

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

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June 26, 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 Progress Report**

Dear Ms. Foley,

The patient presents today, June 26, 2023, for reevaluation. The patient continues in treatment for his various medical conditions as noted in this report.

Current Medications:

The patient currently is taking Cyclobenzaprine 10 mg tablet daily, Flurbiprofen 20% topical ointment to apply BID, and Hydroxyzine HCl 25 mg tablet nightly for sleep.

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: 124/76. Pulse: 70. Respiration: 17. Temperature: 97.9 degrees F. No skin abnormalities were detected. 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. 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. 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. The abdomen is soft, tender without organomegaly. Normoactive bowel sounds are present.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 2.07 L (38.3%) and an FEV<sub>1</sub> of 1.29 L (29.7%). There was no change after the administration of Albuterol.

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

A pulse oximetry test is performed today and is recorded at 96%.

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:

1,000 Hz    2,000 Hz    3,000 Hz    4,000 Hz

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 2.50 L (46.4%) and an FEV 1 of 1.57 L (36.0%). There was no change after the administration of Albuterol.
18. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 74 per minute.
19. A pulmonary function test is performed revealing an FVC of 2.07 L (38.3%) and an FEV 1 of 1.29 L (29.7%). There was no change after the administration of Albuterol. **(6/26/2023)**
20. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 68 per minute. **(6/26/2023)**
21. A pulse oximetry test is performed and is recorded at 96%. **(6/26/2023)**

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. ANEMIA, SECONDARY TO BLEEDING FROM GASTRIC ULCER
18. GASTRIC ULCER WITH BLEEDING
19. BLOOD LOSS ANEMIA, SECONDARY TO GASTRIC ULCERATION, STATUS POST BLOOD TRANSFUSION X2
20. IRRITABLE BOWEL SYNDROME WITH ALTERNATING BOUTS OF DIARRHEA AND CONSTIPATION
21. BRUXISM
22. HEADACHES
23. SHORTNESS OF BREATH
24. DIZZINESS

25. WHEEZING
26. LIGHTHEADEDNESS
27. SWELLING OF THE ANKLES
28. EYE PAIN
29. ANXIETY DISORDER
30. VISION DISORDER
31. DIFFICULTY CONCENTRATING
32. SINUS PROBLEMS AND CONGESTION
33. INSOMNIA
34. NAUSEA
35. DIFFICULTY MAKING DECISIONS
36. FORGETFULNESS
37. ALOPECIA
38. POSTNASAL DRIP
39. SKIN ISSUES
40. TMJ SYNDROME
41. FLUCTUATING WEIGHT
42. INTOLERANCE TO HEAT/COLD
43. JAW CLENCHING
44. CHEST PAIN
45. URINARY URGENCY
46. DIAPHORESIS
47. HEART PALPITATIONS
48. 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. 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.

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.

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.

Disability Status:

The patient is to continue on temporary and total disability for a period of six weeks.

Treatment:

The patient is to continue with his current medications. He is prescribed Hydroxyzine HCl 10 mg tablet daily, Cyclobenzaprine 5 mg tablet daily, and Flurbiprofen 20% topical ointment to apply BID. He will be reevaluated in six weeks.

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 Adrine Madatyan, 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 7 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