

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

13320 Riverside Dr., Suite 104,
Sherman Oaks, California 91423
Tel: 818.574.6189 Fax: 818.574.6218
kdaldalyan@internisthc.com

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 1ST 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 FEV₁ 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 cm²
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 cm²

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 joints¹. 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 chronic².

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 chronic³.

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%⁴. Additionally, there was a positive correlation between

¹EI-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).

²Timothy 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.

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

⁴María 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 patients⁵. 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 function⁶. 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 patients⁷.

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 well⁸.

Peptic ulcer disease is a well-recognized 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

⁵Lai 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

⁶Qin 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.

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

⁸Akarca, 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 experienced⁹.

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 FEV₁ (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 breath¹⁰. 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.

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

¹⁰Xu, 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 'Koruo Daldalyan', with a horizontal line extending to the right.

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

Internist Health Clinic
 13320 Riverside Drive
 Suite 104
 SHERMAN OAKS, CA 91423

PLEASE SELECT THE CHECK BOX INDICATING PAYMENT METHOD


 DISCOVER
 
 
 

CARD NUMBER		CVC	AMOUNT
SIGNATURE		ZIP CODE	EXP. DATE
ACCOUNT #	STATEMENT DATE	DUE UPON RECEIPT	SHOW AMOUNT PAID
8431213	05/19/2023	\$0.00	

Gamino, Alan
 8220 W. Norton Ave Apt3
 WEST HOLLYWOOD, CA 90046

Internist Health Clinic
 13320 Riverside Drive
 Suite 104
 SHERMAN OAKS, CA 91423

ACCOUNT #	CHART #	PATIENT NAME	STATEMENT DATE	CASE	DUE UPON RECEIPT
8431213	2022-171	Gamino, Alan	05/19/2023	Workers Compensation	\$0.00

DATE	DESCRIPTION	CHARGES	PATIENT PAYMENTS	ADJ.	INSURANCE PAYMENTS	PENDING INSURANCE	PATIENT BALANCE
05/01/23	ML201 Comprehensive Medical-Legal Evaluation DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A MODIFIERS: 92 Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00	2015.00	0.00	0.00	0.00	2015.00	0.00
05/01/23	94060 EVALUATION OF WHEEZING DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00	250.00	0.00	0.00	0.00	250.00	0.00
05/01/23	94664 EVALUATE PT USE OF INHALER DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00	75.00	0.00	0.00	0.00	75.00	0.00
05/01/23	93000 ELECTROCARDIOGRAM COMPLETE DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00	215.00	0.00	0.00	0.00	215.00	0.00
05/01/23	94760 MEASURE BLOOD OXYGEN LEVEL DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 Provider: Daldalyan, Koruon YOUR BALANCE	125.00	0.00	0.00	0.00	125.00	0.00
03/21/23	99205 OFFICE O/P NEW HI 60-74 MIN DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	1500.00	0.00	0.00	0.00	1500.00	0.00

DATE	DESCRIPTION	CHARGES	PATIENT PAYMENTS	ADJ.	INSURANCE PAYMENTS	PENDING INSURANCE	PATIENT BALANCE
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 97750 PHYSICAL PERFORMANCE TEST DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	600.00	0.00	0.00	0.00	600.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 97535 SELF CARE MNGMENT TRAINING DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	150.00	0.00	0.00	0.00	150.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 99483 ASSMT & CARE PLN PT COG IMP DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	800.00	0.00	0.00	0.00	800.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 76700 US EXAM ABDOM COMPLETE DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	700.00	0.00	0.00	0.00	700.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 76881 US COMPL JOINT R-T W/IMG DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A MODIFIERS: RT	400.00	0.00	0.00	0.00	400.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 76881 US COMPL JOINT R-T W/IMG DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A MODIFIERS: LT	400.00	0.00	0.00	0.00	400.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 94060 EVALUATION OF WHEEZING DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	250.00	0.00	0.00	0.00	250.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 94664 EVALUATE PT USE OF INHALER DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	75.00	0.00	0.00	0.00	75.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 93000 ELECTROCARDIOGRAM COMPLETE DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	215.00	0.00	0.00	0.00	215.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 94760 MEASURE BLOOD OXYGEN LEVEL DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	125.00	0.00	0.00	0.00	125.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 99173 VISUAL ACUITY SCREEN DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	50.00	0.00	0.00	0.00	50.00	0.00
03/21/23	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 92557 COMPREHENSIVE HEARING TEST DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA	250.00	0.00	0.00	0.00	250.00	0.00

DATE	DESCRIPTION	CHARGES	PATIENT PAYMENTS	ADJ.	INSURANCE PAYMENTS	PENDING INSURANCE	PATIENT BALANCE
03/21/23	S43.401A Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 82962 GLUCOSE BLOOD TEST DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	65.00	0.00	0.00	0.00	65.00	0.00
03/21/23	S43.401A Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 36415 ROUTINE VENIPUNCTURE DIAGNOSIS: S13.4XXA S23.9XXA S33.5XXA S43.401A	65.00	0.00	0.00	0.00	65.00	0.00
	Place Of Service: Internist Health Clinic Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 Provider: Daldalyan, Koruon YOUR BALANCE						0.00
	Total	8325.00	0.00	0.00	0.00	8325.00	0.00

MESSAGES
SSN: N/A
DOI: CT: 07/24/2022 - 01/20/2023; CT: 01/25/2022 - 01/24/2023
Claim: 4A2302G37SD-0001 / TAX ID: 86-2448871

BALANCE DUE UPON RECEIPT \$ 0.00
AVAILABLE PATIENT FUND \$ 0.00

AGING INFORMATION				
0 - 30	31 - 60	61 - 90	91 - 120	> 120
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PLEASE DETACH AND RETURN THE TOP PORTION WITH YOUR PAYMENT

Pay Online

Scan QR code or use below link to make a secure online payment:

www.rxnt.com/patientbillpay





HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Sedgwick CMS 14450
P.O. BOX 14450
LEXINGTON KY 40512-1415

PICA	PICA
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input checked="" type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1) 4A2302G37SD0001
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Gamino Alan	3. PATIENT'S BIRTH DATE MM DD YY 10 04 1987 M <input checked="" type="checkbox"/> F <input type="checkbox"/>
5. PATIENT'S ADDRESS (No., Street) 8220 W. Norton Ave Apt3	6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>
CITY WEST HOLLYWOOD	STATE CA
ZIP CODE 90046	TELEPHONE (Include Area Code) (619) 548-2361
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Koruon Daldalyan DATE 05/01/2023	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED Koruon Daldalyan
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL 439 MM DD YY 07 24 2022
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. <u>S13.4XXA</u> B. <u>S23.9XXA</u> C. <u>S33.5XXA</u> D. <u>S43.401A</u> E. <u>S43.402A</u> F. <u>S63.501A</u> G. <u>S93.401A</u> H. <u>S93.602A</u> I. L. ICD Ind. 0	22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #	
1 05 01 23 11 ML201 92 ABCD 2015 00 1.0 NPI 1679937643	
2 05 01 23 11 94060 ABCD 250 00 1.0 NPI 1679937643	
3 05 01 23 11 94664 ABCD 75 00 1.0 NPI 1679937643	
4 05 01 23 11 93000 ABCD 215 00 1.0 NPI 1679937643	
5 05 01 23 11 94760 ABCD 125 00 1.0 NPI 1679937643	
6	
25. FEDERAL TAX I.D. NUMBER 862448871 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 12383317
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 2680 00 29. AMOUNT PAID \$ 0 00 30. Rsvd for NUCC Use 2680 00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Koruon Daldalyan 05/19/2023 SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION Internist Health Clinic 13320 Riverside Drive Suite 104 SHERMAN OAKS CA 91423-2502 a. NPI b. #1679937643
33. BILLING PROVIDER INFO & PH # Koruon Daldalyan 13320 Riverside Drive Suite 104 SHERMAN OAKS CA 91423	

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Koruon Daldalyan M.D. Inc.	
	2 Business name/disregarded entity name, if different from above Koruon Daldalyan M.D. Inc. / Internist Health Clinic	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 13320 Riverside Drive, Suite 104	Requester's name and address (optional)
6 City, state, and ZIP code Sherman Oaks, CA 91423		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																															
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																															
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																															
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3" style="text-align: center;">-</td><td colspan="3" style="text-align: center;">-</td><td colspan="3"></td></tr> </table> or <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;">8</td><td style="width: 20px;">6</td><td style="width: 20px;">-</td><td style="width: 20px;">2</td><td style="width: 20px;">4</td><td style="width: 20px;">4</td><td style="width: 20px;">8</td><td style="width: 20px;">8</td><td style="width: 20px;">7</td><td style="width: 20px;">1</td></tr> </table>	Social security number																		-			-						Employer identification number									8	6	-	2	4	4	8	8	7	1
Social security number																																															
-			-																																												
Employer identification number																																															
8	6	-	2	4	4	8	8	7	1																																						

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶ - Date ▶ 12/01/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Re: Alan Gamino
Claim No: 4A2302G37SD-0001
WCAB No: ADJ17287003; ADJ17287502
Chart No: 2022-171

PROOF OF SERVICE BY MAIL

(1013a, 2015.5 C.C.P.)

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is 13320 Riverside Drive, Suite 104, Sherman Oaks, CA 91423.

On May 22, 2023, I served the foregoing document described as:

- Medical Legal Evaluation Report (05-01-23)
- Itemized Bill (05-19-23)
- 1500 CMS Claim (05-19-23)
- W-9 Form (12-01-22)

On all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at Sherman Oaks, California addressed as follows:

Natalia Foley, Esq.
Workers Defenders Law Group
751 South Weir Canyon Road, Suite 157-455
Anaheim, CA 92808

Law Offices of Fellman & Associates
5777 West Century Boulevard, Suite 1195
Los Angeles, CA 90045

Sedgwick
P.O. Box 14450
Lexington, KY 40512

Executed on May 22, 2023, in Sherman Oaks, California.

I declare under penalty of perjury that the foregoing is true and correct.

Valerie Swartz

Valerie Swartz