

PARK AVENUE MEDICAL CENTRE (VICTORIAN)

ABN 92 902 283 603

3-7 KINGDOM DRIVE, CRANBOURNE VIC, 3977

PHONE (03) 5995 0766 - (03) 5995 0755

TAX INVOICE/STATEMENTGallagher Bassett Services Workers
Compensation

Locked bag 3570

GPO

MELBOURNE, VIC 3001

Invoice Date: 04-Aug-14

Print Date: 04-Aug-14

Invoice#: 274227

Invoice	Service	Qty	Item	No. Patients	Description	GST-Incl AMOUNT	GST
SERVICE TO: Mr. Sivakumar Reddy, 3 Tarwin Place CRANBOURNE VIC (File 19833)							
PROVIDER: Dr M Mudiyanselage 4532671J, LOCUM TO: DR. S KUMAR 2443916L							
274227	04/08/14	REP			Medical report - CODE: IGNAGT002	164.17	14.92

Total GST charged: 14.92

Charges **\$164.17** - Credits **0.00** + Adjusts **\$0.00** = Total amount Incl. GST **\$164.17**

Plus other amounts outstanding: 971.27

Total account rendered to Gallagher Bassett Services Workers Compensation by Dr.Sharon Kumar (Park Avenue Medical Centre/ Victorian Global Trust) as at 04/08/14: **\$1,135.44****PAYMENT OPTIONS****MAR.**

Detach this portion of account and return together with your cheque to:

Cheques to be made payable to: Dr.Sharon Kumar (Park Avenue Medical Centre/ Victorian Global Trust)

Patient No: 19833

Gallagher Bassett Services
Workers Compensation
Locked bag 3570
GPO
MELBOURNE, VIC 3001

This Account: \$164.17

Invoice#: 274227

- Please complete the Authority below and give this form (or copy) to the relevant treating health practitioner(s) who have treated you relevant to this dispute.**
- Please follow up your treating health practitioner(s) prior to the conference date to ensure that they have sent their report to the ACCS and that the ACCS has received it**

Conciliation Reference No: 14/9924
 Claim No: 21130058689
 Claimant: Siva Kumar Reddy
 WorkCover agent: Gallagher Bassett Services Workers Compensation Vic Pty Ltd
 Nature of Dispute: Suspension of weekly payments

In order to assist your patient with their Conciliation, I request you provide a medical report addressing the relevant and applicable issues in this dispute from the options listed below.

1. The diagnosis and history of Siva Reddy's injury and/or condition.
2. The relationship of this injury/condition to Siva Reddy's employment.
3. Siva Reddy's current capacity for:
 - a. pre-injury duties;
 - b. any suitable duties;
 including any restrictions and/or modifications you recommend to facilitate and/or support return to work?
4. Please provide details of any return to work arrangements/plans that have been provided to you by the employer and/or occupational rehabilitation provider and comment on the suitability or otherwise of these return to work plans for Siva Reddy.
5. What medical and like treatment and/or services do you consider to be appropriate having regard to Siva Reddy's injury and/or condition? Please specify the duration and/or frequency of any treatment or service, as necessary.
6. Any other information or considerations which may have an impact on Siva Reddy's ability to return to work?
7. Any other relevant information or comments you may have.

The medical report should be provided as soon as possible. Please send the report to:

Accident Compensation Conciliation Service GPO Box 251 MELBOURNE VIC 3001 FAX: (03)9940 1000 EMAIL: info@conciliation.vic.gov.au	AND	Attention: Dispute Resolution Team Gallagher Bassett Services Workers Compensation Vic Pty Ltd Locked Bag 3570 GPO MELBOURNE VIC 3001
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The account should be sent to Gallagher Bassett Services Workers Compensation Vic Pty Ltd (FAX: 9923 9714 Email: conciliation@gbtpa.com.au) who will pay the reasonable costs for preparing the report for conciliation (You may contact them on 9297 9000 in relation to 'Reasonable Costs'). All queries regarding what constitutes "reasonable costs" and/or payment of such costs should be directed to the Gallagher Bassett Services Workers Compensation Vic Pty Ltd Payment Team.

I, Siva Reddy of 3 Taren Point
CRANBOURNE EAST VIC 3977
 authorise Dr Madumathi Herath of 9-7 Kingdom Drive, Cranbourne
Mudumathias of VIC 3977
 (Your GP's or Specialist's name) (Your GP's or Specialist's address)

to discuss with and/or provide a report to an Officer of the Conciliation Service in relation to my injury/condition. I understand that any relevant medical information and/or a copy of the report will also be forwarded to Gallagher Bassett Services Workers Compensation Vic Pty Ltd, the WorkCover agent, to assist in resolving this dispute.

Signed _____ Date 02/05/2014

If you have any questions regarding this request, please contact us on 9940 1111 (fax: 9940 1000) or free call 1800 635 960 and quote reference number 14/9924.

Accident Compensation Conciliation Service

Code - AN AG-TO02

164.17 \$

Park Avenue Medical Centre

3-7 Kingdom Drive
Cranbourne, Vic. Vic 3977

Dr Madumathi N Herath Mudiyanselage

MBBS

4532671J

PHONE 03 59950766

FAX 03 59950744

3/8/2014

Accident Compensation
Conciliation Services
GPO Box 251
Melbome VIC 3001.

Re: Mr. Sivakumar Reddy
3 Tarwin Place
CRANBOURNE
3977
DATE OF BIRTH: 23/11/1969

As a response to request for Medical report Re : Mr Siva Kumar Reddy

Mr Reddy start having consultations with me from 31/03/2014 , following injury at work on 12/02/2014. He was having lower back pain, left arm and shoulder pain , leg pain and headache. MRI shows mild central canal narrowing at c5 c6 , compression of the exiting right c6 nerve root. Right paracentral and foraminal disk protrution at l5 s1, contacting the budding right s1 nerve root, mild intervertebral disk degeneration.

His pre injury duties involve repetitive bending of back and neck which can aggravate his back and neck pain.

Current capacity to pre injury duties

After resting for last couple of months, physiotherapy, pain killers and ct guided epidural injection he is still having pains of his back, shoulder , arm, and leg and headache as same intensity as before. So in my opinion he has no current capacity to go back to pre injury works.

But he may be able to do visual quality inspection works , without bending his back or neck repeatedly. Which can start as short work shifts and increase the time duration according to his tolerability. However because of his pains and medications he is not suitable for drive long distance safely, suggest-provide transport facility / late starting of working shift etc.

Details of Return to work arrangements

Return to work plan provided by Kenworth Trucks (13/05/2014) involve,

- . Visual inspection of the cab which is on a trolley at that point.
- . Inspection for loose/ missing bolts and rivets. Alignment of panels, no requirement to rectify the defect, merely identify them .
- . Using a small vacuum cleaner to remove swart particles from the floor of the cab.
- . These duties would involve no heavy lifting or above shoulder height work.
- . Use of a clipboard and vacuum
- . 5 min rest breaks every hour to stretch his back
- . he will be fully supervised during the course.

Return to work plan provided by Mr Russel Yin (02/04/2014) involve,

- . Reduced work hours..
- . Adequate rest breaks
- . Neutral posture and negligible lifting and handling, later start.
- . Administrative tasks at bench with supportive adjustable seating.

My opinion is he is suitable for visual quality inspection duties provided ,

- . No bending down from back and neck
- . Changing posture regularly
- . No heavy lifting
- . Adequate rest breaks
- . Start from short shifts and increase time gradually.
- . Because of his medications he might not be able to drive to work safely by himself.

so consider providing transport facility/ late start of shift.

Treatment and Services

Currently he is on Lyrica 300 mg twice a day, Endone 5 mg twice a day, and panadene forte when need.

Having physio therapy once a week and hydro therapy twice a week at cranbourne physio.

Had ct guided epidural injection on 01/07/2014.

Already seen by neurosurgeon, Mr Chris Xenos and Girish Nair. Had Orthopaedic opinion from Mr Justin Hunt. Awaiting for pain management specialist (Dr John Monagle) opinion. He is following up with psychologist Mr Randolph Monteiro and awaiting for psychiatrist appointment Dr Malvin Pinto.

Other considerations

He is still having back pain , arm pain, shoulder pain , leg pain and headache. Because of non responding ongoing headache, arranged MRI brain (01/08/2014). which has suggested difference in blood flow of either sides of his transverse sinus. Referred him back to Mr Girish Nair to get further opinion whether this has any impact for his headache.

He is on regular pain killers which causes him drowzy, lack of concentration. Moreover because of his pains he is unable to be in seated position for long time. so he is unable to drive long distance safely. This can give impact on his return to work.

Initilly he declined work place bullying or stressors, but later on he admit at work he face unplesent remarks from others, making him feel low . So he admited he need some counselling through a psychologist. Evnienthough this is not directly related to his injury, this might also can affect his ability to return to work.

I will attach relevant investigation reports for your reference , if you need further clarifications or details feel free to contact me on 0359950766 .

Thank You.



Dr Madanathi N Herath Mudiyanse

Patient Name: SIVAKUMAR REDDY, SIVAKUMAR
Patient Address: 3 TARWIN PLACE, CRANBOURNE EAST 3977
D.O.B: 11/23/1969 Sex: M
Medicare No.: 3424 14053 4- IHI No.:
Lab. Reference: 2014VN0061896-1 Provider: capital
Address: DR SHARON KUMAR Referred by: DR STEPHEN MCKERNAN

Date Requested: 3/16/2014

Date Performed: 3/25/2014

Date Collected: 3/25/2014

Complete: Final

Specimen:

Subject(Test Name): SPINE SCIATICA 1 OR 2 MR

MRI Lumbar Spine

Clinical Notes:
? radiculopathy.

Technique:
Lumbar radiculopathy protocol performed.

Findings:

Lumbar alignment is normal. The lumbosacral junction is in normal position. There is mild disc desiccation throughout the lumbar spine but disc height is preserved. There are no degenerative end-plate changes. Marrow signal is age appropriate. The conus is in normal position terminating at T12-L1. Paraspinal soft tissue morphology is normal.

The L1-2 to L4-5 levels are normal.

At L5-S1, there is a focal right paracentral and foraminal disc protrusion which contacts the budding right S1 nerve root without displacement. The central canal and neural exit foramina are patent.

Comment:

Right paracentral and foraminal disc protrusion at L5-S1 contacts the budding right S1 nerve root. There is no central canal narrowing or further neural compression. Mild intervertebral disc degeneration.

[Image "ausig"]

Dr Anthony Upton,
Radiologist

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New GP MRI Medicare rebates are now available for patients 16 years and over.

Patients meeting the guidelines for Brain, Cervical Spine and Knee will be
BULK BILLED at all of our MRI locations.
For more information, call your local clinic.

Patient Name: SIVAKUMAR REDDY, SIVAKUMAR
Patient Address: 3 TARWIN PLACE, CRANBOURNE EAST 3977
D.O.B: 11/23/1969 Sex: M
Medicare No.: 3424 14053 4 IHI No.:
Lab. Refe.ence: 2014VN0001895-1 Provider: capital
Addressee: DR SHARON KUMAR Referred by: DR STEPHEN MCKERNAN
Date Requested: 3/18/2014 Date Performed: 3/28/2014
Date Collected: 3/25/2014 Complete: Final
Specimen:
Subject(Exam Name): MR SPINE - CERVICAL RADICULOPATHY (GP) (PERSON 16 AND OVER)

MRI Cervical Spine

Clinical Notes:

Cervicalgia with referred pain to upper limbs.

Technique:

Cervical radiculopathy protocol performed.

Findings:

There is some straightening of the cervical lordosis. There is disc desiccation at each cervical disc level with mild to moderate disc height loss at C6/7. Disc height is otherwise preserved. There are no degenerative endplate changes. Marrow signal is normal and age appropriate. The craniocervical junction is normal. Intrinsic cord signal is normal. There is no cervical rib. The prevertebral soft tissues are normal.

The C2/3 level is normal.

At C3/4 the posterior disc contour is normal. There is mild right neural exit foraminal narrowing due to uncovertebral osteophyte but no nerve root compression. The left neural exit foramen is patent.

The C4/5 level is normal.

At C5/6 there is a mild broadbased disc protrusion with mild central canal narrowing. There is moderate to severe right neural exit foraminal narrowing due to disc and uncovertebral osteophyte with compression of the exiting right C6 nerve root. The left neural exit foramen is patent.

The C6/7 and C7/T1 levels are normal.

Comment:

Mild central canal narrowing at C5/6. There is compression of the exiting right C6 nerve root at this level due to disc and uncovertebral osteophyte but no further neural compression.

[Image "ausig"]

Dr Anthony Upton,
Radiologist

xx

New GP MRI Medicare rebates are now available for patients 16 years and over.

Patients meeting the guidelines for Brain, Cervical Spine and Knee will be BULK BILLED at all of our MRI locations.

For more information, call your local clinic.

Patient Name: REDDY, SIVAKUMAR
Patient Address: 3 TARWIN PLACE, CRANBOURNE 3977
D.O.B: 11/23/1969 Sex: M
Medicare No.: IHI No.:
Lab. Reference: 535388 Provider: marinadg
Addressee: DR MADUMATHI
Referred by: DR MADUMATHI
MUDIYANSELAGE MUDIYANSELAGE

Date Requested: 7/28/2014
Date Collected: 8/1/2014

Date Performed: 8/1/2014
Complete:

Specimen:

Subject/Test Name: MRI AND MRA OF BRAIN

[Click here to view the images](#)

Dr Madumathi MUDIYANSELAGE parkavmo - chelsea
Park Avenue Medical Centre
3-7 Kingdom Dr
CRANBOURNE VIC 3977

* Patient Name: Sivakumar REDDY D.o.B.: 23-11-1969, PID: 306500
3 Tarwin Place,
CRANBOURNE VIC 3977

Procedure Date: 01 August 2014 Report Date: 01 August 2014

EXAMINATION: MRI AND MRA OF BRAIN

Clinical Details:

Chronic headaches for last couple of months with neurological symptoms associated with numbness, blurred vision, ? space occupying lesion.

Technique:

A protocol multi-planar multi-echo pre and post gadolinium imaging of the brain was performed, with additional TOF 3D MRV, for assessment of dural venous sinuses.

No previous MRI is available for comparison.

REPORT

T1 and T2 high signal without gadolinium enhancement is noted in the inferior portion of the left mastoid bone.

This does not appear to be fluid, but rather fatty signal as suppressed on FATSAT.

The remaining left mastoid and right mastoid reveal no fluid or opacification.

Minor mucoperiosteal thickening is noted in the maxillary sinuses and ethmoid sinuses.

Of the brain parenchyma, the volume of the neuroparenchyma is maintained.

The grey-white matter differentiation is preserved.

No diffusion restricting lesion, particularly infarction is identified.

No intracranial blood products detected.

Bilateral symmetrical basal ganglia signal dropout on T2* GRE, likely represents basal ganglia calcification, and this is most often physiological.

Note is made of asymmetry of the transverse sinuses flow-related signal bilaterally, that on right appears more prominent and that on left appears less compared to right, and I think that this represents a hypoplastic left transverse sinus.

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Patient Name:

Sivakumar REDDY D.o.B.: 23-11-1969, PID: 306500

3 Tarwin Place,

CRANBOURNE VIC 3977

MRI AND MRA BRAIN (CONT.)

The flow-related signal in the superior sagittal sinus and confluence of sinuses are maintained.

No T1 high signal is noted from the left transverse sinus region.

The blood flow related signal void is maintained in the intracranial circle of Willis.

No tumour mass, sulcal or ventricular effacement or basal cisternal effacement is present.

The size of the ventricles is normal.

Orbital contents are unremarkable.

A persisting cavum septum is known morphological variation and of no particular clinical significance.

No abnormal intracranial enhancement to suggest cerebritis or abscess.

No abnormal meningeal thickening or enhancement observed.

CONCLUSION:

Asymmetry of flow-related signal in transverse dural venous sinus on left appears to be morphological variation (left hypoplastic, right prominent)

If there are persisting concerns regarding CVT, CT venogram may be considered which will have better visualization and resolution.

T1 and T2 high signal in inferior segment of left mastoid process appears to be asymmetric adipose tissue. No scan features of oto-mastoiditis are observed on this examination, nor any intracranial abscess, tumour mass, infarction or bleed.

Thank you for referring Sivakumar Reddy.

Dr Amit Tripathi
Radiologist

Typed by: kg

MRI bulk billing for GP's now available for 16yrs & over for: Head, Cervical spine & Knees. Contact Chelsea branch on 97734411 for further clarification and appointment.