

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

12626 Riverside Drive, Suite 510 • North Hollywood, California 91607 • Tel. (818)623-9633 • Fax (818) 623-9533

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 12626 Riverside Drive, Suite 510, North Hollywood, California 91607. 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 24th, 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 outgoing 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 12626 Riverside Drive, Suite 510, North Hollywood, California 91607.

On 24th day of March, 2023, I served the within concerning:

Patient's Name: KHAMENIAN, ALENA
Claim Number: 4A2302G36RJ-0001
WCAB / EAMS case No: ADJ17287529

- MPN Notice
Designation of Primary Treating Physician & Authorization for Release of Medical Records
Financial Disclosure
Request for Authorization - 03/09/2023
Itemized - ( Billing) / HFCA - 03/09/2023
QME Appointment Notification
Primary Treating Physician's Referral
Initial Consultation Report - 03/09/2023
Re-Evaluation Report / Progress Report (PR-2)
Permanent & Stationary Evaluation Report -
Post P&S Follow Up -
Review of Records -
PQME / Med Legal Report -
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
ANAHEIM CA 92808

SEIDGWICK
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 North Hollywood, California on 24th day of March, 2023.

[Handwritten signature]

ILSE PONCE

**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

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March 9, 2023

Workers Defenders Law Group  
751 S. Weir Canyon RD, Suite 157-455  
Anaheim, CA 92808

Re: Patient: Khamenian, Alena  
SSN: 592-95-9857  
EMP: Macy's/Bloomingtondale  
INS: SEDGWICK  
Claim #: 4A2302G36RJ-0001  
WCAB #: ADJ17287529  
DOI: CT: 03/06/22-01/15/23  
D.O.E./Consultation: March 9, 2023

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

Time Spent Face to face:	60 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 9, 2023, in my office located at 12626 Riverside Drive, Suite 510, North Hollywood, California 91607. 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.

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

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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:**

Ms. Alena Khamenian was employed by Macys/Bloomingdales as a counter manager at the time of the injury. They began working for this employer on July 7<sup>th</sup> or 9<sup>th</sup>, 2019. The patient worked full time.

Job activities included stocking items, move boxes, selling merchandise, bringing merchandise from one floor to another one, reaching up to shelves, moving shelves to reach inventory and sales to customers. She opened boxes, removed items and placed them on displays which at times requiring pushing furniture. This was a 3-story store. She also operated the cash register.

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

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The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 20 pounds and carry these objects a few feet.

The patient worked 8 hours per day and 5 days a week. Normal work hours were 9:45am to 7-8 pm pr 11:45 –9 am. Lunch break was 30-60 minutes. Rest break was 15 minutes. The job involved working 100% indoors.

The last day the patient worked for the above employer was on January 2, 2023, at which time the patient was terminated from employer.

**PRIOR WORK HISTORY:**

Regarding prior employment, the patient worked as vendor at a Bloomingdales store for 4-years. Previously, she worked as a manager at a boutique 5-6 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 counter manager for Macys/Bloomingdales, they sustained a work-related injury to their shoulder, back and left leg, which the patient developed in the course of employment due to continuous trauma dated 03/06/22-01/15/23.

The patient attributes the injuries due to the repetitive movements while moving heavy metal shelving on rails which she had to jostle and pull and tug to move to the sides. She noted pain in her left shoulder, left side of the lower back and left leg as due to mostly applying pressure on the left side. She had complained of this to the security guard as it was causing pain and that these shelves could fall back on her or other employees.

She did not seek treatment on her own and continued to work. She took over the counter medication as needed without relief.

She did not report her injuries due to fear of losing her job.

She continued to work until she was terminated in January 2023.

She remained symptomatic.

The patient presents to this office for evaluation and treatment of industrial injuries.

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## **CURRENT COMPLAINTS:**

### **Left Shoulder:**

She only complains of left shoulder pain. The pain radiates to the arm and hand. The pain is moderate to severe and occurs intermittently. 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 shoulder, arm, and hand. Patient complains of stiffness and experiences increased pain with repetitive motion of the arms/shoulders. Pain level varies throughout the day depending on activities. The patient is not able to sleep on the left shoulder due to the pain. The patient has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

### **Left Hand/Wrist:**

Pain is frequent and moderate. She complains of numbness of the left wrist. She may have coldness of the fingertips. The pain is aggravated with gripping, grasping, torquing motions, flexion, and extension of the wrist/hand, pinching, fine finger manipulation, driving, repetitive use of the left upper extremity pushing, pulling, and lifting, and carrying greater than 2-3 pounds. The patient has cramping, weakness, and loss of grip strength in hand and wrist. There is tingling in the hands and fingers. Pain level varies throughout the day depending on activities.

### **Lower Back:**

The pain is left sided radiates down the buttocks and back of thighs to feet and toes. Patient does have numbness and tingling in the left lower extremity. The pain is moderate to severe, and the symptoms occur frequently. The pain increases with activities of standing or walking 2-3 hours, as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-pounds, going from a seated position to a standing position and twisting and turning at the torso. Patient complains of muscle spasms. Patient does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting the activities. They walk with a limp due to low back symptoms after sitting more than 10 minutes.

### **Left Hips:**

The pain radiates down the left lower extremity to the thigh to feet. The pain is moderate to severe and the symptoms occur intermittently. The patient has a clicking, and grinding sensation in the hip. The patient has difficulty sleeping and awakens with pain and discomfort.

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**Left Ankles/Foot:**

The pain is sharp pain which is frequent and moderate and tenderness over the left ankle. foot and heel. There is slight swelling and cracking of the ankle. The patient complains of bilateral ankle instability and cramping. The pain is aggravated by standing and walking over 60-90 minutes, flexing, extending, squatting, stooping, and standing. The patient limps while walking and ambulating. There is slight swelling and cracking of the ankles.

**Psyche:**

The patient has episodes of anxiety, stress, and depression due to chronic pain and disability status. The patient denies suicidal ideation.

**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 takes over the counter medications.

**Surgeries:**

Four C-section five years ago last one.

Breast lift last year.

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**Hospitalization:**

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the continuous trauma injury from 03/06/22-01/15/23 as related to the back left lower extremities, left wrist, hips and left shoulder.

**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:**

Communication: As a result of the industrially related injury, the patient states: Difficulty with writing, typing, seeing, hearing, and speaking, with a rating of 3/5.

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.

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 3/5.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car 2/5.

**FAMILY HISTORY:**

Mother is 65 years old and is in good health.

Father is 67 years old and is in good health.

The patient has 1 sister in good health.

**SOCIAL HISTORY:**

Ms. Khamenian is a 42-year-old single, married female with 4 children.

The patient completed a Bachelor's degree.

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The patient consumes occasional alcohol and does not smoke.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

**Physical Evaluation (March 9, 2023) – Positive Findings:**

**General Appearance:**

The patient is a 42-year-old, right-handed female who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

**Vital Signs:**

Pulse: 74  
Blood Pressure: 119/74  
Height: 6'0"  
Weight: 173

**Cervical Spine:**

**Examination of the cervical spine revealed tenderness to palpation at left upper trapezium musculature, otherwise unremarkable.**

**Shoulder depression test is positive on the left.**

**Ranges of motion for the cervical spine were restricted secondary to left shoulder pain, measured as follows.**

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	40
Extension	60	20
Right Lateral Flexion	45	35
Left Lateral Flexion	45	40
Right Rotation	80	60
Left Rotation	80	65



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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 and infraspinatus musculature. Tenderness at left subacromial bursa.

Hawkins test is positive at the left shoulder.

Ranges of motion for shoulders, right normal 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	150	180
Extension	50	40	50
Abduction	180	150	180
Adduction	50	50	50
Internal Rotation	90	60	90
External Rotation	90	50	90

Elbows & Forearms:

Examination of the elbow and forearm revealed tenderness to palpation of the extensor muscle group of the forearm.

Cozens' test is positive at the left, otherwise unremarkable.

Ranges of motion for the elbows were within normal limits and pain-free.

<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:

Examination of the wrist and hand revealed tenderness to palpation at left volar and dorsal crease, distal radius, carpals and thenar region.

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**Finkelstein's, Phalen's and reverse Phalen's test and Tinel's sign are all positive on the left.**

**Ranges of motion of the wrists, right normal and left decreased and painful.**

<i>Wrist Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	<b>45</b>	60
Extension	60	<b>40</b>	60
Ulnar Deviation	30	<b>20</b>	30
Radial Deviation	20	<b>10</b>	20

Hands:

**Examination of the digits revealed digital painful ranges of motion of digits 3 and 4 on the left, otherwise unremarkable.**

**Ranges of motion of the digits were within normal limits with pain at the left.**

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

**Left: 10/10/10  
Right: 25/30/25**

**The patient complained of increased pain at the left wrist during the testing.**

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 deltoid left 4/5, wrist extensor and finger flexor left 4/5, finger abduction left 4/5 and triceps left 4/5, other myotomes 5/5.**

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.

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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 C7 dermatomal level and dysesthesia in left hand median nerve distribution.**

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	27	27
Forearms	20	19.5

Thoracic Spine:

Gross edema, swelling, erythema and scars are not present upon visual examination of the thoracic spine. The thoracic spine has a normal kyphotic curvature.

Tenderness and spasm is not present over the paravertebral musculature, trapeziums, rhomboid, latissimus dorsi musculature and interscapular region bilaterally. Tenderness and hypomobility is not present over the vertebral regions from T1 to T12.

Kemp's test is negative.

Thoracic spine ranges of motion were performed without pain and spasm.

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

Lumbar Spine:

Examination of the lumbar spine revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature, worse on the left. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L2 through L5 vertebral regions.

Milgram's test is positive. Left sacroiliac joint compression test is positive.

Straight Leg Raising Test performed supine was positive on the left with increased radiculopathy to left lower extremity.

Left: 45 degrees

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**Lumbar spine ranges of motion were decreased and painful.**

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	<b>30</b>
Extension	25	<b>10</b>
Right Lateral Flexion	25	<b>12</b>
Left Lateral Flexion	25	<b>15</b>

Hips & Thighs:

**Examination of the hip and thigh revealed tenderness to palpation at left hip greater trochanter, hip bursa, and hip abductors.**

**Patrick Fabere test is positive at the left.**

**Ranges of motion for the hip, right normal and left decreased and painful.**

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	<b>80</b>	120
Extension	30	<b>20</b>	30
Abduction	45	<b>20</b>	45
Adduction	30	<b>10</b>	30
External rotation	45	<b>20</b>	45
Internal rotation	45	<b>20</b>	45

Knees & Lower Legs:

Visual examination of knees and lower legs does not identify deformity, dislocation, edema, swelling, erythema, scars and lacerations.

Tenderness is not present over the quadriceps tendon, patella, infrapatellar tendon, 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.

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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 revealed tenderness to palpation at left distal fibula, deltoid ligament, anterior talofibular ligament, Achilles tendon, sinus tarsi and tibialis posterior tendons. Slight swelling is noted at the lateral dorsal aspect of the left ankle.

Anterior drawer test is positive at the left.

Ranges of motion for the ankles right normal and left were decreased and painful.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Ankle Dorsiflexion	20	15	20
Ankle Plantar Flexion	50	20	50
Inversion (Subtalar joint)	35	20	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 with the exception of ankle dorsiflexion left 4/5, other myotomes 5/5.

Squatting is positive for left ankle pain.

Heel and toe walking is difficult due to left ankle pain.

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

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

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 &amp; Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	45	45.5
Calf - at the thickest point	34.5	33.5
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	99	99

Diagnostic Impressions:

1. Lumbar spine myofasciitis, M79.1.
2. Left sacroiliac joint dysfunction, sprain/strain, M53.3.
3. Lumbar facet-induced versus discogenic pain, M47.816.
4. Lumbar radiculitis left, rule out, M54.16
5. Left shoulder tenosynovitis/bursitis, M75.52.
6. Left shoulder rotator cuff tear, rule out, M75.102.
7. Left brachioradialis tendinitis, M75.22.
8. Left wrist tenosynovitis, M65.849.
9. Left carpal tunnel syndrome, rule out, G56.02.

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10. Left digital neuropathy,
11. Left Hip Trochanteric Bursitis, M70.62.
12. Left quadriceps tendinitis, S76.112S.
13. Left ankle and foot tenosynovitis, M65.872.
14. Left tarsal tunnel syndrome, rule out, G57.52.

**Discussion and Treatment Recommendation:**

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 lumbar spine, left shoulder, left wrist, hand and forearm, left hip and thigh, left ankle and foot at once a week for six weeks with a followup in six weeks.**

**Diagnostic Studies Recommended:**

- 1) The patient is recommended **x-rays of lumbar spine, left shoulder, left wrist, left hip and left ankle.**
- 2) The patient is recommended **MRI of lumbar spine and left shoulder.**
- 3) The patient is recommended **NCV/EMG of upper and lower extremities.**

**Specialty evaluation recommended:**

- 1) The patient is recommended **podiatric consultation.**

**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 lumbar spine, left upper extremity and left lower extremity are industrially related and secondary to continuous trauma from 03/06/22-01/15/23 while working for Macys/Bloomingdales as a counter manager.

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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. No repeated or forceful grasping, torquing, pulling, and pushing with left hand. No repeated squatting, kneeling, and climbing. No prolonged standing, sitting and walking. Must be able to change positions as needed. Must have time for doctor's appointments. If work with restrictions 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 12626 Riverside Drive, Suite 510 • North Hollywood, California 91607. I prepared this report, including any and all impressions and conclusions described in the discussion.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628)(b): "I declare that Dr. Kravchenko examined the patient and may have assisted with initial preparation and assembly of components of this report, and I, Dr. Gofnung, the primary treating physician, have reviewed the report, edited the document, reviewed the final draft and I am in agreement with the findings, including any and all impressions and conclusions as described in the this report."

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



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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 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

Re: Patient: Khamenian, Alena  
DOI: CT: 03/06/22-01/15/23  
Date of Exam: March 9, 2023

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,



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

Signed this 9<sup>th</sup> day of March, 2023, in North Hollywood, California.

EEG:svl

Re: Patient: Khamenian, Alena  
DOI: CT: 03/06/22-01/15/23  
Date of Exam: March 9, 2023

Sincerely,



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

Signed this 9<sup>th</sup> day of March, 2023, in North Hollywood, California.

MK:svl