

**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**

**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, California 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 July 31, 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, California 90048.

On 31 day of July, 2023, I served the within concerning:

**Patient's Name:** Gamino, Alan  
**Claim Number:** 4A2302G38QZ-0001  
**WCAB / EAMS case No:** ADJ17287003

- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization - \_\_\_\_\_
- Itemized – (Billing) / HFCA – \_\_\_\_\_
- QME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report - \_\_\_\_\_
- Re-Evaluation Report / Progress Report (PR-2) \_\_\_\_\_
- Permanent & Stationary Evaluation Report – \_\_\_\_\_
- Post P&S Follow Up - \_\_\_\_\_
- Review of Records – 7/11/2023
- Primary Treating Physician's Medical Legal Permanent & Stationary Evaluation ML-201 Report
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - \_\_\_\_\_

List all parties to whom documents were mailed to:

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

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 31 day of July, 2023.

  
\_\_\_\_\_  
**ILSE PONCE**

# ERIC E. GOFNUNG CHIROPRACTIC CORP.

## SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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July 11, 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 #: 4A2302G38QZ-0001; 4A2302G37SD-0001  
WCAB #: ADJ17287003; ADJ17287502  
DOI: CT: 01/25/2022-01/24/2023  
Date of review: July 11, 2023

### Primary Treating Physician's Prolonged Service Code Record Review

Dear Gentlemen:

The following records were reviewed at the request of applicant counsel. I am in receipt of a letter dated July 10, 2023 from the Natalia Foley, Esq (Workers' Defenders Law Group) requesting me to review medical records. This review is mandated by L.C. 4064 & 9785. The claims examiner should forward this report to the defense counsel.

My review of the records is as follows:

#### A - Review of Legal Records

- 1) July 10, 2023, Request for Medical Clarification to Dr. Gofnung, Natalia Foley, Esq. (Workers Defenders Law Group): DOI: CT: 01/25/2022 – 01/24/2023.

Please be advised that the defendant in the above case partially admitted claimed body part of our client, applicant ALAN GAMINO for the injury ADJ17287003 with DOI: 01/25/2022 – 01/24/2023, claim # 4A2302G38QZ-0001 per PQME Dr. Mahboubian report as to neck, bilateral shoulders and bilateral ankles.

As you are aware, this claim was previously denied, and applicant selected you, Dr. Gofnung, as his PTP. Per your report dated 5/17/2023, Applicant has an industrial injury to his thoracic, cervical and lumbar spine and left knee, and to the best of our knowledge is undergoing his treatment with your office starting from April 2023.

Please clarify whether the patient condition is acute or chronic within the meaning of Cal. Code Regs. Tit. 8. §9767.9 (e)(1) through (e)(4).

Your prompt attention to this matter will be highly appreciated.

**B - Review of Diagnostic Records**

None provided for review

**C - Review of All Other Records**

None provided for review

**DISCUSSION AND COMMENTS:**

My opinion's and conclusions remain unchanged from all reports submitted to present.

This patient's condition is chronic as his condition is non resolving beyond 90 days and requires ongoing treatment.

I am sure you will find this report helpful in the management of the patient's case. The review of these records provided me with a better understanding of the patient's condition and a greater ability to render appropriate care for the patient's condition. Please contact me at my office if I can answer any additional questions that I have left unanswered.

**WCAB Declaration**

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 the information that 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.

Total number of pages received for review: \_\_\_\_\_ 2

Time Spent on Review of Records/Medical File: 4 minutes

Time Spent on preparing this report, including dictation and editing: 30 minutes

**Total Time Spent: 34 Minutes**

Re: Patient – Gamino, Alan  
Page 3

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Gofnung". The signature is fluid and cursive, with the first name "Eric" being more prominent than the last name "Gofnung".

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

Signed this 26 day of July, 2023, in Los Angeles, California.

EEG: