

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On March 10th, 2023, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 10th day of March, 2023, I served the within concerning:

Patient's Name: GAMINO ALAN
Claim Number: 4A2302G37SD-0001
WCAB / EAMS case No: ADJ17287003

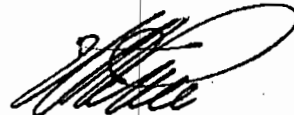
- | | |
|--|--|
| <input checked="" type="checkbox"/> MPN Notice | <input checked="" type="checkbox"/> Initial Consultation Report - <u>03/06/2023</u> |
| <input checked="" type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) |
| <input checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Permanent & Stationary Evaluation Report - _____ |
| <input checked="" type="checkbox"/> Request for Authorization - <u>03/06/2023</u> | <input type="checkbox"/> Post P&S Follow Up - _____ |
| <input checked="" type="checkbox"/> Itemized - (Billing) / HFCA - <u>03/06/2023</u> | <input type="checkbox"/> Review of Records - _____ |
| <input type="checkbox"/> QME Appointment Notification | <input type="checkbox"/> PQME / Med Legal Report - _____ |
| <input type="checkbox"/> Primary Treating Physician's Referral | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

WORKERS DEFENDERS LAW GROUP
751 S WEIR CANYON RD STE 157-455
ANAHEIM CA 92808

Sedgwick
PO BOX 14450
LEXINGTON KY 40512

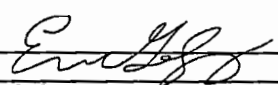
I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 10th day of March, 2023.



ILSE PONCE

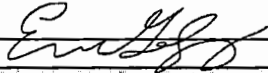
**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request <input type="checkbox"/> Resubmission – Change in Material Facts				
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Gamino Alan				
Date of Injury (MM/DD/YYYY): 01/24/2023			Date of Birth (MM/DD/YYYY): 4/10/1987	
Claim Number: 4A2302G37SD-0001			Employer: Macys/Bloomingtondale	
Requesting Physician Information				
Name: Eric Gofnung, DC				
Practice Name: Eric Gofnung Chiro Corp.			Contact Name: Ilse Ponce	
Address: 6221 Wilshire Blvd Suite 604			City: Los Angeles	State: CA
Zip Code: 90048	Phone: (323) 933-2444		Fax Number: (323) 903-0301	
Specialty: Chiropractor			NPI Number: 1821137134	
E-mail Address: ilse.ponce@gofnung.com				
Claims Administrator Information				
Company Name: Sedgwick			Contact Name:	
Address: PO BOX 14450			City: LEXINGTON	State: KY
Zip Code: 40512	Phone: (866) 247-2287		Fax Number:	
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Radiculitis	M54.12.	Chiro Initial Consultation	99204	1 Time
Thoracic Facet-Induced	M54.6	Progress Report	WC002	
Lumbar Myofasciitis	M79.1	Transcription	99199	
Sacroiliac Joint Dysfunctio	M53.3.			
Shoulder Tenosynovitis/B	M75.52.			
Requesting Physician Signature: 			Date: 3/6/2023	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See Separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

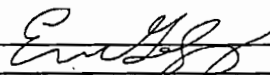
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Zip Code: 90048	Phone: (323) 933-2444	Fax Number: (323) 903-0301		
Specialty: Chiropractor		NPI Number: 1821137134		
E-mail Address: ilse.ponce@gofnung.com				
Claims Administrator Information				
Company Name: Sedgwick		Contact Name:		
Address: PO BOX 14450		City: LEXINGTON		State: KY
Zip Code: 40512	Phone: (866) 247-2287	Fax Number:		
E-mail Address:				
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Cervical Radiculitis	M54.12.	Electrical Stimulation	G0283	1 x a week for 6 weeks
Thoracic Facet-Induced	M54.6	Therapeutic Exercises	97110	
Lumbar Myofasciitis	M79.1	Massage Therapy	97124	
Sacroiliac Joint Dysfunction	M53.3.	CMT 3-4 regions	98941	
Shoulder Tenosynovitis/Bursitis	M75.52.	Extraspinal Manipulation w/spinal	98943	
Requesting Physician Signature:  Date: 3/6/2023				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See Separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

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Cervical Radiculitis	M54.12.	X-Rays Of Cervical, Thoracic, And		
Thoracic Facet-Induced	M54.6	Lumbar Spine And Left Shoulder.		
Lumbar Myofasciitis	M79.1	MRI Of Cervical Spine And		
Sacroiliac Joint Dysfunctio	M53.3.	Lumbar Spine.		
Shoulder Tenosynovitis/B	M75.52.			
Requesting Physician Signature: 		Date: 3/6/2023		
Claims Administrator/Utilization Review Organization (URO) Response				
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Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Employer and/or Workers' Compensation Insurance Carrier:

Macy's Inc. DBA Bloomingdales, LLC

14060 Riverside Drive

Sherman Oaks, CA 91423

Re: Patient - ALAN GAMINO
Social Security # - _____
Date Of Injury - CT: 01/25/2022 - 01/24/2023
Employer - Macy's Inc. DBA Bloomingdales, LLC
Claim Number - 4A2302G37SD-0001

Designation of Primary Treating Physician
and/or Request of Change of Physician
&
Authorization For Release Of Medical Records

To Whom It May Concern:

I, ALAN GAMINO, request a change of primary treating physician and/or request to be treated by a doctor of chiropractic and designate Dr. Eric E. Gofnung as my primary treating physician pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. Please accept my signature below as confirmation of my designation of Dr. Eric E. Gofnung as my primary treating physician. Pursuant to California Labor Code 4601, a request for change of physician may be made at any time.

I request all available present and future medical records to be forwarded to Dr. Eric E. Gofnung for review and comment. Please accept my signature below as my full authorization for release of my medical records and my authorization to release all necessary medical information regarding my condition to all parties involved, which include, but are not limited to my employer and/or their worker's compensation insurance company, to process the claim.

Please refer to the letterhead for Dr. Eric Gofnung's information.

Thank you for your assistance with this claim.

With Kind Regards,

Signature: X  Printed: _____

ALAN GAMINO

Date: 3/6/2023

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 Los Angeles, California 90048 / Tel. (323) 933-2444 / Fax (323) 933-2909

March 6, 2023

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Suite 157-455
Los Angeles, CA 90048

Re: Patient: Gamino Alan
SSN: XXX-XX-4132
EMP: Macys/Bloomingtondale
INS: Sedgwick
Claim #: 4A2302G37SD-0001
WCAB #: ADJ17287003
DOI: CT: 01/25/2022-01/24/2023
D.O.E./Consultation: March 6, 2023

Primary Treating Physician's
Initial Evaluation Report
And Request for Authorization

Time Spent Face to face:	50 minutes
Time Spent on Report Preparation	30 minutes

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on March 6, 2023, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions**

The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: March 6, 2023

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

This medical history was obtained with the assistance of medical historian, Ms. Ana Reed.

JOB DESCRIPTION:

Mr. Alan Gamino was employed by Macys/Bloomingtondale as a sales associate at the time of the injury. They began working for this employer in September 2019. The patient worked full time.

Job activities includes checking inventory, bringing items to the main floor consisting of boxed or bundles of clothing. He made sure there was enough merchandise in the sales floor for customers. He organized the stock room and lifted and carried clothing back and forth. He stood for long periods of time and did cashiering, customer service assistance, cleaning the floors and fitting room and putting everything back and organizing display tables.

The physical requirements consisted of sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, climbing, crawling, and kneeling.

The patient is a right-hand dominant, and they would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding, writing, pushing, and

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: March 6, 2023

pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 45-70 pounds and carry these objects up to 25-30 feet.

The patient worked 8 hours per day and 5 days a week. His normal work hours would vary daily. Lunch break was 60 minutes. The job involved working 100% indoors.

He is currently working shorter shifts, four hours a day, five days a week.

PRIOR WORK HISTORY:

Regarding prior employment, the patient worked as a construction supervisor, drawing blueprints as an independent contractor for 3-year.

Prior to the above, he worked in real estate as a clerk for 3-years.

HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:

CUMULATIVE TRAUMA:

The patient states that while working at their usual and customary occupation as a sales associate sustained a work-related injury to their neck, shoulders, lower back and lower extremities as well as stress related symptoms, which the patient developed in the course of employment due to continuous trauma.

He states that a year ago, in 2022, he noticed pain and stiffness to his neck radiating to the shoulders. He also noticed lower back pain and stiffness which would radiate to the legs. He attributed his symptoms to prolonged periods of standing, walking and lifting heavily. The pain was so great that at times he would leave early. He had mentioned this to his manager who allowed him to leave early as needed.

The applicant took over the counter medication as needed and continued to work. He then requested shorter shifts in February 2023. His private doctor, Dr. Valakhani prescribed medication for the pain which he takes as needed.

The patient presents to this office for further evaluation.

CURRENT COMPLAINTS:

Neck:

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: March 6, 2023

There is radiating pain from the neck into the shoulders and head, and they have been experiencing frequent headaches. They are experiencing numbness and tingling in the shoulders and upper arms. The pain is moderate and the symptoms occur frequently in the neck. There is cracking with range of motion and twisting and turning the head and neck. The pain is aggravated with flexing or extending the head and neck, turning the head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting, and carrying greater than 45 pounds, and working or reaching at or above shoulder level. The patient has difficulty falling asleep and is often awakened during the night by neck pain. The pain level varies throughout the day.

Pain medication provides pain improvement, but patient remains symptomatic.

Bilateral Shoulders:

The pain radiates to the arms. The pain is moderate and the symptoms occur frequently, in both shoulders. There is instability of the shoulder, as well as clicking and grinding sensations. Patient experiences weakness and restricted range of motion for the shoulder and numbness and tingling in the arms. The pain is aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting, and carrying greater than 45 pounds, and repetitive use of the left/right/bilateral upper extremities. Pain level varies throughout the day depending on activities. The patient is not able to sleep on either shoulder due to the pain.

Lower Back:

The pain does not radiate to the legs. Patient has tingling in the leg and numbness of the calf and thighs. The pain is moderate and the symptoms occur frequently. Patient states coughing and sneezing aggravates the back pain. The pain increases with activities of standing or walking as well as sitting over 30 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 45-pounds, going from a seated position to a standing position and twisting and turning at the torso. Patient complains of muscle spasms. Patient complains of pain and difficulty with intimate relations/sexual activity due to increased pain in the lower back. The patient denies experiencing bladder or bowel problems. Patient does awaken from sleep as a result of the low back pain

Pain medication provides pain improvement, but they remain symptomatic.

Psyche:

The patient has episodes of anxiety, stress, and depression due to chronic pain, lack of medical treatment, and activities of daily living.

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: March 6, 2023

PAST MEDICAL HISTORY:

Illnesses:

The patient denies any major medical illnesses.

Injuries:

The patient denied any prior work-related injuries.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking over the counter medication.

Surgeries:

Nasal surgery 7 years ago.

Hospitalization:

The patient denied any hospitalization.

REVIEW OF SYSTEMS:

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress.

ACTIVITIES OF DAILY LIVING:

Physical Activities: As a result of the industrially related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 2/5.

Sensory Function: As a result of the industrially related injury, the patient states: Difficulty with hearing, seeing, feeling (tactile feeling), taste, and smell, with a rating of 3/5.

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: March 6, 2023

Hand Activities: As a result of the industrially-related injury, the patient states: Difficulty with grasping or gripping, lifting, and manipulating small items with a rating of 2/5.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, traveling by plane, restful night sleep pattern, and sexual function, with a rating of 3/5.

FAMILY HISTORY:

Mother is 65 years old and is in good health.

Father is 65 years old and is in good health.

The patient has 1 brother and 1 sisters. They are well and in good health.

SOCIAL HISTORY:

Mr. GAMino is a 35-year-old single, with no children.

The patient completed BS in Architecture.

The patient consumes does not smoke. He drinks wine with dinner.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

Physical Evaluation (March 6, 2023) – Positive Findings:

General Appearance:

The patient is a 35-year-old, right-handed male who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

Vital Signs:

Pulse: 68
Blood Pressure: 131/88
Height: 5'10"
Weight: 156

Re: Patient: Gamino Alan
 DOI: CT: 01/25/2022-01/24/2023
 Date of Exam: March 6, 2023

Cervical Spine:

Examination of the cervical spine revealed tenderness to palpation with muscle guarding of bilateral paracervical and upper trapezium musculature. Tenderness and hypomobility is noted at C2 through C7 vertebral regions.

Shoulder depression test is positive on the left.

Ranges of motion for the cervical spine were decreased and painful.

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	30
Extension	60	20
Right Lateral Flexion	45	25
Left Lateral Flexion	45	30
Right Rotation	80	50
Left Rotation	80	55

Shoulders & Upper Arms:

Examination of the shoulder and upper arm revealed antalgic position of left shoulder.

Tenderness to palpation with muscle guarding of left supraspinatus, infraspinatus, and periscapular musculature. Tenderness at left subacromial bursa.

Hawkins test is positive at the left shoulder.

Ranges of motion for the shoulders, right all normal except for internal and external rotation and left shoulder ranges of motion were decreased and painful.

<i>Shoulder Ranges Of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	180	160	180
Extension	50	45	50
Abduction	180	150	180
Adduction	50	50	50
Internal Rotation	90	60	70
External Rotation	90	50	60

Re: Patient: Gamino Alan
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Elbows & Forearms:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the elbow bilaterally.

Tenderness is not present over the lateral epicondyle, medial epicondyle and cubital tunnel bilaterally. Tenderness is not present over the flexor muscle group and extensor muscle group of the forearm bilaterally.

Valgus and Varus Stress Tests are negative. Cozens' (resisted wrist extension) and Golfers' (resisted wrist flexion) tests are negative bilaterally.

Tinel's sign at the right elbow and left elbow is negative.

Ranges of motion for the right and left elbows were accomplished without pain and spasm and were as follows:

<i>Elbow Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the wrists and hands.

Tenderness is not present over the volar and dorsal crease of the wrist bilaterally. Tenderness is not present over the carpal tunnel and carpals bilaterally. There is no tenderness over the distal ulna and radius bilaterally. There is no tenderness noted over the anatomical snuff box and triangular fibrocartilage complex bilaterally. There is no mechanical block noted during ranges of motion of the wrist. There is no tenderness over the thenar hand musculature, hypothenar hand musculature and intrinsic hand musculature bilaterally.

Tinel's sign, Finkelstein's test, Phalen's test and reverse Phalen's test are negative bilaterally.

Ranges of motion of the right wrist and left wrist were accomplished without pain, spasm and weakness.

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 DOI: CT: 01/25/2022-01/24/2023
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<i>Wrist Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

Finger ranges of motion were performed without pain. Triggering of the digits and mechanical block is not present. Tenderness is not present at the digits. Thumb abduction is 90 degrees bilaterally. Thumb adduction reaches the head of the 5th metacarpal bilaterally.

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally **with the exception of left shoulder 4/5 and 20% strength deficit in flexion, abduction, internal and external rotation of the shoulder.**

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

Sensory Testing:

C5 (deltoid), C6 (lateral forearm, thumb & index finger), C7 (middle finger), C8 (little finger & medial forearm), and T1 (medial arm) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel **with the exception of dysesthesia at left C6-C7 dermatomal levels.**

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	32	32
Forearms	19.5	20

Thoracic Spine:

Examination of the thoracic spine revealed tenderness to palpation with muscle guarding of bilateral parathoracic musculature. Tenderness at left trapezium and left interscapular region. Tenderness and hypomobility is noted at T1 through T6 vertebral regions.

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Kemp's test is positive on the left.

Thoracic spine ranges of motion were decreased and painful, measured as follows.

<i>Thoracic Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	30
Extension	0	0
Right Rotation	30	15
Left Rotation	30	20

Lumbar Spine:

Examination of the lumbosacral spine revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted over L3 through L5 vertebral regions.

Milgram's test is positive. Sacroiliac joint compression test is positive on the left.

Straight Leg Raising Test performed supine was positive bilaterally for back pain with increased radiculopathy to the left lower extremity.

Right: 50 degrees

Left: 40 degrees

Lumbar spine ranges of motion were decreased and painful.

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	35
Extension	25	10
Right Lateral Flexion	25	12
Left Lateral Flexion	25	15

Hips & Thighs:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the hips and thighs.

Tenderness and spasm is not present over the greater trochanteric region, hip bursa, hip abductor, hip adductor, quadriceps, biceps femoris musculature and femoroacetabular joint bilaterally.

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Patrick Fabere test and Hibb's test are negative bilaterally.

Hip ranges of motion were performed without pain and spasm.

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	120	120
Extension	30	30	30
Abduction	45	45	45
Adduction	30	30	30
External rotation	45	45	45
Internal rotation	45	45	45

Knees & Lower Legs:

Tenderness at left infrapatellar tendon, otherwise unremarkable. No tenderness at tibial tuberosity, medial joint line, lateral joint line and popliteal fossa bilaterally. Palpation of the lower leg muscles/regions was unremarkable for tenderness at the gastrocnemius, tibialis anterior (*dorsiflexion & inversion*) and peroneal musculature (*lateral ankle-eversion*) bilaterally.

McMurray's test, Varus Stress test, anterior drawer test and posterior drawer test are negative.

Range of motion of the knees was without pain, spasm, weakness, crepitus or instability bilaterally.

The patient was able to squat without knee pain or weakness.

<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	135	135
Extension	0	0	0

Ankles & Feet:

Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula,

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talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Ankle ranges of motion were performed without pain, spasm, weakness, crepitus or instability bilaterally.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

Ankle Dorsiflexion (*L4*), Great Toe Extension (*L5*), Ankle Plantar Flexion (*L5/S1*), Knee Extension (*L3, L4*), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5.

Squatting is performed without pain.

Heel and toe walking is performed without difficulty.

The patient's gait does not demonstrate antalgia and compensation. The patient ambulates without assistive devices, including crutches, cane, walker or a wheelchair.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

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Sensory Testing:

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact bilaterally upon testing with a pinwheel **with the exception of dysesthesia at left L5 dermatomal level.**

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended		
Calf - at the thickest point		
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus		

Diagnostic Impressions:

1. Cervical spine myofasciitis, M79.1.
2. Cervical facet-induced versus discogenic pain, M53.82.
3. Cervical radiculitis, rule out, M54.12.
4. Thoracic spine myofasciitis, M79.1.
5. Thoracic facet-induced versus discogenic pain, M54.6.
6. Lumbar spine myofasciitis, M79.1.
7. Left sacroiliac joint dysfunction, sprain/strain, M53.3.
8. Lumbar facet-induced versus discogenic pain, M47.816.
9. Lumbar radiculitis left, rule out, M54.16
10. Left shoulder tenosynovitis/bursitis, M75.52.
11. Left shoulder impingement syndrome, rule out, M75.42.

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Discussion and Treatment Recommendations:

The patient is recommended comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for cervical, thoracic and lumbar spine and left shoulder at once a week for six weeks with a followup in six weeks.**

Diagnostic Studies Recommended:

- 1) The patient requires **x-rays of cervical, thoracic, and lumbar spine and left shoulder.**
- 2) The patient requires **MRI of cervical spine and lumbar spine.**

Medical Causation Regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to cervical, thoracic and lumbar spine and left shoulder are industrially related and secondary to continuous trauma from 01/25/2022-01/24/2023 while working as a sales associate for Macys/Bloomingtondale.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

No repeated work with left arm above shoulder height. No lifting over 15 pounds. No repeated bending or twisting. Must be able to change positions from sitting to standing as needed. Must have time for doctor's appointment. If work with restriction is not available, then the patient is considered temporarily totally disabled until reevaluation in six weeks.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604,

Re: Patient: Gamino Alan
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Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such

Re: Patient: Gamino Alan
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information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

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

Should you have any questions with regard to this consultation please contact me at my office.

Sincerely,



Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 6th day of March, 2023, in Los Angeles, California.

EEG:svl

Re: Patient: Gamino Alan
DOI: CT: 01/25/2022-01/24/2023
Date of Exam: March 6, 2023

Sincerely,



Mayya Kravchenko, D.C., QME
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 6th day of March, 2023, in Los Angeles, California.

MK:svl

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Date: 3 / 6 / 2023

To Employer: Macy's Inc. DBA Bloomingdales, LLC
Sedgwick
RE: Employee/ Injured worker: ALAN GAMINO
SS# and/or Date of birth: 10/04/1987
Date of Injury: CT: 01/25/2022-01/24/2023
Claim #: 4A2302G37SD-0001
WCAB #:
EAMS Case #: ADJ17287003

The patient named above has designated: [X] Eric Gofnung, D.C. [] Mayya Kravchenko, D.C. [] Jyrki Suutari, D.C. as their Primary Treating Physician. The patient is being scheduled to be seen in our office for evaluation and treatment of their industrially related injuries.

Please inform us if you have an established Medical Provider Network (MPN)? Please provide us with the following information so that we can inform and provide the injured worker with the proper information on how to select a treating physician from the employer's MPN.

Per Title 8 CCR 9767.5 an employer's MPN must have at least three (3) physicians in my area of specialty, of Chiropractic, to treat the injured worker. These three chiropractors must be within 30 minutes or 15 miles of a covered employee's residence or workplace.

Please list the names and phone numbers of these three (3) Chiropractors on the following lines:

_____, D.C.; (_____) _____ - _____
_____, D.C.; (_____) _____ - _____
_____, D.C.; (_____) _____ - _____

If this list of three Chiropractors in the employer's MPN is not forwarded to our office within five (5) days, we will take this to mean that you do not have three chiropractors on your MPN list within 30 minutes or 15 miles of the covered employee's residence or workplace.

If so, then the patient has requested this office to evaluate and to treat his/her industrially related medical needs and we will proceed to evaluate and treat the injured worker as needed on an industrial basis.

If you, the insurance company/employer, fail or refuse to furnish treatment to the injured worker, then the expense incurred for medical services furnished will be due as per Section 5402, subdivision (b) and (c). Labor Code 5402 (b)(c), requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. If payment of this bill is denied; we will pursue provisions under L.C. 4603.2

As of 06/01/04, Labor code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the employer please provide immediate payment.

Patient's name: Alan Gamino

Signature: X [Handwritten Signature]

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323)933-2444 • Fax (323) 933-2909

Disclosure. You may be referred to one or more of the physicians or other health care practitioners listed below. They or their family members may provide services to or have another financial interest directly or indirectly with each other.

Eric Gofnung, DC, David Feder, LAc. Mayya Kravchenko, DC.

If you would like to know of alternatives to any of them or to any other health care practitioner or facility you are referred to, please let your examining or treating doctor or his or her office staff know.

Complaints. If you have any questions, concerns, or complaints regarding any referral or any other service, please contact your doctor or his or her office manager. Your confidential communications will be protected. You have the right to file a complaint with the doctor's state licensing agency: for a chiropractor, it would be the Board of Chiropractic Examiners, 2525 Natomas Park Drive, Suite 260, Sacramento, CA 95833; for a podiatrist, the Board of Podiatric Medicine, 2005 Evergreen Street, Ste. 1300, Sacramento, CA 95815-3831; for an allopathic physician (M.D.), the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815; for an acupuncturist, the California Acupuncture Board, 1747 N. Market Blvd, Suite 180, Sacramento, CA 95834, and for an osteopath (D.O.), the Osteopathic Medical Board of California, 1300 National Drive, Suite #150, Sacramento, CA 95834-1991.

I have received this disclosure:

X 

Date signed by patient: 3/6/2023

Signature of patient
ALAN GAMINO

Date received by patient: 3/6/2023

Type or print name of patient

Office staff initials