acromioclavicular (AC) joint arthropathy, but no significant degenerative changes.

Further Interpretation/Recommendations  
Consider obtaining follow-up imaging for a more comprehensive assessment of findings and to rule out any acute pathology.  
Clinical correlation is advised for the assessment of inflammatory changes and related symptoms'.  
Consider further imaging as necessary based on clinical findings.

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SIGNED BY	SIGNED ON
MOHAMAD SADEK Osteopathic Medicine	02/04/2025

Referral electronically submitted by Angela Tobia 02/18/2025 01:28PM



# **APPENDIX**

**Trinity Supplies LLC**  
**53 W Maple Road Clawson MI 48017**  
**Phone: 586-256-3725 Fax: 586-816-1904**  
**Durable Medical Equipment Form**

- E0855: Cervical Traction Unit ( DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine)
- E0190: Therapeutic Pillow (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine)
- L0170: Cervical Collar (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine )
- L0113: Neck Brace (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine)
- E0100: Standard Cane ( DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E0105: Quad Cane (DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E0135: Folding Walker (DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E1399: Massage Chair (DX: radiculopathy cervical region, radiculopathy lumbar region, lumbar pain, Sprain of ligaments of cervical spine, Sprain of ligaments of lumbar spine, thoracic pain, cervical disc displacement, lumbar disc displacement)
- L1820: Left Hinged Knee Brace (DX: Left knee pain, numbness/tingling, tear of ligament of knee joint )
- L1820: Right Hinged Knee Brace (DX: right knee pain, numbness/tingling, tear of ligament of knee joint)
- L1851: Knee Sleeve (DX: right knee pain, Left knee pain, numbness/tingling, tear of ligament of knee joint)
- L3908: Wrist Brace (DX: left wrist pain, right wrist pain, weakness, numbness/tingling)
- L0631: LSO Back Brace (DX: lumbar pain, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, thoracic pain, radiculopathy thoracic spine, lumbar disc displacement )
- L0625: Back Support (DX: lumbar pain, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, thoracic pain, radiculopathy thoracic region , lumbar disc displacement )
- L0621: Sacroiliac Orthosis Pelvis (DX: sacroiliac pain)
- A4595: Tens Electrodes x8 (DX: Cervicalgia, lumbar pain, thoracic pain, radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region)
- E0215: King Sized Heating Pad (DX: Cervicalgia, lumbar pain, thoracic pain, Sprain of ligaments of cervical spine, radiculopathy lumbar region, radiculopathy thoracic region )
- E1399: Cold Compression+Relief Icy Wrap Shoulder / Back / Knee / Wrist/ Ankle/ Neck (DX: radiculopathy cervical region, Sprain of ligaments of cervical spine , radiculopathy lumbar region, Sprain of ligaments of lumbar spine, radiculopathy thoracic region, radiculopathy thoracic region, left wrist pain, right wrist pain, weakness, numbness/tingling, right ankle pain, left ankle pain, right knee pain, left knee pain, left shoulder pain, right shoulder pain, Sprain of lateral collateral ligament of left knee, cervical disc displacement, lumbar disc displacement )
- L3670: Shoulder Sling Orthosis ( DX: right shoulder pain, left shoulder pain, numbness/tingling, weakness, injury of rotator cuff)
- L3671: Adjustable Posture Corrector (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region )
- E0770: Red Light Therapy Device (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, radiculopathy thoracic region , lumbar disc displacement )
- E0730: Tens Unit Device (DX: Cervicalgia, lumbar pain, thoracic pain, radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region)
- E0218: Cryotherapy Unit Device ( DX: radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region, cervical disc displacement, lumbar disc displacement)
- 99070: Resistance Band (DX: shoulder pain, leg pain, wrist pain, knee pain) (Impaired mobility)

Patient Name: Ninos Gousif  
Date of Birth: 09/19/1982  
Date of Order: 11/12/24  
Patient Signature: [Signature]

Physician Signature: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_  
Date of Order: \_\_\_\_\_  
Patient Signature: \_\_\_\_\_

Allan Schwartz Medical Center  
1120 East Long Lake Road  
Troy, MI 48065 Suite 120  
Phone: (248)- 946-9400 Fax: (586)-983-8135

Durable Medical Equipment (DME) Order Form

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- L0170: Cervical Collar (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine )
- L0180: Neck Brace (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine)
- E0100: Standard Cane ( DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E0105: Quad Cane (DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E0135: Folding Walker (DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E1399: Massage Chair (DX: radiculopathy cervical region, radiculopathy lumbar region, lumbar pain, Sprain of ligaments of cervical spine, Sprain of ligaments of lumbar spine, thoracic pain, cervical disc displacement, lumbar disc displacement)
- L1832: Left Hinged Knee Brace (DX: Left knee pain, numbness/tingling, tear of ligament of knee joint )
- L1832: Right Hinged Knee Brace (DX: right knee pain, numbness/tingling, tear of ligament of knee joint)
- L1851: Knee Sleeve (DX: right knee pain, Left knee pain, numbness/tingling, tear of ligament of knee joint)
- L3908: Wrist Brace (DX: left wrist pain, right wrist pain, weakness, numbness/tingling)
- L0637: LSO Back Brace (DX: lumbar pain, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, thoracic pain , radiculopathy thoracic spine, lumbar disc displacement )
- L0625: Back Support (DX: lumbar pain, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, thoracic pain, radiculopathy thoracic region , lumbar disc displacement )
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- L3671: Adjustable Posture Corrector (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region )
- E0770: Red Light Therapy Device (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, radiculopathy thoracic region , lumbar disc displacement )
- E0745: Tens Unit Device (DX: Cervicalgia, lumbar pain, thoracic pain, radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region)
- E0218: Cryotherapy Unit Device ( DX: radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region, cervical disc displacement, lumbar disc displacement)
- 99070: Resistance Band (DX: shoulder pain, leg pain, wrist pain, knee pain) (impaired mobility)

Medical Necessity Statement:

The above-recommended durable medical equipment is medically necessary to support the treatment of the patient's diagnosed conditions. These devices will aid in improving functional mobility, reducing pain, preventing further injury, and supporting recovery. The prescribed equipment has been chosen based on the patient's clinical evaluation, functional limitations, and therapeutic goals.

Prescribing Provider: Mohamad Sadek

NPI Number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: 11/14/24

Allan Schwartz Medical Center P.C.

1120 East Long Lake Ste 120

Troy, MI 48085

P: 248-946-9400

F: 586-816-1904

Patient's Name:

Ninos Yousif

DOB:

4/14/82

Phone #:

Address:

<b>Muscle Relaxants</b>
<ul style="list-style-type: none"> <li>Metaxalone: <input type="checkbox"/> 800mg</li> <li>Cyclobenzaprine: <input type="checkbox"/> 5mg <input checked="" type="checkbox"/> 7.5mg <i>2 tabs</i></li> <li><input type="checkbox"/> 10mg</li> <li>Tizanidine Capsule: <input type="checkbox"/> 2mg <input type="checkbox"/> 4mg <i>at 18</i></li> <li>Baclofen: <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg</li> <li>Robaxin <input type="checkbox"/> 500mg <input type="checkbox"/> 750mg</li> </ul>
Sig: <input type="checkbox"/> QD <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID Qty: <u>60</u> Refills: <u>2</u>
<b>NSAIDS</b>
<ul style="list-style-type: none"> <li>Celecoxib: <input checked="" type="checkbox"/> 200mg</li> <li>Meloxicam: <input type="checkbox"/> 7.5mg <input type="checkbox"/> 15mg</li> <li>Ibuprofen: <input type="checkbox"/> 600mg <input type="checkbox"/> 800mg</li> <li>Naproxen <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg</li> </ul>
Sig: <input type="checkbox"/> QD <input checked="" type="checkbox"/> BID Qty: <u>60</u> Refills: <u>2</u>
<b>Anti-inflammatory</b>
<ul style="list-style-type: none"> <li>Medrol Dosepak: <input type="checkbox"/> 4mg</li> </ul>
Sig: Take as directed on blister pack <ul style="list-style-type: none"> <li>Prednisone: <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg</li> </ul>
Sig: _____ Qty: _____ Refills: _____
<b>Migraine</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Imitrex: <input type="checkbox"/> 25mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100mg</li> <li>Topiramate: <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg</li> </ul>
Sig: _____ Qty: _____ Refills: _____
<b>PPIs</b>
<ul style="list-style-type: none"> <li>Omeprazole/Sodium bicarbonate: <input type="checkbox"/> 20mg/1100 mg</li> </ul>
Sig: <input checked="" type="checkbox"/> QD <input type="checkbox"/> BID Qty: <u>30</u> Refills: <u>2</u>

<b>Pain</b>
<ul style="list-style-type: none"> <li>Tylenol 500mg 650mg</li> </ul>
Sig: <input type="checkbox"/> Q8h prn <input type="checkbox"/> Q6h prn Qty: _____ Refills: _____
<b>Nausea</b>
<ul style="list-style-type: none"> <li>Zofran: <input type="checkbox"/> 4mg <input type="checkbox"/> 8mg</li> </ul>
Sig: <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID Qty: _____ Refills: _____
<b>Topical Analgesics</b>
<b>Ointment</b>
<ul style="list-style-type: none"> <li>Lidocaine 5% ointment: <input type="checkbox"/> 100g <input type="checkbox"/> 200g</li> </ul>
Sig: Apply 1-2 grams to affected area 2-3 times daily PRN Refills: _____
<ul style="list-style-type: none"> <li>Diclofenac 2% Solution: <input type="checkbox"/> 112g <input type="checkbox"/> 224g</li> </ul>
Sig: Apply 1-2 pumps bld to affected area Refills: _____
<b>Patches</b>
<ul style="list-style-type: none"> <li>Lidopro Patches: <input type="checkbox"/> 30ct <input type="checkbox"/> 60ct <i>2% gel ??</i></li> </ul>
Sig: Apply 1-2 patches to affected area PRN Refills: _____
<ul style="list-style-type: none"> <li>Lidosync Patches <input type="checkbox"/> 30ct <input checked="" type="checkbox"/> 60ct</li> </ul>
Sig: Apply 1-2 patches to affected area PRN Refills: <u>2</u>
<b>Neuropathic Pain</b>
<ul style="list-style-type: none"> <li>Cymbalta: <input type="checkbox"/> 30mg <input type="checkbox"/> 60mg</li> <li>Lyrica: _____ mg</li> <li>Gabapentin: _____ mg</li> </ul>
Sig: _____ Qty: _____ Refills: _____

Prescriber's Signature: [Signature]Date: 12-26-2024

Dr. Allan Schwartz MD, NPI: 4740267168 DEA: AS1067304

1669243135Jahme Barry FRP

## Allan Schwartz Medical Center P.C.

1120 East Long Lake Ste 120

Troy, MI 48085

P: 248-946-9400

F: 586-816-1904

Patient's Name:

Vinos Yousif

DOB:

4/14/82

Phone #:

Address:

<b>Muscle Relaxants</b>	
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Sig: <input type="checkbox"/> QD <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID Qty: 60 Refills: 2	
<b>NSAIDS</b>	
<ul style="list-style-type: none"> <li>Celecoxib: <input checked="" type="checkbox"/> 200mg</li> <li>Meloxicam: <input type="checkbox"/> 7.5mg <input type="checkbox"/> 15mg</li> <li>Ibuprofen: <input type="checkbox"/> 600mg <input type="checkbox"/> 800mg</li> <li>Naproxen <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg</li> </ul>	
Sig: <input type="checkbox"/> QD <input checked="" type="checkbox"/> BID Qty: 60 Refills: 2	
<b>Anti-Inflammatory</b>	
<ul style="list-style-type: none"> <li>Medrol Dosepak: <input type="checkbox"/> 4mg</li> </ul>	
Sig: Take as directed on blister pack <ul style="list-style-type: none"> <li>Prednisone: <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg</li> </ul>	
Sig: _____ Qty: _____ Refills: _____	
<b>Migraine</b>	
<ul style="list-style-type: none"> <li>Imitrex: <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg</li> <li>Topiramate: <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg</li> </ul>	
Sig: _____ Qty: _____ Refills: _____	
<b>PPIs</b>	
<ul style="list-style-type: none"> <li>Omeprazole/Sodium bicarbonate: <input type="checkbox"/> 20mg/1100 mg</li> </ul>	
Sig: <input checked="" type="checkbox"/> QD <input type="checkbox"/> BID Qty: 30 Refills: 2	

<b>Pain</b>	
<ul style="list-style-type: none"> <li>Tylenol 500mg 650mg</li> </ul>	
Sig: <input type="checkbox"/> Q8h prn <input type="checkbox"/> Q6h prn Qty: _____ Refills: _____	
<b>Nausea</b>	
<ul style="list-style-type: none"> <li>Zofran: <input type="checkbox"/> 4mg <input type="checkbox"/> 8mg</li> </ul>	
Sig: <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID Qty: _____ Refills: _____	
<b>Topical Analgesics</b>	
<b>Ointment</b>	
<ul style="list-style-type: none"> <li>Lidocaine 5% ointment: <input type="checkbox"/> 100g <input type="checkbox"/> 200g</li> </ul>	
Sig: Apply 1-2 grams to affected area 2-3 times daily PRN Refills: _____	
<ul style="list-style-type: none"> <li>Diclofenac 2% Solution: <input type="checkbox"/> 112g <input type="checkbox"/> 224g</li> </ul>	
Sig: Apply 1-2 pumps bid to affected area Refills: _____	
<b>Patches</b>	
<ul style="list-style-type: none"> <li>Lidopro Patches: <input type="checkbox"/> 30ct <input type="checkbox"/> 60ct</li> </ul>	
Sig: Apply 1-2 patches to affected area PRN Refills: _____	
<ul style="list-style-type: none"> <li>Lidosync Patches <input type="checkbox"/> 30ct <input checked="" type="checkbox"/> 60ct</li> </ul>	
Sig: Apply 1-2 patches to affected area PRN Refills: 2	
<b>Neuropathic Pain</b>	
<ul style="list-style-type: none"> <li>Cymbalta: <input type="checkbox"/> 30mg <input type="checkbox"/> 60mg</li> <li>Lyrica: _____mg</li> <li>Gabapentin: _____mg</li> </ul>	
Sig: _____ Qty: _____ Refills: _____	

Prescriber's Signature:

Date:

12-26-2024

Dr. Allan Schwartz MD, NPI: 1740367168 DEA: A51067304

1669243135

# EXPLANATION OF REVIEW

ARCHIVE

**Michigan**

**Receive Date** : 12/26/2024  
**Service Provider** : SCHWARTZ, ALLAN  
85-1437367  
1120 E LONG LK RD STE 120  
TROY MI 48085

**Claim Number** : AU02499990  
**Adjuster** : Jean Bowen  
**Date Of Loss** : 11/10/2024

**Billing Provider** : ALLAN SCHWARTZ MEDICAL CENTER  
85-1437367  
PO BOX 1386  
STERLING HEIGHTS MI 48311

**Patient** : YOUSIF, NINOS  
32860 KNAPP AVE  
WARREN MI 48093

**Provider Title** : Doctor of Osteopathic Medicine  
**Provider Specialty** :

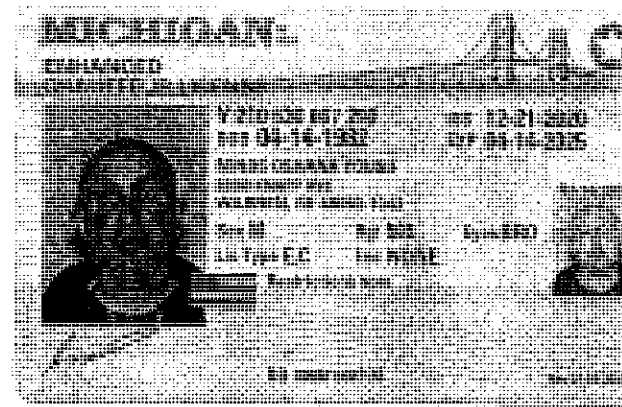
**Patient Account #** : YOUNI001 31310  
**Carrier** : HORACE MANN EDUCATORS CORPORATION  
ATTN: MEDICAL BILLING PO BOX 26006  
DAPHNE AL 36526

**Dates Of Service** : 11/12/2024 to 12/06/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	R51.9		ICD-0	Headache, unspecified
3	M62.838		ICD-0	Other muscle spasm
4	M25.512		ICD-0	Pain in left shoulder
5	M79.622		ICD-0	Pain in left upper arm
6	M25.532		ICD-0	Pain in left wrist
7	M62.830		ICD-0	Muscle spasm of back
8	M54.50		ICD-0	Low back pain, unspecified
9	M54.51		ICD-0	Vertebrogenic low back pain

For faster, more efficient bill processing, electronic billing is available. Please visit [ccis.com/ebilling](http://ccis.com/ebilling) for more information.

PO BOX 26006, DAPHNE, AL 36526  
844-646-2827







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- L3670: Shoulder Sling Orthosis ( DX: right shoulder pain, left shoulder pain, numbness/tingling, weakness, injury of rotator cuff)
- L3671: Adjustable Posture Corrector (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region)
- E0770: Red Light Therapy Device (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, radiculopathy thoracic region, lumbar disc displacement)
- E0730: Tens Unit Device (DX: Cervicalgia, lumbar pain, thoracic pain, radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region)
- E0218: Cryotherapy Unit Device ( DX: radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region, cervical disc displacement, lumbar disc displacement)
- 99070: Resistance Band (DX: shoulder pain, leg pain, wrist pain, knee pain) (Impaired mobility)

Patient Name: Ninos Gousif  
Date of Birth: 09/19/1982  
Date of Order: 11/12/24  
Patient Signature: [Signature]

Physician Signature: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_  
Date of Order: \_\_\_\_\_  
Patient Signature: \_\_\_\_\_

Allan Schwartz Medical Center  
1120 East Long Lake Road  
Troy, MI 48065 Suite 120  
Phone: (248)- 946-9400 Fax: (586)-983-8135

Durable Medical Equipment (DME) Order Form

- E0855: Cervical Traction Unit ( DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine )
- E0190: Therapeutic Pillow (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine)
- L0170: Cervical Collar (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine )
- L0180: Neck Brace (DX: Cervicalgia, radiculopathy cervical region, cervical disc displacement, Myalgia, Sprain of ligaments of cervical spine)
- E0100: Standard Cane ( DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E0105: Quad Cane (DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E0135: Folding Walker (DX: Difficulty walking, left knee pain, right knee pain, left leg pain, right leg pain, numbness/tingling)
- E1399: Massage Chair (DX: radiculopathy cervical region, radiculopathy lumbar region, lumbar pain, Sprain of ligaments of cervical spine, Sprain of ligaments of lumbar spine, thoracic pain, cervical disc displacement, lumbar disc displacement)
- L1832: Left Hinged Knee Brace (DX: Left knee pain, numbness/tingling, tear of ligament of knee joint )
- L1832: Right Hinged Knee Brace (DX: right knee pain, numbness/tingling, tear of ligament of knee joint)
- L1851: Knee Sleeve (DX: right knee pain, Left knee pain, numbness/tingling, tear of ligament of knee joint)
- L3908: Wrist Brace (DX: left wrist pain, right wrist pain, weakness, numbness/tingling)
- L0637: LSO Back Brace (DX: lumbar pain, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, thoracic pain , radiculopathy thoracic spine, lumbar disc displacement )
- L0625: Back Support (DX: lumbar pain, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, thoracic pain, radiculopathy thoracic region , lumbar disc displacement )
- L0621: Sacroiliac Orthosis Pelvis (DX: sacroiliac pain)
- A4595: Tens Electrodes x8 (DX: Cervicalgia, lumbar pain, thoracic pain, radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region )
- E0215: King Sized Heating Pad (DX: Cervicalgia, lumbar pain, thoracic pain, Sprain of ligaments of cervical spine, radiculopathy lumbar region, radiculopathy thoracic region )
- E1399: Cold Compression+Relief Icy Wrap Shoulder / Back / Knee / Wrist/ Ankle/ Neck (DX: radiculopathy cervical region, Sprain of ligaments of cervical spine , radiculopathy lumbar region, Sprain of ligaments of lumbar spine, radiculopathy thoracic region, radiculopathy thoracic region, left wrist pain, right wrist pain, weakness, numbness/tingling, right ankle pain, left ankle pain, right knee pain, left knee pain, left shoulder pain, right shoulder pain, Sprain of lateral collateral ligament of left knee, cervical disc displacement, lumbar disc displacement )
- L3670: Shoulder Sling Orthosis ( DX: right shoulder pain, left shoulder pain, numbness/tingling, weakness, injury of rotator cuff)
- L3671: Adjustable Posture Corrector (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region )
- E0770: Red Light Therapy Device (DX: lumbar pain, thoracic pain, radiculopathy thoracic region, radiculopathy lumbar region, Sprain of ligaments of lumbar spine, radiculopathy thoracic region , lumbar disc displacement )
- E0745: Tens Unit Device (DX: Cervicalgia, lumbar pain, thoracic pain, radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region)
- E0218: Cryotherapy Unit Device ( DX: radiculopathy cervical region, radiculopathy thoracic region, radiculopathy lumbar region, cervical disc displacement, lumbar disc displacement)
- 99070: Resistance Band (DX: shoulder pain, leg pain, wrist pain, knee pain) (impaired mobility)

Medical Necessity Statement:

The above-recommended durable medical equipment is medically necessary to support the treatment of the patient's diagnosed conditions. These devices will aid in improving functional mobility, reducing pain, preventing further injury, and supporting recovery. The prescribed equipment has been chosen based on the patient's clinical evaluation, functional limitations, and therapeutic goals.

Prescribing Provider: Mohamad Sadek

NPI Number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: 11/12/24



Allan Schwartz Medical Center  
1120 East Long Lake Road  
Troy, MI 48085 Suite 120  
Phone: (248)-946-9400 Fax: (586)-816-1904

**Medical Release Form**

I, hereby authorize, NINOS KOUSIF, to  
release the health records of \_\_\_\_\_.  
please send the records to the fax number: (586)-816-1904.

Patient Name: NINOS KOUSIF

Date of Birth: 4-14-1982

Patient Signature: 

Date: \_\_\_\_\_

# Allan Schwartz Medical Center P.C

1120 East Long Lake Suite 120

Troy , MI 48085

Tel# 248-946-9400

Fax# 586-816-1904

## ASMC NO-SHOW POLICY

### POLICY REGARDING NO-SHOW APPOINTMENTS

ASMC has adopted a NO-SHOW policy effective 03/15/2022 This policy states that they will charge patients \$40.00 for each missed "No-Show" appointment. This policy applies to new and existing patients and will be charged directly to the patient/guarantor, NOT to the patient's insurance. **ALL NO-SHOW fees MUST be paid prior to the next appointment in order to be seen.** Patients must give a 48 hour advance notice to ensure that they will not be charged for the appointment. ASMC reserves the right to terminate the doctor-patient relationship of established patients due to no-shows.

Patient Signature



Date:

11-10-24



## Medical Lien & Assignment Agreement

Patient Name: NINOS KOUSFF ("Assignor")

Medical Provider: Allan Schwartz Medical Center ("Assignee")

Assignor hereby grants Assignee a lien for and assignment of charges for services provided by Assignee pursuant to the terms of this medical lien & assignment agreement ("Agreement"). Assignor acknowledges that such agreement becomes irrevocable upon execution and applies to all services. Assignee provides after the date of this agreement, to the extent that the charges at issue have been incurred on the date the agreement is enforced.

Assignor acknowledges that he/she has received, and may receive in the future services from Assignee, including (medical treatment, diagnostic services, medication, transportation, etc.). Assignor acknowledges that assignee has provided such services upon a promise of payment together with additional promises from Assignor, including the ability to enforce payment rights and obligation against any insurer that might be liable for the charges described by this agreement.

Assignor hereby grants a lien to Assignee for all charges for Assignee's services that have been provided prior to the date this agreement is executed, and also for all charges for Assignee's services that will be provided, but only to the extent that such services have been provided at the time this agreement is enforced. This lien shall apply to all proceeds to which the Assignor is entitled, whether acquired through the exercise of any rights arising from any claim, recovery, judgment, settlement or adjudication of any claim made by or available to Assignor, or to any other proceeds to which the Assignor is entitled.

In addition to the lien, Assignor hereby assigns to Assignee all rights Assignor possesses under the Michigan No-Fault Act or otherwise, including the right to direct payment for all such charges, the right to consider appeal of a payment denial under any procedure outlined in any insurance policy, and the right to sue, to enforce any right to payment Assignor otherwise possesses.

This agreement constitutes a "First Lien" to the extent permitted by law, and includes an instruction to any of my attorneys to treat the charges for services provided by Assignee to Assignor as first in priority to pay, upon any monies recovered from any source, disclaiming any common fund. Payment of the Assignee's charges shall be made in full out of any funds to which Assignor is entitled, without regard to the source and without regard to any costs or attorney fees that I may incur. I further instruct my attorneys to immediately notify Assignee as to the existence of any claim or litigation asserted or filed on Assignor's behalf including but not limited to any claim or litigation asserted or filed on Assignor's behalf involving the services the Assignee provided. Assignor acknowledges that this notice is provided for the purpose of permitting Assignee to retain its own attorney, or to enforce its rights in any other manner.

I acknowledge that I remain personally liable for Assignee's charges for services provided to Assignor, and I agree to pay the full amount of Assignee's charges upon its demand. Assignee's receipt of partial payment from any source does not constitute novation, accord and satisfaction, or otherwise constitute a waiver of Assignee's right to collect its full charges from Assignor or any other party that may be liable for those charges.

This agreement is irrevocable upon execution by Assignor, unless terminated by the Assignee in writing. The determination that any portion or provision of this agreement is unenforceable has no effect on any other provision of the agreement, such that all other provisions remain valid and enforceable.

Signature [Signature] ("Assignor")  
Date 11-10-24



## Patient Responsibility Agreement for Controlled Substance Prescriptions

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful but have a high potential for misuse. Therefore closely controlled by local, state and federal governments. They are intended to relieve pain, thus improving function and/or ability to work. Because my physician is prescribing controlled substance medications to help manage my pain, I agree to the following conditions:

**1. I am responsible for the control stuff since medication was prescribed to me.** If any prescriptions or medications are lost, misplaced, stolen or if I "run out early", I understand that it will not be replaced (any of the currencies are grounds for immediate discharge). Local law-enforcement will be contacted for the report of lost or stolen narcotics. Keep all prescription medications locked up and out of reach of others. Take your medication exactly as prescribed, if you miss a dose of your medication, please contact your physician for further instructions. Do not take additional medication without contacting your physician. If you have an exacerbation of pain symptoms, contact your pain management center for further instructions.

**2. Refills of controlled substance medications:**

- **Will be made only during regular office hours** Monday through Friday, in person, once a month, and during scheduled office visits. Refills will not be made at night, on weekends, or during holidays.
- **Will not be made** if I run out early, or "lose prescription", or "spill or misplace my medication". I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.
- **Will not be made as an "emergency"**, such as on a Friday afternoon because I suddenly realize I will "run out tomorrow". If I need assistance with a refill of non-narcotic medications, I will call at least 72 hours ahead. The refill of narcotic medications will only be provided on the agreed-upon schedule. Prescriptions will **never be mailed**.
- **Will not be done for patients who leave the state of Michigan. Patients that move out of Michigan are discharged from our pain center.** Appropriate records will be sent as the patient's request.

**3. I understand that if I violate any of the above conditions, my prescription for controlled substance medications will be terminated immediately and I may be discharged from ALLAN SCHWARTZ MEDICAL CENTER P.C.** If the violation involves obtaining controlled substance medications from another individual or multiple physicians and/or pharmacies, or the concomitant use of non-prescribed illicit (illegal) drugs, this may be reported as authorized by law.

**4. I understand that the main treatment goal is to reduce pain to prove my ability to function and/or work.** Considering the school, and the fact that I am being given potent medication to help me reach my goal, have you agreed to help myself by following better health habits such as exercise, weight control, and avoidance of the use of tobacco and alcohol. I must also comply with the treatment plan as prescribed by my physician. I understand that a successful outcome to my treatment is the beauty of following a healthy lifestyle. Treatment plans are not being met, I may be discharged at the physicians dispute description. Measurements of improvement will be assessed and recorded each month.

**5. I understand that the long term advantages and disadvantages of chronic opioid use have yet to be scientifically determined and my treatment may change anytime.** I understand, accept, and agree that there may be a non-risk risk associated with long-term use of controlled substances and that my physician will advise me and of advances in this field will make treatment changes as needed. Controlled substance medications can cause drowsiness. I understand that while taking controlled medication and certain other non-controlled medication, I will not drive or operate machinery.

**6. I have been fully informed by stepping management and his or her staff regarding psychological and physiological dependence (addiction) of controlled substance medications.** This will occur if I am on medication for several weeks. Therefore, when I need to stop taking the medication, I must do it slowly and under medical supervision or I may have withdrawal symptoms.

**7. I understand the control substances can be dangerous when used in combination with other medications.** I authorize Allan Schwartz Medical center to obtain information from other physicians and healthcare treatment programs from which I received treatment and I authorize Allan Schwartz medical center to disclose information to other physicians and health care treatment programs from which I receive treatment regarding my use of controlled substances and medication. This is to ensure that I have received the best possible care and that I do not receive medications that may cause me harm. This authorization shall remain in effect as long as I am a patient of Allan Schwartz medical center. I understand that I have the right to revoke this authorization in writing and that I may do so in accordance with the Allan Schwartz medical center Notice of Privacy Practices I received. I further understand that any information disclosed by Allan Schwartz medical center may be subject to redisclosure by the person to whom it was sent and may no longer be protected.

**8. I understand that I will be drug tested either by urine or blood sample at random intervals to confirm and verify current use of prescribed and non-prescribed medication.** If I do not allow the test to be conducted and flatly refuse the day it is requested, then I will be discharged from Allan Schwartz medical center on grounds of my non-compliance.

I have read this contract and the same has been explained to me by Allan Schwartz medical center. In addition, I fully understand the consequences of violating this agreement.

Name of Patient (Please Print) NINOS KOUTSIS Witness \_\_\_\_\_  
Signature of Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Allan Schwartz Medical Center**  
**1120 East Long Lake Road**  
**Troy, MI 48085 Suite 120**  
**Phone: (248)- 946-9400 Fax: (586)-816-1904**

**ASSIGNMENT OF RIGHTS**

Assignor acknowledges that he/she has received treatment, products, services and/or accommodations (collectively the "Services") from Assignee and that Assignor has incurred charges for such services at Allan Schwartz Medical Center. For valuable consideration as set forth herein, Assignor hereby certifies that upon execution of this agreement, Assignor has incurred charges with respect to Services from Assignee on or before the date of execution for which the rights, privileges, claims and remedies for payment for each of those Services are hereby assigned to Assignee.

Assignor understands this Assignment is effective and irrevocable (subject to the termination provision below), as of today's date, and in furtherance of the Assignment, Assignor acknowledge the following: This is an assignment of the right to enforce payment of charges incurred for Services, for which charges are payable under any policy of insurance, contract, legal claim and/or statute. Such assignment shall include, in Assignee's sole discretion, the right to appeal a payment denial under any procedure outlined in any insurance policy, contract or statute and/or the right to file suit to enforce the payment of benefits due or past due for the Services incurred and resulting charges.

For all purposes of enforcement of this assignment, Assignee or its agent is designated as my attorney in fact with respect to any action taken in pursuit of payment for Services provided by Assignee. In the event Assignee files suit to enforce payment of benefits due or past due for the services, Assignor consents that such suit may be pursued solely in Assignor's name or by Assignee on behalf of Assignor, as Assignee's sole discretion. Assignor further agrees to cooperate and assist Assignee to enforce the payment of benefits and authorizes Assignee to speak with Assignor's attorneys and representatives regarding any and all aspects of such legal claims.

Assignor and Assignee agree that as consideration for this assignment, Assignee assumes the burden, otherwise born by the Assignor, to pursue payment or such Services rendered by the Assignee, from the insurance company or entity responsible to pay for such services. This may include Assignee doing some or all of the following: (1) submitting its bills directly to the insurance company or entity, (2) pursuing the insurance company or entity which is responsible to pay Assignee's bill for payment of Assignee's bills, (3) incurring any expense associated with pursuing payment of Assignee's bills, (4) hiring or retaining the services of an attorney or collection agency to pursue payment of Assignee's bills. To the extent that Assignor of his representative receives any reward by judgment, settlement, arbitration or otherwise, pertaining to or comprising any portion of the Services, Assignor consents to assign such portion of such award to Assignee until Assignee has received payment for services. Assignor further acknowledges and agrees that this agreement shall, for all purposes, constitute a lien on any such award in favor of Assignor and Assignee is authorized to provide notice of this assignment to any party who may receive such an award in favor of Assignor pertaining to or comprising any portion of the Services. This assignment shall not reduce, diminish or impair Assignor's obligation to pay Assignee for the Services and Assignee acknowledges that, at any time hereto, Assignee may pursue Assignor directly for payment for the Services irrespective of this assignment.

This assignment shall be irrevocable unless terminated by mutual agreement of Assignee and assignor in writing. Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal or State Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and conditions and provisions that are not affected thereby shall remain in full force and effect.

**Patient Signature:**  ("Assignor")

**Accident Detail Form**

Date of automobile accident: 11-10-24 I was wearing a seatbelt: Yes ☒ No ☐

I was the: Driver ☒ Front Passenger ☐ Rear Passenger ☐ Pedestrian ☐ Other ☐

I was in a: Car ☒ Truck ☐ Van ☐ Motorcycle ☐ Other ☐

Please describe the accident in detail:

The accident occurred in the: AM ☐ PM 6:16 Location: \_\_\_\_\_

Other vehicle involved: Car ☒ Truck ☐ Van ☐ Motorcycle ☐ Other ☐

The weather was: Clear ☐ Foggy ☐ Raining ☒ Snowing ☐ Other ☐

The road conditions were: Dry ☐ Wet ☒ Icy ☐ Other ☐

During the accident, I was: Looking Forward ☒ Looking Backward ☐ Looking to a side ☐

Using the review mirror ☐ Other ☐

I was prepared/braced for the accident: Yes ☐ No ☐

During the accident I was: Fine ☐ Dazed ☐ Dizzy ☐ Unconscious ☒ Angry ☐

During the accident, I struck the following objects inside the vehicle: None ☐ Chest-Steering

Wheel ☐ Knee-Dashboard ☐ Head-Windshield ☐ Shoulder-Door ☒ Other ☐

Following The Accident I Was: Fine ☐ Dazed ☐ Dizzy ☒ Unconscious ☐

Angry ☐ Other ☐ For How Long? \_\_\_\_\_

My Vehicle Was Damaged In This Area(s): Front ☐ Rear ☐ Driver Side ☒

Passenger Side ☐

My vehicle was drivable after the accident: Yes ☐ No ☒

I left the scene of the accident by: Ambulance ☐ My Vehicle ☐ Other ☒

My occupational title and job duties at the time of injury were: \_\_\_\_\_

I am currently working: Yes ☐ No ☐ With Restrictions: Yes ☐ No ☐

Please describe any current restrictions: \_\_\_\_\_