

FRAUDSNIFFR

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

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.



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

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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 NINOSYOUISF.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

Nervo 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

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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

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 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 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

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

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] Cervicalgria (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]

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

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 x-rays, 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 x-rays, 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.

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

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

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: 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
CC			

X-Ray Interpretation

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X-Ray Interpretation

Chest X-Ray (PA and Lateral Views):

Clear lung fields and normal cardiomedastinal 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.

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SIGNED BY

MOHAMAD SADEK Osteopathic Medicine

SIGNED ON

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/discoloration.

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]

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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 - 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 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 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

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 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

MOHAMAD SADEK Osteopathic Medicine

SIGNED ON

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 --	YOUSSIF, 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 chnrc care 1st 60 min	1	225.00	0.00	225.00	
ICD Ref	1,2,3,4								
3	11/26/24	99487		Cplx chnrc 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 chnrc 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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PO BOX 26006, DAPHNE, AL 36526
844-646-2827

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31-Dec-2024 8:51 pm

Page 2 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899-EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 2,211.58	ARCHIVE
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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Page 3 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899- EOBD -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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Page 4 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 2,211.58	NX4343899- EOBD -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 2,211.58	ARCHIVE
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 and submit to DIFSURAppeals@michigan.gov.

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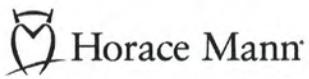
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EOB -- Other



1 Horace Mann Plaza Springfield, IL 62715-0001
800-999-1030

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

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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
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 407.24	ARCHIVE
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 : 2 509.50 0.00 407.24

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31-Dec-2024 8:51 pm

Page 2 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 509.50	NX4343900-EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 407.24	ARCHIVE
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.		

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

Printed On --

31-Dec-2024 8:51 pm

Page 3 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	

Comments :

For faster, more efficient bill processing, electronic billing is available. Please visit cccis.com/ebilling for more information.

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

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31-Dec-2024 8:51 pm

Page 4 of 5

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EOB -- Other

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

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 and submit to DIFSURAppeals@michigan.gov.

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844-646-2827

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31-Dec-2024 8:51 pm

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EOB -- Other



1 Horace Mann Plaza Springfield, IL 62715-0001
800-999-1030

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

This document is not yet electronically signed.

FOR Other
DETACH BEFORE DEPOSITING

EXPLANATION OF REVIEW

ARCHIVE

Michigan

Receive Date : 01/06/2025 Claim Number : AU02499990
Service Provider : SCHWARTZ, ALLAN Adjuster : Jean Bowen
85-1437367 Date Of Loss : 11/10/2024

1120 EAST LONG LK RD STE 120
TROY MI 48085

Billing Provider : ALLAN SCHWARTZ MEDICAL CENTER Patient : YOUSIF, NINOS
85-1437367 32860 KNAPP AVE
PO BOX 1386 WARREN MI 48093
STERLING HEIGHTS MI 48311

Provider Title : Doctor of Osteopathic Medicine Patient Account # : YOUNI001 31751
Provider Specialty : 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	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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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PO BOX 26006, DAPHNE, AL 36526
844-646-2827

Claim Number --	AU02499990	Total Charges --	\$ 326.20	NX4351614- EOBD -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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PO BOX 26006, DAPHNE, AL 36526
844-646-2827

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18-Jan-2025 2:51 am

Page 2 of 5

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EOB -- Other

Claim Number --	AU02499990	Total Charges --	\$ 326.20	NX4351614- EOBID -DR
Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 244.57	ARCHIVE
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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844-646-2827

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18-Jan-2025 2:51 am

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	Total Reimbursement --	\$ 244.57	ARCHIVE
Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

Comments :

For faster, more efficient bill processing, electronic billing is available. Please visit cccis.com/ebilling for more information.

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844-646-2827

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Page 4 of 5

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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 and submit to DIFSURAppeals@michigan.gov.

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Page 5 of 5



1 Horace Mann Plaza Springfield, IL 62715-0001
800-999-1000

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

Insured:
Ninos Yousif

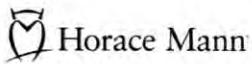
Check Issued By:
MBR User

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

This document is not yet electronically signed.

EOB -- Other
DETACH BEFORE DEPOSITING



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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844-646-2827

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

2	12/26/24	99487	Cpx chnrc 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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Page 2 of 5

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Billing Provider --	ALLAN SCHWARTZ MEDICAL CENTER	Total Reimbursement --	\$ 768.29	PROVIDER
Service Provider --	SCHWARTZ, ALLAN			
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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Comments :

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Service Provider --	SCHWARTZ, ALLAN			
Patient Name --	YOUSIF, NINOS	Dates Of Service --	12/26/2024 - 12/26/2024	

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 and submit to DIFSURAppeals@michigan.gov.

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Page 5 of 5

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EOB -- Other

Fax

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

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 NINOSYOUUSIF.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 signofacanltly 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 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

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 it's 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/discoloration.

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

[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

[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]
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 cardiomedastinal 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			
The patient returned to the office for his monthly follow-up appointment and regarding his x-rays, 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 x-rays, 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.

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]

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.

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.
- Speak 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 shooting 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 lift shoulder above head

Lower Extremities: No knee tenderness, crepitus, 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

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

[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 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 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, crepitus, 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

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
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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

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.

P

SIGNED BY

MOHAMAD SADEK Osteopathic Medicine

SIGNED ON

02/04/2025

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

 practice fusion

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 KneeBrace (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: Ninns Younis
Date of Birth: 04/14/1982
Date of Order: 11/17/20
Patient Signature: [Signature]

Referring Physician: Dr. [Signature]
Date of Birth: 04/14/1982
Date of Order: 11/17/20
Patient Signature: [Signature]

Allan Schwartz Medical Center
1120 East Long Lake Road
Troy, MI 48085 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 KneeBrace (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: ~~ISO~~ 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)

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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)

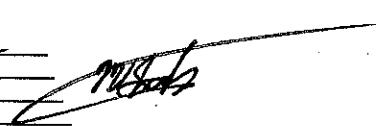
99070: Resistance Band (DX: shoulder pain, leg pain, wrist pain, knee pain) (impaired mobility)

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: Mohamed Sader

NPI Number: _____

Provider Signature: 

Date: 11/12/20

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: Nino YousifDOB: 4/14/82 Phone #: _____

Address: _____

Muscle Relaxants	
<ul style="list-style-type: none"> <input type="checkbox"/> Metaxalone: <input type="checkbox"/> 800mg <input type="checkbox"/> Cyclobenzaprine: <input type="checkbox"/> 5mg <input checked="" type="checkbox"/> 7.5mg <input type="checkbox"/> 10mg <input type="checkbox"/> Tizanidine Capsule: <input type="checkbox"/> 2mg <input type="checkbox"/> 4mg <input type="checkbox"/> Baclofen: <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> Robaxin <input type="checkbox"/> 500mg <input type="checkbox"/> 750mg 	
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>	
NSAIDs	
<ul style="list-style-type: none"> <input type="checkbox"/> Celecoxib: <input type="checkbox"/> 200mg <input type="checkbox"/> Meloxicam: <input type="checkbox"/> 7.5mg <input type="checkbox"/> 15mg <input type="checkbox"/> Ibuprofen: <input type="checkbox"/> 600mg <input type="checkbox"/> 800mg <input type="checkbox"/> Naproxen: <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg 	
Sig: <input type="checkbox"/> QD <input checked="" type="checkbox"/> BID Qty: <u>60</u> Refills: <u>1</u>	
Anti-inflammatory	
<ul style="list-style-type: none"> <input type="checkbox"/> Medrol Dosepak: <input type="checkbox"/> 4mg Sig: Take as directed on blister pack <input type="checkbox"/> Prednisone: <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg 	
Sig: _____ Qty: _____ Refills: _____	
Migraine	
<ul style="list-style-type: none"> <input type="checkbox"/> Imitrex: <input type="checkbox"/> 25mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100mg <input type="checkbox"/> Topiramate: <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg 	
Sig: _____ Qty: _____ Refills: _____	
PPIs	
<ul style="list-style-type: none"> <input type="checkbox"/> Omeprazole/Sodium bicarbonate: <input type="checkbox"/> 20mg/1100 mg 	
Sig: <input type="checkbox"/> QD <input type="checkbox"/> BID Qty: <u>30</u> Refills: <u>1</u>	

Pain	
<ul style="list-style-type: none"> <input type="checkbox"/> Tylenol 500mg <input type="checkbox"/> 650mg 	
Sig: <input type="checkbox"/> Q8h prn <input type="checkbox"/> Q6h prn Qty: _____ Refills: _____	
Nausea	
<ul style="list-style-type: none"> <input type="checkbox"/> Zofran: <input type="checkbox"/> 4mg <input type="checkbox"/> 8mg 	
Sig: <input type="checkbox"/> BID <input type="checkbox"/> TID <input type="checkbox"/> QID Qty: _____ Refills: _____	
Topical Analgesics	
Ointment	
<ul style="list-style-type: none"> <input type="checkbox"/> Lidocaine 5% ointment: <input type="checkbox"/> 100g <input type="checkbox"/> 200g 	
Sig: Apply 1-2 grams to affected area 2-3 times daily PRN Refills: _____	
Patches	
<ul style="list-style-type: none"> <input type="checkbox"/> Diclofenac 2% Solution: <input type="checkbox"/> 112g <input type="checkbox"/> 224g 	
Sig: Apply 1-2 pumps bid to affected area Refills: _____	
Diclofenac 11/26/2024	
<ul style="list-style-type: none"> <input type="checkbox"/> Lidopro Patches: <input type="checkbox"/> 30ct <input type="checkbox"/> 60ct 	
Sig: Apply 1-2 patches to affected area PRN Refills: _____	
<ul style="list-style-type: none"> <input type="checkbox"/> Lidosync Patches <input type="checkbox"/> 30ct <input checked="" type="checkbox"/> 60ct 	
Sig: Apply 1-2 patches to affected area PRN Refills: <u>2</u>	
Neuropathic Pain	
<ul style="list-style-type: none"> <input type="checkbox"/> Cymbalta: <input type="checkbox"/> 30mg <input type="checkbox"/> 60mg <input type="checkbox"/> Lyrica: _____ mg <input type="checkbox"/> Gabapentin: _____ mg 	
Sig: _____ Qty: _____ Refills: _____	

Prescriber's Signature: Dr. A. Schwartz
 Date: 12-26-2024

Dr. Allan Schwartz MD, NPI# 1740367168 DEA:AS1067304

1669243135Fatima Barni FNP

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: Wino YousifDOB: 4/14/82

Phone #: _____

Address: _____

Muscle Relaxants

- Metaxalone: 800mg
- Cyclobenzaprine: 5mg 7.5mg
 10mg
- Tizanidine Capsule: 2mg 4mg
- Baclofen: 5mg 10mg
- Robaxin 500mg 750mg

2 tabs

2 tabs

Sig: QD BID TID QIDQty: 60 Refills: 2**NSAIDS**

- Celecoxib: 200mg
- Meloxicam: 7.5mg 15mg
- Ibuprofen: 600mg 800mg
- Naproxen: 250mg 500mg

Sig: QD BID Qty: 60 Refills: 2**Anti-Inflammatory**

- Medrol Dosepak: 4mg
- Sig: Take as directed on blister pack
- Prednisone: 5mg 10mg 20mg

Sig: _____ Qty: _____ Refills: _____

Migraine

- Imitrex: 25mg 50 mg 100mg
- Topiramate: 25mg 50mg 100mg

Sig: _____ Qty: _____ Refills: _____

PPIs

- Omeprazole/Sodium bicarbonate: 20mg/1100 mg

Sig: QD BID Qty: 30 Refills: 2

Dr. Allan Schwartz MD NPI: 1740367168 DEA: AS1067304

Pain

- Tylenol 500mg 650mg

Sig: Q8h prn Q6h prn

Qty: _____ Refills: _____

Nausea

- Zofran: 4mg 8mg

Sig: BID TID QID Qty: _____ Refills: _____**Topical Analgesics****Ointment**

- Lidocaine 5% ointment: 100g 200g

Sig: Apply 1-2 grams to affected area 2-3 times daily PRN
Refills: _____

- Diclofenac 2% Solution: 112g 224g

Sig: Apply 1-2 pumps bid to affected area

Refills: _____

Diclofenac
1/2 gel 22**Patches**

- Lidopro Patches: 30ct 60ct

Sig: Apply 1-2 patches to affected area PRN

Refills: _____

- Lodosync Patches 30ct 60ct

Sig: Apply 1-3 patches to affected area PRN

Refills: 2**Neuropathic Pain**

- Cymbalta: 30mg 60mg
- Lyrica: _____ mg
- Gabapentin: _____ mg

Sig: _____ Qty: _____ Refills: _____

Prescriber's Signature: Dr. A. SchwartzDate: 12-26-2024

1669243135

EXPLANATION OF REVIEW

ARCHIVE

Michigan

Receive Date : 12/26/2024 **Claim Number** : AU02499990
Service Provider : SCHWARTZ, ALLAN **Adjuster** : Jean Bowen
85-1437367 **Date Of Loss** : 11/10/2024
1120 E LONG LK RD STE 120
TROY MI 48085

Billing Provider : ALLAN SCHWARTZ MEDICAL CENTER **Patient** : YOUSIF, NINOS
85-1437367
PO BOX 1386
STERLING HEIGHTS MI 48311 32860 KNAPP AVE
WARREN MI 48093

Provider Title : Doctor of Osteopathic Medicine **Patient Account #** : YOUNI001 31310
Provider Specialty : **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	M52.830		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 cccis.com/ebilling for more information.

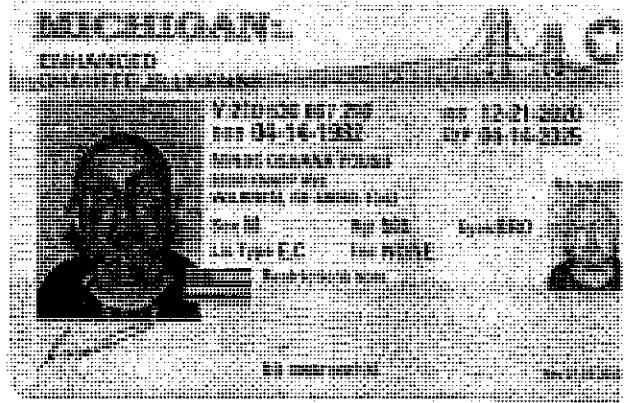
PO BOX 26006, DAPHNE, AL 36526
844-646-2827

Printed On -

31-Dec-2024 8:51 pm

Page 1 of 5

This document is not yet electronically signed.
EOB -- Other



This document is not yet electronically signed.
ID -- Other

MEDICAL ALERT

ENCODED DATA: BIRTH,
EXPIRATION, GENDER,
TRANSACTION DATES,
DL/AD CARD #: NAME,
ADDRESS, GENDER,
ISSUING STATE &
INVENTORY
CONTROL.

IDUSAONWGJMOV05<<<<<<<<<<<<
8204147M2504144USA<<<<<<MI<<
YOUSIF<<NINOS<OSHANA<<<<<<<<

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 KneeBrace (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: Ninns Younis
Date of Birth: 04/14/1982
Date of Order: 11/17/20
Patient Signature: [Signature]

By _____ on _____, _____, _____
Date of Birth: _____
Date of Order: _____
Patient Signature: _____

Allan Schwartz Medical Center
1120 East Long Lake Road
Troy, MI 48085 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 KneeBrace (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: ~~ISO~~ 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)

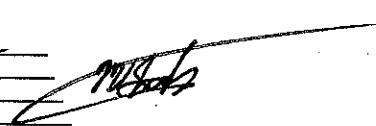
99070: Resistance Band (DX: shoulder pain, leg pain, wrist pain, knee pain) (impaired mobility)

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: Mohamed Sader

NPI Number: _____

Provider Signature: 

Date: 11/12/20

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

First Name: NINOS Last Name: YOUNG

Gender: M Male F Female Birth Date: 4/14/1982 Social Security #:

Home Phone: (586)-822-0448 Cell Phone: ()- -

Email: NINOSYOUNG@YAHOO.COM

Address: 32860 KIANDI City: MARREN State: MI Zip: 48093

How did you find out about us?

Leila Priority Physical

Date of Injury: 11/10/2024 Existing Transportation: Circle One Yes No

Auto Insurance: HORACE MANN

Health Insurance: _____ Claim Number: AU02499990

Adjuster Name: _____ Adjuster Phone Number: _____

Attorney Name: _____ Attorney Phone Number: _____

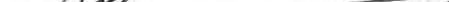
Case Manager Name: _____ Case Manager Number: _____

**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

Patient Name: Mnos Yousef

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: VINOD KOURIFF ("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.

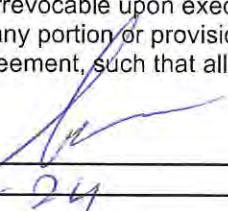
Assignor hereby grants a lien to Assignee for all charges for Assignee's services that have been provided prior to the date this agreement is executed, and also for all charges for Assignee's services that will be provided, but only to the extent that such services have been provided at the time this 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 
Date 11-10-24 ("Assignor")

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 YOUSIF 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

Assigner 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 or 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 pro 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: _____