

**Koruon Daldalyan M.D., Q.M.E**  
**Board Certified, Internal Medicine**  
**Internist Health Clinic**

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May 1, 2023

Natalia Foley, Esq.  
Workers Defenders Law Group  
751 S. Weir Canyon Rd. Ste 157-455  
Anaheim, CA 92808

PATIENT:	Alan Gamino
DOB:	October 4, 1987
OUR FILE #:	2022-171
SSN:	XXX-XX-XXXX
EMPLOYER:	Macy's Inc DBA Bloomingdales LLC 14060 Riverside Dr. Sherman Oaks, CA 91423
WCAB #:	ADJ17287003
CLAIM#:	4A2302G37SD-0001
DATE OF INJURY:	CT: July 24, 2022 to January 20, 2023
DATE OF 1 <sup>ST</sup> VISIT:	March 21, 2023
INSURER:	Sedgwick P.O Box 14522 Lexington, KY 40512
ADJUSTOR:	***
PHONE #:	***

**Primary Treating Physician's Medical Legal Evaluation Report**

Dear Ms. Foley,

The patient, Alan Gamino, presents to my office for a primary treating physicians med-legal evaluation. I have been requested by Ms. Foley to issue a Medical Legal report to address causation.

ML 201-92: This is a Primary Treating Physician's Medical Legal Report. No medical records were reviewed in the making of this report. Medical causation has been addressed.

Job Description:

The patient began working as a sales representative in 2019. His work hours varied per day, five days a week. In his job as a sales representative, he was required to assist customers in finding the right outfits and providing customer service. Physically, the job required him to stand, walk, squat, stoop, bend, kneel, twist, and lift up to 50 pounds.

History of the Injury as Related by the Patient:

The patient has filed a continuous trauma claim dated 12/5/2022 to 1/24/2023. The patient states he worked in the Men's department at Bloomingdales. He mentions that his job duties included maintaining the floors and performing stocking duties that required lifting boxes weighing upwards of 50 pounds. He states that often he would carry these boxes overhead to place them on the floor. Overtime given the repetitive twisting, pulling, pushing, and lifting he performed, he began to develop musculoskeletal pain and pain in his right foot. He states that his pain initially began in his cervical spine and spread to his thoracic and lumbar spine regions. It later began to develop in both shoulders, arms, and bilateral lower extremities.

The patient began reporting his musculoskeletal complaints to his supervisors and was often instructed to leave early, however, he was never treated through his workplace, therefore he sought treatment on his own. He began taking over the counter medications including Ibuprofen and Motrin for pain management. In 2020 he was hospitalized and provided a blood transfusion given his complaints of severe stomach aches. He was diagnosed with a gastric ulcer after an endoscopy was performed.

The patient was also hospitalized and diagnosed with blood loss anemia which also required a blood transfusion a second time.

The patient states that often there were incidents of the store being robbed, which would cause him a significant amount of stress as the manager would task them out to speak with the individuals robbing the store.

Prior Treatment:

The patient has been examined by Dr. Gofnung.

Previous Work Descriptions:

Prior to working at Mayc's Inc DBA Bloomingdales LLC, the patient worked at a company creating blueprints.

Occupational Exposure:

The patient was exposed to chemicals and dust during the course of his work. The patient was exposed to excessive noise during the course of his work. He was exposed to excessive heat or cold.

Past Medical History:

The patient denies any history of previous medical or surgical conditions. He has no known allergies. The patient underwent a deviated septum repair in 2015. There is no other significant medical history.

Previous Workers' Compensation Injuries:

None

Social History:

The patient is single. He does not have any children. He does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's parents are alive. His mother has a known diagnosis for arthritis, and his father has cardiac issues. He has one brother and one sister who are alive and well. There is no other significant family medical history.

Review of Systems:

The patient reports a complaint of headaches, shortness of breath, dizziness, wheezing, lightheadedness, eye pain, visual difficulty, sinus problems, sinus congestion, postnasal drip, jaw pain, jaw clenching, chest pain, and heart palpitations. He denies a complaint of ear pain, hearing problems, cough, throat pain, dry mouth, hemoptysis or expectoration. The patient reports a complaint of abdominal pain or cramping, burning symptoms, nausea, weight gain, weight loss. He denies a complaint of reflux symptoms, vomiting, diarrhea, constipation. The patient reports genitourinary complaints including urinary urgency. The patient's musculoskeletal complaints involve cervical spine pain 7/10, thoracic spine pain 8/10, lumbar spine pain 8/10, right shoulder pain 8/10, left shoulder pain 8/10, left wrist pain 8/10, left knee pain 9/10, right ankle pain 7/10, left ankle pain 7/10, right foot pain 7/10, left foot pain 7/10. There is complaint of peripheral edema or swelling of the ankles. The patient's psychosocial complaints include anxiety, difficulty concentrating, difficulty sleeping, and forgetfulness. There is hair loss and dermatologic complaints. There is intolerance to excessive heat or cold. There is complaint of diaphoresis and lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury:

The patient reports problems with sleeping, bathing, dressing, self-grooming, toileting, walking, hobbies, climbing stairs, shopping, cooking, performing housework, and driving

Review of Records:

Please note that if medical records have been received for review, they will be reviewed and commented upon in a subsequent communication.

Current Medications:

The patient currently takes cyclobenzaprine 10 mg tablet once daily, 150g flurbiprofen 20% + Lidocaine 5% 1gm bid, and hydroxyzine 25 mg tablet once nightly.

Physical Examination:

The patient is a 35-year-old alert, cooperative and oriented Hispanic male, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 158 pounds. Blood Pressure: 126/78. Pulse: 61. Respiration: 16. Temperature: 98.0 degrees F.

Skin:

No abnormalities were detected.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is soft, tender without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is no tenderness or myospasm of the cervical, thoracic or lumbar paraspinal musculature.

Neurological Examination:

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 1.84 L (34.2%) and an FEV 1 of 1.08 L (24.9%). There was a 6.8% increase in FVC and an 11.4% increase in FEV1.

A 12-lead electrocardiogram is performed revealing sinus rhythm with sinus arrhythmia and a heart rate of 68 per minute.

A pulse oximetry test is performed today and is recorded at 98%.

Subjective Complaints:

1. Headaches
2. Shortness of Breath
3. Dizziness
4. Wheezing

5. Lightheadedness
6. Swelling of the Ankles
7. Eye Pain
8. Anxiety
9. Visual Difficulty
10. Abdominal Pain
11. Burning Symptoms
12. Difficulty Concentrating
13. Sinus Problems
14. Difficulty Sleeping
15. Sinus Congestion
16. Nausea
17. Difficulty Making Decisions
18. Forgetfulness
19. Hair Loss
20. Postnasal Drip
21. Skin Issues
22. Jaw Pain
23. Weight Gain
24. Intolerance to Heat/Cold
25. Jaw Clenching
26. Weight Loss
27. Chest Pain
28. Urinary Urgency
29. Diaphoresis
30. Heart Palpitations
31. Lymphadenopathy

Objective Findings:

1. Tenderness noted to the paravertebral of the cervical spine and lumbar spine
2. Tenderness noted of bilateral shoulders
3. Tenderness noted of bilateral wrists
4. Tinel's positive of the right ankle
5. Tenderness noted to the epigastric region of the abdomen
6. Bilateral TMJ tenderness
7. An abdominal ultrasound is performed revealing a normal liver, normal gallbladder, and a normal right kidney
8. An ultrasound of the left wrist is performed, evaluation of the median nerve reveals a circumference of 1.59 cm and an area of .13 cm<sup>2</sup>
9. An ultrasound of the right wrist is performed today, evaluation of the median nerve reveals a circumference of 1.56 cm and an area of .09 cm<sup>2</sup>

10. A pulmonary function test is performed revealing an FVC of 3.99 L (73.9%) and an FEV 1 of 2.98 L (68.5%). There was no change after the administration of Albuterol.
11. A 12-lead electrocardiogram is performed revealing sinus rhythm with PAC(s) and a heart rate of 61 per minute.
12. A pulse oximetry test is performed and is recorded at 97%.
13. Jamar: RT1) 18.8kg 2)11.5kg 3)11.6kg LT 1)11.1kg 2)14.9kg 3)10.7kg
14. Vision test without glasses: OD20/20 OS 20/20 OU 20/27
15. An audiogram is performed and reveals the following:

	<u>1,000 Hz</u>	<u>2,000 Hz</u>	<u>3,000 Hz</u>	<u>4,000 Hz</u>
Right:	20	20	15	20
Left:	20	20	15	15

16. A random blood sugar is performed and is recorded at 91 mg/dL.
17. A pulmonary function test is performed revealing an FVC of 1.84 L (34.2%) and an FEV 1 of 1.08 L (24.9%). There was a 6.8% increase in FVC and an 11.4% increase in FEV1.
18. A 12-lead electrocardiogram is performed revealing sinus rhythm with sinus arrhythmia and a heart rate of 68 per minute.

Diagnoses:

1. CERVICAL SPINE STRAIN/SPRAIN
2. THORACIC SPINE STRAIN/SPRAIN
3. LUMBAR SPINE STRAIN/SPRAIN
4. RIGHT SHOULDER STRAIN/SPRAIN
5. TENDINOSIS OF RIGHT ANKLE
6. TENDINOSIS OF LEFT SHOULDER
7. LEFT SHOULDER STRAIN/SPRAIN
8. RIGHT WRIST STRAIN/SPRAIN
9. LEFT WRIST STRAIN/SPRAIN
10. LEFT WRIST CARPAL TUNNEL SYNDROME
11. LEFT KNEE STRAIN/SPRAIN
12. RIGHT ANKLE STRAIN/SPRAIN
13. LEFT ANKLE STRAIN/SPRAIN
14. RIGHT FOOT STRAIN/SPRAIN
15. LEFT FOOT STRAIN/SPRAIN
16. GASTROESOPHAGEAL REFLUX DISEASE
17. GASTRIC ULCER WITH BLEEDING
18. BLOOD LOSS ANEMIA, SECONDARY TO GASTRIC ULCERATION, STATUS POST BLOOD TRANSFUSION X2

19. IRRITABLE BOWEL SYNDROME WITH ALTERNATING BOUTS OF DIARRHEA AND CONSTIPATION
20. BRUXISM
21. HEADACHES
22. SHORTNESS OF BREATH
23. DIZZINESS
24. WHEEZING
25. LIGHTHEADEDNESS
26. SWELLING OF THE ANKLES
27. EYE PAIN
28. ANXIETY DISORDER
29. VISION DISORDER
30. DIFFICULTY CONCENTRATING
31. SINUS PROBLEMS AND CONGESTION
32. INSOMNIA
33. NAUSEA
34. DIFFICULTY MAKING DECISIONS
35. FORGETFULNESS
36. ALOPECIA
37. POSTNASAL DRIP
38. SKIN ISSUES
39. TMJ SYNDROME
40. FLUCTUATING WEIGHT
41. INTOLERANCE TO HEAT/COLD
42. JAW CLENCHING
43. CHEST PAIN
44. URINARY URGENCY
45. DIAPHORESIS
46. HEART PALPITATIONS
47. LYMPHADENOPATHY

Discussion:

The patient has filed a continuous trauma claim dated 12/5/2022 to 1/24/2023. The patient states he worked in the Men's department at Bloomingdales. He mentions that his job duties included maintaining the floors and performing stocking duties that required lifting boxes weighing upwards of 50 pounds. He states that often he would carry these boxes overhead to place them on the floor. Over time given the repetitive twisting, pulling, pushing, and lifting he performed, he began to develop musculoskeletal pain and pain in his right foot. He states that his pain initially began in his cervical spine and spread to his thoracic and lumbar spine regions. It later began to develop in both shoulders, arms, and bilateral lower extremities.

The patient began reporting his musculoskeletal complaints to his supervisors and was often instructed to leave early, however, he was never treated through his



workplace, therefore he sought treatment on his own. He began taking over the counter medications including Ibuprofen and Motrin for pain management.

The patient's work required him to frequently lift heavy objects, which contributed to his musculoskeletal pain. Heavy lifting puts strain on the muscles which can lead to the muscles becoming overstretched or torn, resulting in pain, aching or mobility loss. Tendons and ligaments can also become worn down over time due to repetitive lifting, resulting in weak and inflamed joints<sup>1</sup>. The medical literature and epidemiological research confirm that such occupational factors make an individual susceptible to developing musculoskeletal injuries from repeated physical stress. This appears to be the case with Mr. Gamino. In my opinion, the patient's work activities were of sufficient frequency, intensity, and duration to result in his degenerative state.

The stress associated with the pain the patient experiences can also be linked to his headaches. Stress and headaches are connected, as stress is thought to play part in headache disorder onset in predisposed people. It has also been found to trigger or worsen individual headache episodes in those with headaches and heighten the progression of a headache disorder. Through aggravating headache disorder progression, stress is believed to be a major factor in converting headaches from episodic to chronic<sup>2</sup>.

The patient's difficulty with sleep can also be attested to his musculoskeletal pain. It is estimated that over 50 million Americans are affected by chronic pain and that as many as 70% of these patients complain of poor sleep. In clinical samples, 51% of patients experiencing chronic lower back pain report impaired sleep, and 70% in a mixed group of patients attending a pain clinic reported the same. It has also been found that patient's medical history often displays that a stress-related incident precedes insomnia, and that pain frequently leads to the insomnia becoming chronic<sup>3</sup>.

As a result of the psychological stress from the industrial injuries sustained, the patient developed alopecia (hair loss). The stress hormone, cortisol, is known to affect the function and cyclic regulation of the hair follicle. When cortisol is present at high levels it has been demonstrated to reduce the synthesis and accelerate the degradation of important skin elements, namely hyaluronan and proteoglycans by approximately 40%<sup>4</sup>. Additionally, there was a positive correlation between

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<sup>1</sup>El-Tallawy, S.N., Nalamasu, R., Salem, G.I. *et al.* Management of Musculoskeletal Pain: An Update with Emphasis on Chronic Musculoskeletal Pain. *Pain Ther* 10, 181–209 (2021).

<sup>2</sup>Timothy Houle PhD, Justin M. Nash PhD. Stress and Headache Chronification. *Headache: The Journal of Head and Face Pain, Volume 63, Issue 1.* 2023; 1: 1-182.

<sup>3</sup>Frederic Stiefel Daniele Stagno. Management of Insomnia in Patients with Chronic Pain Conditions. *Therapy in Practice.* 2012 (8): 285-296.

<sup>4</sup>María José García-Hernández, Sergio Ruiz-Doblado, Antonio Rodríguez-Pichardo, Francisco Camacho. Alopecia, Stress and Psychiatric Disorders: A Review. *The Journal of Dermatology.* October 1999, pages 625-632.

perceived stress levels and urinary incontinence symptoms, and its impacts on quality of life among overactive bladder patients<sup>5</sup>. This is the case with Mr. Gamino.

The stress the patient has experience can be attributed to his diagnosis of irritable bowel syndrome (IBS) as well. IBS and psychological distress are often comorbid. The prevalence of one or more psychiatric disorder in patients with IBS commonly ranges from 40%-60%. Stress releases hormones, including corticotropin-releasing factor (CRF). This hormone affects the composition and growth of the gut's healthy bacteria which are essential for maintaining healthy bowl function<sup>6</sup>. Additionally, it has been found that in IBS, alterations of the autonomic nervous system, which is activated by stress, are likely to play a role in altered bowel habits and alterations in gastric emptying. Evidence for such enhanced responsiveness of autonomic responses in IBS includes increased responses of colonic motility in response to stress as well as food intake and delayed gastric emptying in patients<sup>7</sup>.

The patient began to take pain medications to manage his pain. These fall into the category of nonsteroidal anti-inflammatory drugs (NSAIDs) which are among the most commonly used drugs in the world. While they work well to relieve pain, they have been shown to have adverse side effects. NSAIDs have been shown to impact gastrointestinal motility by reducing the lower esophageal sphincter (LES) pressure which is responsible for preventing the backflow of stomach acid into the esophagus. The impairment of the LES enables gastric fluid to enter the esophagus, leading to gastroesophageal reflux. In my opinion, progressive chronic use of NSAIDs has resulted in the patient's GERD. Additionally, NSAIDs have shown to have other consequences on the gastrointestinal system. The main cause of the negative effects of NSAIDs relies on the inhibition of the cyclooxygenase (COX) enzymes. These enzymes are responsible for synthesizing a group of lipids called prostaglandins which work to regulate inflammation and prevent stomach acids from eating away at the gastric mucosa. Using NSAIDs over a long period of time lowers prostaglandin levels, which leads to gastric mucosa irritation which results in IBS and plays a role in GERD as well<sup>8</sup>.

Peptic ulcer disease is a well-recognised complication of NSAID use. As previously mentioned, inhibition of COX enzymes in the gastrointestinal tract leads to a reduction of prostaglandin secretion and its protective effects in gastric mucosa

<sup>5</sup>Lai H, Gardner V, Vetter J, Andriole GL. Correlation between psychological stress levels and the severity of overactive bladder symptoms. *BMC Urol.* 2015;15:14. Published 2015 Mar 8. doi:10.1186/s12894-015-0009-6

<sup>6</sup>Qin HY, Cheng CW, Tang XD, Bian ZX. Impact of psychological stress on irritable bowel syndrome. *World J Gastroenterol.* 2014 Oct 21;20(39): 14126–14131.

<sup>7</sup>Emeran A, Mayer, Bruce D, Naliboff, Lin Chang, and Santosh V. <sup>4</sup>Coutinho. V. Stress and irritable bowel syndrome. *American Journal of Physiology-Gastrointestinal and Liver Physiology, Volume 280, Issue 4.* 2001. G519-G524.

<sup>8</sup>Akarca, U. Gastrointestinal Effects of Selective and Non-selective Non-steroidal Anti-inflammatory Drugs. *Current Pharmaceutical Design.* 2005; 11(14): 1779-1793.

and therefore increases the susceptibility to mucosal injury. Stomach ulcers form when the stomach lining is damaged. Stomach ulcers can cause the stomach lining to bleed, which leads to anemia which the patient has experienced<sup>9</sup>.

The patient states that he was exposed to occupational dust, and chemicals throughout his employment. Exposure to occupational dust or chemicals is associated with chronic respiratory symptoms. Additionally, it has been found that prevalence of each symptom increases with increasing exposure. Linear trends for increased prevalence of chronic bronchitis and breathlessness were significant to exposure to dust and chemicals. Also, in association with chemical exposure there was a significant decrease for FEV<sub>1</sub> (forced expiratory volume), which is how much an individual can forcibly exhale in one second, and FVC (forced vital capacity), which is how much an individual can forcibly exhale with one breath<sup>10</sup>. Based on the medical literature it can be concluded that the patient's occupational exposures played a significant role in his development of breathlessness, which indicates possible underlying lung disease.

In my opinion, it is within a reasonable degree of medical probability that the musculoskeletal ailments the patient developed while working at Macy's Inc DBA Bloomingdales LLC contributed to the onset of IBS, GERD, headaches, insomnia, alopecia, urinary impairments, and gastric ulcers which led to the onset of anemia. It is also within a reasonable degree of medical probability that the patient's occupational exposures played a role in his development of breathlessness. At this time, and with the currently available medical evidence, it would appear that Mr. Gamino's ailments have industrial causation.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

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<sup>9</sup>Drini M. (2017). Peptic ulcer disease and non-steroidal anti-inflammatory drugs. *Australian prescriber*, 40(3), 91–93.

<sup>10</sup>Xu, X., Christiani, D. C., Dockery, D. W., & Wang, L. (1992). Exposure-response relationships between occupational exposures and chronic respiratory illness: a community-based study. *The American review of respiratory disease*, 146(2), 413–418.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

The patient has not attained maximum medical improvement and therefore impairment cannot be rated at this time. A permanent and stationary report will be provided when the patient reaches maximum medical improvement.

Attestation:

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

I further declare under penalty of perjury that I, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA.

The history was obtained from the patient and the dictated report was transcribed by Hazel Babcock, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of \$64.50 per page for a total of 10 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Koruon Daldalyan', with a horizontal line extending to the right.

Koruon Daldalyan, M.D.  
Board Certified, Internal Medicine