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May 2, 2023

Natalia Foley, Esq.
Workers Defenders Law Group
8018 E. Santa Ana Canyon Rd. Ste 100 215
Anaheim, CA 92808

PATIENT:	Alena Khamenia
DOB:	February 18, 1981
OUR FILE #:	2022-170
SSN:	XXX-XX-9857
EMPLOYER:	Macys INC DBA Bloomingdales LLC 14060 Riverside Dr. Sherman Oaks, CA 91423
WCAB #:	ADJ17287529; ADJ17287564
CLAIM#:	4A2302G36RJ-0001; 482302G3755-0001-MGA
DATE OF INJURY:	CT: March 6, 2022 to January 15, 2023; CT: July 16, 2022 to January 1, 2023
DATE OF 1ST VISIT:	March 21, 2023
INSURER:	Sedgwick P.O Box 14522 Lexington, KY 40512
ADJUSTOR:	Marsha Mattis
PHONE #:	(562) 981-0286

Primary Treating Physician's Medical Legal Evaluation Report

Dear Ms. Foley,

The patient, Alena Khamenia, 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 Hermes counter manager in 2019. Her work hours were 10:45 am to 6 or 8 pm per day, five days a week. In her job as a counter manager, she was required to manage the counters, provide customer ervice, and restocking shelves. Physically, the job required her to stand, walk, squat, stoop, bend, kneel, climb, twist, and lift up to 30 pounds.

History of the Injury as Related by the Patient:

The patient has filed a continuous trauma claim dated 3/6/2022 to 1/1/2023. The patient states she worked as a salesperson/counter manager at Bloomingdales for Hermes. She mentions that her job duties often included lifting boxes weighing upwards of 30 pounds full of beauty products overhead for stocking. She mentions that she would use a ladder to place the boxes on higher platforms. She states that during the course of her employment she would experience significant stress due to robberies. The patient reports feeling nervous about going into work as during the robberies there was excessive noises, including individuals banging on counters and making sounds. She states that the incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis of her facial regions. The patient mentions that given the fear of losing her job, she was afraid to report complaints of her symptoms. She did however follow up with her primary care physician who prescribed her medications, including NSAIDs. She states that her symptoms continued to progress to include cramping of her legs, swelling of her ankles, and changes in her bowel habits. The patient continued working until January 1, 2023.

Prior Treatment:

The patient has been examined by Dr. Mayya Kravchenko

Previous Work Descriptions:

Prior to working at Macy's, the patient worked as a vendor.

Occupational Exposure:

The patient was exposed to chemicals, fumes, dust, and vapors during the course of her work. The patient was not exposed to excessive noise during the course of her work. She was exposed to excessive heat or cold.

Past Medical History:

The patient denies any history of previous medical or surgical conditions. She has a known allergy to anesthesia and pet dander. The patient has undergone four

cesarean sections in 2005, 2006, 2011, and 2018. There is no other significant medical history.

Previous Workers' Compensation Injuries:

None

Social History:

The patient is married. She has four children. She does not smoke cigarettes or use recreational drugs. She occasionally drinks alcohol.

Family History:

The patient's parents are alive and well. She has one sister who is 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, lightheadedness, jaw pain, dry mouth, and heart palpitations. She denies a complaint of eye pain, visual difficulty, ear pain, hearing problems, sinus problems, sinus congestion, cough, throat pain, postnasal drip, jaw clenching, chest pain, wheezing, hemoptysis or expectoration. The patient reports a complaint of abdominal pain or cramping, burning symptoms, nausea, weight gain. She denies a complaint of reflux symptoms, vomiting, diarrhea, constipation, weight loss. The patient reports genitourinary complaints including urinary urgency. The patient's musculoskeletal complaints involve lumbar spine pain 7/10, left shoulder pain 6/10, left wrist pain 6/10, left hand pain 6/10, left hip pain 8/10, left ankle pain 8/10, left foot pain 8/10. There is no complaint of peripheral edema or swelling of the ankles. The patient's psychosocial complaints include anxiety, difficulty concentrating, difficulty sleeping, and forgetfulness. There are hair loss and dermatologic complaints. There is intolerance to excessive heat or cold. There is complaint of diaphoresis, chills, and lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury:

The patient reports problems with sleeping, toileting, walking, 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 hydroxyzine 25 mg once nightly, 150 g flurbiprofen 20% + Lidocaine 5% 1gm bid, and Allegra Allergy 60 mg tablet once daily.

Physical Examination:

The patient is a 42-year-old alert, cooperative and oriented Belarusian English-speaking female, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 178 pounds. Blood Pressure: 112/76. Pulse: 69. Respiration: 16. Temperature: 98.5 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 globular, 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 tenderness or myospasm of the cervical, thoracic or lumbar paraspinal musculature. Slight swelling noted of the right forearm. Swelling noted of the left ankle

Range of Motion Testing:

Cervical Spine:	Normal
Flexion	40/50
Extension	50/60
Right Rotation	70/80
Left Rotation	70/80
Right Lateral Flexion	35/45
Left Lateral Flexion	35/45

Thoracic Spine:	
Flexion	60/60
Right Rotation	30/30
Left Rotation	30/30

Lumbo-Sacral Spine:	
Flexion	50/60
Extension	15/25
Right Lateral Flexion	15/25
Left Lateral Flexion	15/25

Shoulder:	*Right*	*Left*
Flexion	180/180	170/180
Extension	50/50	40/50
Abduction	180/180	170/180
Adduction	50/50	40/50
Internal Rotation	90/90	80/90
External Rotation	90/90	80/90

Hips:	*Right*	*Left*
Flexion	140/140	130/140
Extension	0/0	0/0

Abduction	45/45	35/45
Adduction	30/30	20/30
Internal Rotation	45/45	35/45
External Rotation	45/45	35/45
Elbow:	*Right*	*Left*
Flexion	130/140	130/140
Forearm	*Right*	*Left:*
Pronation	80/80	70/80
Supination	80/80	70/80
Wrist:	*Right*	*Left*
Dorsiflexion	60/60	50/60
Palmar Flexion	60/60	50/60
Radial Deviation	20/20	10/20
Ulnar Deviation	30/30	20/30
Knee:	*Right*	*Left*
Flexion	130/130	130/130
Ankle/Foot:	*Right*	*Left*
Dorsiflexion	15/15	10/15
Plantar Flexion	40/40	35/40
Inversion	30/30	25/30
Eversion	20/20	15/20

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 3.36 L (71.3%) and an FEV 1 of 2.99 L (79%). There was no change after the administration of albuterol.

A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 63 per minute.

A pulse oximetry test is performed today and is recorded at 100%.

Subjective Complaints:

1. Headaches
2. Shortness of Breath
3. Dizziness
4. Lightheadedness
5. Swelling of the Ankles
6. Anxiety
7. Abdominal Pain
8. Burning Symptoms
9. Difficulty Concentrating
10. Difficulty Sleeping
11. Nausea
12. Difficulty Making Decisions
13. Forgetfulness
14. Hair Loss
15. Skin Issues
16. Jaw Pain
17. Weight Gain
18. Intolerance to Heat/Cold
19. Dry Mouth
20. Chills
21. Urinary Urgency
22. Diaphoresis
23. Heart Palpitations
24. Lymphadenopathy

Objective Findings:

1. Tenderness noted to the left side of her cervical spine
2. Tenderness noted to the paravertebral of the lumbar spine
3. Tenderness noted of the left trapezius muscle
4. Tenderness noted of the left shoulder
5. Slight swelling noted of the right forearm
6. Tenderness noted of the left wrist
7. Tinel's positive, left side
8. Tenderness noted of the left hip
9. Tenderness noted of the left lateral ankle
10. Swelling noted of the left ankle
11. Tenderness noted to the epigastric region of the abdomen
12. Bilateral TMJ tenderness

13. An abdominal ultrasound is performed revealing a normal liver, normal gallbladder, and a normal right kidney.
14. An ultrasound of the left wrist is performed, evaluation of the median nerve reveals a circumference of 1.11 cm and an area of .08 cm^2
15. A pulmonary function test is performed revealing an FVC of 3.65 L (77.5%) and an FEV 1 of 2.96 L (78.3%). There was a 5.4% increase in FVC and a 4.1% increase in FEV 1 after the administration of Albuterol.
16. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 66 per minute.
17. An audiogram is performed and reveals the following:

	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz
Right:	30	30	30	30
Left:	30	25	25	25

18. A pulse oximetry test is performed and is recorded at 98%.
19. Jamar Test. Rt. 1.24.5kg 2. 19.5kg 3 23.3kg Lft. 1. 12.0kg 2. 6.8kg 3. 7.9kg.
20. Vision Test without glasses: OU: 20/20 OD: 20/20 OS: 20/20
21. A random blood sugar is performed and is recorded at 99 mg/dL.
22. A pulse oximetry test is performed and is recorded at 100%.
23. A pulmonary function test is performed revealing an FVC of 3.36 L (71.3%) and an FEV 1 of 2.99 L (79%). There was no change after the administration of albuterol.
24. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 63 per minute.

Diagnoses:

1. LUMBAR SPINE STRAIN/SPRAIN
2. LEFT SHOULDER STRAIN/SPRAIN
3. LEFT WRIST STRAIN/SPRAIN
4. LEFT HAND STRAIN/SPRAIN
5. LEFT HIP STRAIN/SPRAIN
6. LEFT ANKLE STRAIN/SPRAIN
7. LEFT FOOT STRAIN/SPRAIN
8. GASTROESOPHAGEAL REFLUX DISEASE
9. POST TRAUMATIC STRESS DISORDER
10. IRRITABLE BOWEL SYNDROME WITH ALTERNATING BOUTS OF DIARRHEA AND CONSTIPATION
11. FACIAL RASH, ECZEMA, ACCELERATED BY WORKPLACE INJURY
12. BRUXISM
13. HEADACHES
14. SHORTNESS OF BREATH
15. DIZZINESS

16. LIGHTHEADEDNESS
17. SWELLING OF THE ANKLES
18. ANXIETY DISORDER
19. DIFFICULTY CONCENTRATING
20. INSOMNIA
21. NAUSEA
22. DIFFICULTY MAKING DECISIONS
23. FORGETFULNESS
24. ALOPECIA
25. SKIN ISSUES
26. TMJ SYNDROME
27. WEIGHT GAIN
28. INTOLERANCE TO HEAT/COLD
29. DRY MOUTH
30. CHILLS
31. URINARY URGENCY
32. DIAPHORESIS
33. HEART PALPITATIONS
34. LYMPHADENOPATHY

Discussion:

The patient has filed a continuous trauma claim dated 3/6/2022 to 1/1/2023. The patient states she worked as a salesperson/counter manager at Bloomingdales for Hermes. She mentions that her job duties often included lifting boxes weighing upwards of 30 pounds full of beauty products overhead for stocking. She mentions that she would use a ladder to place the boxes on higher platforms. She states that during the course of her employment she would experience significant stress due to robberies. The patient reports feeling nervous about going into work as during the robberies there was excessive noises, including individuals banging on counters and making sounds. She states that the incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis of her facial regions. The patient mentions that given the fear of losing her job, she was afraid to report complaints of her symptoms. She did however follow up with her primary care physician who prescribed her medications, including NSAIDs. She states that her symptoms continued to progress to include cramping of her legs, swelling of her ankles, and changes in her bowel habits. The patient continued working until January 1, 2023.

The patient’s work required her to frequently lift heavy objects, which contributed to her musculoskeletal pain. Heavy lifting puts strain on the muscles which can lead to the muscles becoming overstretched or torn, resulting in pain, aching or mobility loss. Tendons and ligaments can also become worn down over time due

to repetitive lifting, resulting in weak and inflamed joints[1]. 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 Ms. Khamenia. In my opinion, the patient's work activities were of sufficient frequency, intensity, and duration to result in her degenerative state.

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

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

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]. Also, there was a positive correlation between perceived stress levels and urinary incontinence symptoms, and its impacts on quality of life among overactive bladder patients[5]. This is the case with Ms. Khamenia.

The patient's pain and stress from the ailments sustained while working also played a role in the development of her GERD. Stress can increase stomach acid production through the activation of the body's stress response system. When an

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[1]El-Tallawy, S.N., Nalamasu, R., Salem, G.I. *et al.* Management of Musculoskeletal Pain: An Update with Emphasis on Chronic Musculoskeletal Pain. *Pain Ther* 10, 181–209 (2021).
[2]Timothy Houle PhD, Justin M. Nash PhD. Stress and Headache Chronification. *Headache: The Journal of Head and Face Pain, Volume 63, Issue 1*. 2023; 1: 1-182.
[3]Frederic Stiefel Daniele Stagno. Management of Insomnia in Patients with Chronic Pain Conditions. *Therapy in Practice*. 2012 (8): 285-296.
[4]María José García-Hernández, Sergio Ruiz-Doblado, Antonio Rodriguez-Pichardo, Francisco Camacho. Alopecia, Stress and Psychiatric Disorders: A Review. *The Journal of Dermatology*. October 1999, pages 625-632.
[5]Lai H, Gardner V, Vetter J, Andriole GL. Correlation between psychological stress levels and the severity of overactive bladder symptoms. BMC Urol. 2015;15:14. Published 2015 Mar 8. doi:10.1186/s12894-015-0009-6

individual experiences stress, the body releases hormones such as cortisol and adrenaline, which can stimulate the production of gastric acid in the stomach. Additionally, stress can cause changes in the digestive system that can affect the function of the lower esophageal sphincter (LES), which is the muscle that separates the stomach from the esophagus. When the LES is weakened or relaxed, stomach acid can reflex into the esophagus[6].

The stress the patient has experience can be attributed to her diagnosis of irritable bowel syndrome (IBS) as well. IBS and psychological distress are often comorbid. The prevalence of one or more psychiatric disorder in patients with IBS commonly ranges from 40%-60%. Stress releases hormones, including corticotropin-releasing factor (CRF). This hormone affects the composition and growth of the gut's healthy bacteria which are essential for maintaining healthy bowl function[7]. Additionally, it has been found that in IBS, alterations of the autonomic nervous system, which is activated by stress, are likely to play a role in altered bowel habits and alterations in gastric emptying. Evidence for such enhanced responsiveness of autonomic responses in IBS includes increased responses of colonic motility in response to stress as well as food intake and delayed gastric emptying in patients[8].

In my opinion, it is within a reasonable degree of medical probability that the musculoskeletal ailments the patient developed while working at Macys INC DBA Bloomingdales LLC contributed to the onset of pain and stress which led to the onset of GERD, IBS, headaches, insomnia, alopecia, and urinary impairments. At this time, and with the currently available medical evidence, it would appear that Ms. Khamenia'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

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[6]P.C. Konturek, T. Brzozowski, S.J. Konterek. Stress and the Gut: Pathophysiology, Clinical Consequences, Diagnostic Approach and Treatment Options. *Journal of Physiology and Pharmacology* (2011). Pages 591-599.
[7]Qin HY, Cheng CW, Tang XD, Bian ZX. Impact of psychological stress on irritable bowel syndrome. *World J Gastroenterol*. 2014 Oct 21;20(39): 14126–14131.
[8]Emeran A. Mayer,Bruce D. Naliboff, Lin Chang, and Santosh V. [4]Coutinho. V. Stress and irritable bowel syndrome. *American Journal of Physiology-Gastrointestinal and Liver Physiology, Volume 280, Issue 4*. 2001. G519-G524.

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.

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.

Recommendations:

We recommend attaining medical records for further discussion of the patient's injuries. We recommend that the patient continue treatment at this time. We will issue a Permanent & Stationary report when the patient has reached maximum medical improvement (MMI).

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,

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