

Matthew Longacre, M.D.

FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

PANEL QUALIFIED MEDICAL EVALUATION

JUNE 2, 2023

Law Offices of Workers Defenders Law Group
751 S. Weir Canyon Rd., Suite 157-455
Anaheim, CA 92808
Attn: Natalia Foley, Attorney at Law

Law Offices of Fellman & Associates
5777 W. Century Blvd., Suite 1195
Los Angeles, CA 90045
Attn: Jill E'Lynn M. Roderick, Attorney at Law

Sedgwick
P.O. Box 14450
Lexington, KY 40512
Attn: Marsha Matthews, Claims Examiner

RE: KHAMENIA, ALENA
DOI: CT: March 6, 2022- January 15, 2023;
CT: July 16, 2022- January 2, 2023
SSN: XXX-XX-9857
DOB: February 18, 1981
Claim #: 4A2302G36RJ-0001; 4A2302G37SS-0001
WCAB#: ADJ17287529, ADJ17287564
Panel #: 7569160
Employer: Macy's Inc. dba Bloomingdale's, Inc.
Occupation: Sales Associate

The above-captioned individual is a 42-year-old female who presented in my Encino office, located at 16530 Ventura Blvd., Suite 100, Encino, CA 91436 on June 2, 2023, for orthopedic evaluation of her left shoulder, lower back, left hip, and left wrist. I examined the applicant in my capacity as a Panel Qualified Medical Examiner.

Under the official Medical Fee Schedule, this Panel Qualified Medical Evaluation meets the criteria for an ML201-95-93. This evaluation involved:

1. Face to Face History and Physical Examination 0.50 Hrs

SCHEDULING: (818) 855-2470
P.O. Box 261548, Encino, CA 91426
FAX: (818) 855-2471

The parties request that I furnish a comprehensive and detailed narrative Panel QME report delineating my findings and conclusion in full accordance with the standards defined by the Division of Worker's Compensation (DWC) of the State of California and the 5th Edition of the AMA Guides to the Evaluation of Permanent Impairment. The parties also request that I address all of the medical issues and questions set forth in the signed advocacy letter.

The following is a presentation of my initial evaluation and overall recommendations. The history was obtained by my medical historian, Irma Chavira. I then reviewed the history in detail with the applicant. The patient was seen with the aid of a Russian/English speaking interpreter Vishmid, Leonid Certification # 301247.

HISTORY

JOB DESCRIPTION:

Ms. Khamenia started working for Bloomingdale's Inc. as a sales associate on July 9, 2019. The applicant worked full time 6 to 8 hours per day, five days a week. She worked any day of the week from Sunday through Saturday.

Her job duties included customer service, cashiering, stocking merchandise, unloading boxes, opening boxes, taking them to storage, and shelving merchandise.

Her job activities required walking, standing, twisting the neck, twisting the waist, squatting, kneeling, climbing, bending the neck, and bending the waist. She used her hands repetitively, performed grasping, performed fine finger manipulation, and pushed and pulled objects. The applicant reached below and above shoulder level. She lifted up to 25 to 30 pounds.

Please see the attached Employee's Description of Job Duties as completed by the applicant.

WORK STATUS SINCE INDUSTRIAL TRAUMA:

The applicant is currently not working and has not worked since January 2, 2023, at which time she was terminated due to a violation of company policy.

The applicant is receiving disability benefits.

SUBSEQUENT EMPLOYMENT:

The applicant denies subsequent employment.

KHAMENIA, ALENA

Panel Qualified Medical Evaluation of June 2, 2023

Page 3

CONCURRENT EMPLOYMENT:

The applicant denies concurrent employment.

PRIOR EMPLOYMENT:

Prior to working for Bloomingdale's Inc., she worked for VPI Company as a vendor for approximately three years. Concurrently, she worked for Puig Company, Clarence Company, and Lab Series as a vendor. She noted she worked at Bloomingdale's but was not employed by them.

Prior, the applicant worked and was unemployed for six months.

Prior, the applicant worked for Anat B. Boutique as a manager for 7-8 years.

HISTORY OF INJURY:

According to Mr. Khamenia, during the course of her employment, she sustained injury due to cumulative trauma to her left shoulder, lower back, left hip, left wrist, insomnia, and psyche. She relates that she developed insomnia, anxiety, and stress from working during multiple robberies. She relates she was working at the time of at least 20 robberies. She worked with ongoing stress, anxiety, trembling hands, and a skin rash on her face. She associates the injuries with prolonged standing and walking, repetitive movements, gripping, grasping, climbing up and down ladders, forceful pushing, and heavy lifting of boxes while performing her job duties. She carried the boxes of merchandise up the ladder, and when stocking, she had to move the stock around to organize and put the boxes away. She noted the stock was on the third floor and had to push the shelving unit on the rails to get to her stock throughout her work shift. She worked without incident until mid-2021 she developed the gradual onset of pain in her left shoulder, lower back, left hip, and left wrist. She did not report the injury due to fear of losing her job. She self-treated with over-the-counter Advil and continued working with persistent pain until January 2, 2023, when she was taken off. On January 18, 2023, she was called into the store and given a number to call. She was told she was terminated.

Subsequently, she sought legal representation and was referred for medical care. The applicant was referred to Dr. Mayya Kravchenko for evaluation on February 2, 2023. A course of physical therapy was initiated, which she is currently attending one time per week. Physical therapy does help to alleviate the pain temporarily. She last saw her physician on May 30, 2023. On March 21, 2023, the applicant was referred to Dr. Daldalyan for evaluation. She was prescribed medicated cream for the swelling in her left arm and left ankle. She was also prescribed medication to help her sleep and for the skin rash on her face. She has a return appointment with Dr. Daldalyan on June 6, 2023.

KHAMENIA, ALENA

Panel Qualified Medical Evaluation of June 2, 2023

Page 4

Ms. Khamenia has not received any other medical evaluation or treatment, to the best of her recollection.

CURRENT COMPLAINTS

LUMBAR SPINE

She complains of pain in the midline that radiates down the left leg to the lateral aspect of the left foot. She gets numbness in the 4th and 5th toes of the left foot. She also describes burning sensation in the lower leg.

LEFT SHOULDER

She complains of pain over the posterior shoulder. She gets occasional clicking with overhead movements.

RIGHT SHOULDER

She denies pain.

BILATERAL ELBOWS

She denies pain.

LEFT WRIST

She complains of pain over the volar aspect of the wrist into the middle finger and ring finger.

LEFT HIP

She complains of pain in the buttock. She denies any pain in the groin or over the greater trochanter.

She denies pain in the right hip.

BILATERAL KNEES

She denies pain.

LEFT ANKLE

KHAMENIA, ALENA

Panel Qualified Medical Evaluation of June 2, 2023

Page 5

She gets pain along the anterolateral aspect of the left ankle and foot and describes it as a burning sensation. She gets numbness and tingling in the 4th and 5th toes of the left foot.

She denies pain in the right ankle or foot.

PSYCHE

She complains of stress and anxiety.

SKIN

She complains of a rash into her right eye.

PAST MEDICAL/SOCIAL HISTORY

Medical:

The applicant denied a history of diabetes mellitus, collagen disease or thyroid condition.

The applicant underwent C-sections in 2005, 2006, 2011, and 2018.

Current Medications:

The applicant is currently taking OTC Advil for orthopedic pain.

Orthopedic Surgeries:

The applicant has had no surgeries.

Orthopedic Hospitalization:

Ms. Khamenia has not been hospitalized for any treatment.

Prior Orthopedic Industrial Pain, Accidents and/or Injuries:

The applicant denies having been involved in other work-related injuries.

Prior Non-industrial Orthopedic Pain, Accidents and/or Injuries:

The applicant denies having been involved in other accidents or injuries.

Alcohol:

The applicant does not drink alcohol.

Tobacco:

The applicant has never smoked cigarettes.

REVIEW OF MEDICAL RECORDS

I have received 119 pages of medical records from Jillelynn Roderick, Representative with Fellman & Associates. I have reviewed all of the pages actually received and my opinion is based upon such received records.

The following is a summary of records from Fellman & Associates:

- 01/16/23 DIVISION OF WORKERS' COMPENSATION. WORKERS' COMPENSATION CLAIM FORM. DOI: CT 03/06/22-01/15/23. Claim: During patient's course of employment, she claimed having sustained injuries to the low back, left hip, calves, feet, and left wrist.
- 01/16/23 DIVISION OF WORKERS' COMPENSATION. WORKERS' COMPENSATION CLAIM FORM. DOI: CT 07/16/22-01/02/23. Claim: During patient's course of employment, she claimed having sustained stress due to hostile work environment.
- 02/08/23 WORKERS' COMPENSATION APPEALS BOARD. APPLICATION FOR ADJUDICATION OF CLAIM. DOI: CT 03/06/22-01/15/23. Employer: Macy's, Inc. DBA Bloomingdales, LLC. Occupation: Sales person. Claim: During patient's course of employment, she claimed having sustained injuries to the feet, toes, ankles, lower back, wrist, hip, and shoulders, along with stress and strain due to repetitive movement over a period of time.
- 02/08/23 WORKERS' COMPENSATION APPEALS BOARD. APPLICATION FOR ADJUDICATION OF CLAIM. DOI: CT 07/16/22-01/02/23. Employer: Macy's, Inc. DBA Bloomingdales, LLC. Occupation: Sales person. Claim: During patient's course of employment, she claimed having sustained injuries to the nervous system (stress), body system, head, and had skin dermatitis due to hostile work environment.
- 03/21/23 KORUON DALDALYAN, M.D., INTERNAL MEDICINE. INTERNIST HEALTH CLINIC. PTP INITIAL EVALUATION REPORT. DOI: CT 03/06/22-01/15/23; CT 07/16/22-01/01/23. Employer: Macy's, Inc. DBA Bloomingdales, LLC. Occupation: Hermes

counter manager. Job Description: Patient began working with the above employer in 2019. Work hours were 10:45 a.m. to 6 or 8 p.m. per day, 5 days a week. Required to manage the counters, provide customer service, and restocking shelves. Physically required her to stand, walk, squat, stoop, bend, kneel, climb, twist, and lift up to 30 pounds. HPI: Patient file a continuous trauma claim dated 03/06/22-01/01/23. During the course of her employment, she would experience significant stress due to robberies. **Reported feeling nervous about going into work as during the robberies, there were excessive noises including individuals banging on counters and making sounds. These incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis of her facial regions.** Given the fear of losing her job, she was afraid to report complaints of her symptoms. However, did follow up with her PCP who prescribed medications including NSAIDs. Symptoms continued to progress including cramping of legs, swelling of ankles, and changes in bowel habits. Continued working until 01/01/23. Prior Treatment: Examined by Dr. Mayya Kravchenko. Previous Work Descriptions: Prior to working with Macy's, she worked as a vender. Occupational Exposure: Exposed to chemicals, fumes, dust, and vapors during the course of her work as well as excessive heat and cold. PMH: Allergy to anesthesia and pet dander. Underwent C-sections in 2005, 2006, 2011, and 2018. PE: Musculoskeletal – tenderness and myospasm of the cervical, thoracic, and lumbar paraspinal musculature. Slight swelling noted of the right forearm. Swelling noted of the left ankle. Decreased ROM in the cervical and lumbosacral spine, left shoulder, left hip, bilateral elbows, left forearm, left wrist, and bilateral ankles/feet. Special Diagnostic Testing: Abdominal ultrasound revealed a normal liver, gallbladder, and right kidney. Ultrasound of the left wrist was performed and evaluation of the median nerve reveals a circumference of 1.11 cm and an area of .08 cm². Pulmonary function test revealed 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. A 12-lead electrocardiogram revealed sinus rhythm and a heart rate of 66 per minute. Audiogram revealed right 30/30/30/30 and left 30/25/25/25. Pulse oximetry was recorded at 98%. Jamar test revealed right 24.5 kg/19.5 kg/23.5 kg and left 12.0 kg/6.8 kg/7.9 kg. Vision test without glasses OU 20/20, OD 20/20, OS 20/20. Laboratory Testing: Random blood sugar was recorded at 99 md/dL. 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) Posttraumatic 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:** It is opined that the diagnoses listed thus far are AOE/COE. **Disability Status:** Continue on temporary and total disability for a period of 6 weeks. **Treatment:** Continue with current medications. Prescribed hydroxyzine HCl and flurbiprofen topical ointment. Referred to DR. Schames, dentistry, for evaluation of TMJ syndrome, RFA submitted.

04/11/23 WORKERS' COMPENSATION APPEALS BOARD. ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM. DOI: CT 03/16/22-01/15/23. Employer: Bloomingdales, Inc. Allegations: Injury – injury is denied. The application was filed without prior notice of any injury. Liability for self-procured treatment – the defendant has a certified MPN. The applicant failed to designate to a PTP prior to denial of claim. Liability for future medical treatment – denied. Medical-legal costs – no explanation. Earnings – subject to proof. Periods of disability – denied. Supplemental job displacement/return to work – denied. Permanent disability – apportionment is specifically raised.

04/11/23 WORKERS' COMPENSATION APPEALS BOARD. ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM. DOI: CT 03/16/22-01/15/23. Employer: Bloomingdales, Inc. Allegations: Injury – injury is denied. The application was filed without prior notice of any injury. Liability for self-procured treatment – the defendant has a certified MPN. The applicant failed to designate to a PTP prior to denial of claim. Liability for future medical treatment – denied. Medical-legal costs – no explanation. Earnings – subject to proof. Periods of disability – denied. Supplemental job displacement/return to work – denied. Permanent disability – apportionment is specifically raised.

04/11/23 DEPOSITION OF ALENA KHAMENIA IN ALENA KHAMENIA VS. MACY'S INC. dba BLOOMINGDALES, LLC, BEFORE THE WORKERS' COMPENSATION APPEALS BOARD FOR THE STATE OF CALIFORNIA, SIMI VALLEY, CALIFORNIA.

On pages 5-16, admonitions for the deposition were given. Deponent stated her full name as Alena Khamenia. She has been known by other name as Alena Khartanovich as her maiden name. She changed her name 8 years ago when she became an American citizen. Stated her date of birth as 02/18/81. Deponent's personal background was reviewed including her residential history, family history, educational history, etc.

Deponent took sleeping medication as to hydroxyzine last night at 10:00, prescribed by Dr. Koroun Daldalyan who she saw recently, a few weeks ago through his lawyer. She has a primary care physician though it takes too long for her to see this doctor, thus she saw Dr. Daldalyan. She goes to particular clinic in

North Hollywood every year for general checkups and went through with her gynecologist.

On pages 17-20, deponent was no longer employed with Bloomingdale and last day of work was on January 2nd on the job site and January 18th was her effective termination date. She had no employment since Bloomingdale. Currently receives EDD certified by Dr. Mayya Kravchenko which started 3 weeks ago on 03/09/23. She was being seen by Dr. Daldalyan, an internist who she was scheduled to see for the second time on 05/02/23.

On pages 20-22, current activities deponent does to make herself busy include taking care of her kids by picking and dropping them off school, going to their basketball games and taking them to activities. Sometimes she is able to pick and drop them off school while she is working, as she would go on break but usually her husband would. Denied treating with any doctors on a regular basis for any medical condition.

On pages 22-28, she first started working part time at Bloomingdales on 07/09/19. Before Bloomingdales, she was working at Bloomingdales but as a vender for Prada, Hermes and for fragrances for those companies. First she was a vender and then was asked to work for Bloomingdales and represent a company. She became a full-time vender for 2 or 3 years before she became an employer of Bloomingdales. Denied sustaining any injuries while working as a vender. Prior to that, she worked full time at Anat.B and was managing the store for 7 years. Stopped working there as business went out and store was closed. Stated probably 6-7 years was the period of time that she was not working between Anat.B and working as a vender for Prada. She received unemployment during that time. Denied sustaining any injuries while working for Anat.B. Prior to Anat.B., she worked part time at Gap for a year or two as a Salesperson. Stopped working here because she moved to Anat.B. Denied sustaining any injuries while working for Gap. Prior to that, she worked at a boutique called Mannequine's as a Sales Associate. She stopped working here because she was pregnant and was off of work for maybe 3 years. Denied sustaining any injuries while working for Mannequine's. Prior to Mannequine's, she worked at a restaurant called Zuccarelli's in Florida as a Server for probably a year. Stopped working at the restaurant to move to Los Angeles. Denied sustaining any injuries while working for Zuccarelli's.

On pages 28-34, deponent was first hired at Bloomingdale as a part-time Sales Associate in Sherman Oaks and stayed there for 3 years. She started in July and went from part-time to full-time in February when her numbers were high. She was working for Hermes in fragrance department. Supervisors were Tammy Badger and Ann Ellis, all throughout her employment. Job duties included doing

the stock, selling, helping clients, applying make-up, taking stocks back, and fixing the stock rooms. She was a manager at Hermes Company and her duty was to put stocks together, move these boxes and put it in place where they were supposed to be. She has to unload everything and has 2 different stockrooms, one in second floor and other one in third-floor. Heaviest she lifted would be 25-30 pounds of bottles of fragrances and did it for 3 x a week. Other co-worker she has is Aneta Gregorian whom she has good relationship. Ms. Gregorian still works in Bloomingdales, but she works for different company called Bond No. 9. Deponent reported keeping in touch with her prior coworkers, Afsoun Sharifi and Lisa. Stated that she managed her co-worker, Aneta for very short period of time because she left the Bloomingdales while she was employed. Aneta was not replaced by someone and deponent was all by herself for probably 5 months prior to her last day of work.

On pages 34-37, deponent claimed to have sustained an injury while working at Bloomingdales and had pain in her lower back, shoulder, left wrist, feet, ankles, legs, and lower body parts. First noticed pain in her low back probably last year when she started working little by little. In March of 2022, pain started to get worse on all body parts mentioned above. Complained and reported her pain symptoms to her co-workers, Aneta and Stephanie and her manager, Tammy Badger. She informed Tammy Badger that she has back pain if she moves the box and lifts something at work, and was told to go ahead and take a break. She did not go to any doctor for the pain she was feeling in March of 2022 because she was just trying everything on her own with some medication and pain reliever in the form of a cream called Fenaglon to her back. Told her regular doctor in North Hollywood about the pain she has on her legs and was told that it was because she was on her feet all day for like 7-8 hours. Advised to stretch and sit down. Her doctor did not take her off work, did not prescribe medications, and did not refer her for any physical therapy, acupuncture or chiropractic treatment.

On pages 38-43, application for adjudication of claim was presented which filed an alleged cumulative trauma period of 03/06/22 to 01/15/23 to which deponent felt she was injured while working at Bloomingdales. She complained about it to her co-workers and was sure that her manager and Lisa heard this. Denied getting any medical care when her ankle would swell. Stated that her co-workers all have the same different issues. Deponent also filed a claim of eczema on her face from the stress, aside from the orthopedic pain she had to her back, shoulder, feet, legs, lower body and left wrist. She has allergies and issues with sleeping and when she was stressed out or some things happen at work, her hands also shake.

Stress that occurred at work included a lot of stealing. People will come and run to the store and the place where she was located was right under escalators and so close to the door. When people come, they will just push the stands of the bags

and just sound like gun shots and every time she hears it, she would go through the stress. Started to have anxieties and difficulty sleeping, stress and hand shaking. She will come to work the next day and kept on turning around like her hands and had bad headaches that do not go away. Thefts occurred very often around 20-25 times while she was working. In summertime of 2022, she had an encounter with a thief who threatened her and called her names. Indicated that these stressful incidents caused her to have anxiety and caused her to shake, and saw Dr. Daldalyan who gave her sleeping pills which helped. She informed her regular doctor about her stress but did not ask about all the details and stuff.

On pages 43-57, an application for adjudication of claim was filed that explained that she had symptoms due to alleged hostile environment for date of 07/16/22 to 01/02/23 as this was when there was a lot of stealing happening which caused her a lot of stress, as some nights she would work by herself. Indicated that Bloomingdales knew her feeling of anxiety as they all talk about it and asked the head of security to put somebody on the door but nobody was afraid of them and stealing continued. She did not tell anyone at Bloomingdales that she required medical care for any of either the orthopedic or non-orthopedic symptoms she was feeling.

Stopped working for Bloomingdales because she got fired with the basis of using somebody's promotional card in which she denied doing so. She never had any writeup or issues as she was the top seller. Deponent called Heather of Human Resources last January 18th and was told that she was terminated. She also exchanged e-mails with her and informed her of how she was treated on December of 2022 when she purchased something from one company and another company. She had an encounter with the head of Asset Protection, Severan who placed her in a very uncomfortable position with the way he handled his bags. There was also an issue with her being a Russian which was now the enemy of Americans which occurred before the attack of Ukraine. She did not report it as people would only comment to just ignore it. Deponent testified that her stress felt while working for Bloomingdales was because of the thefts primarily. She also felt some stress due to incident with Severan in December of 2022 and with the way customers act around her asking if she was a Russian.

On pages 57-64, current complains that her back and lower body hurts with prolonged sitting and needs to get up and it takes a while to go straight back. Ankles hurt, as well as her left knee and ankle and left wrist. If she lies down on her left side, she cannot sleep on the left because her hip hurts a lot. Reported that these pains are getting better with massages for a day or two and then go back to regular pain. She first saw Dr. Kravchenko 6-7 weeks ago for chiropractic and massage which temporarily helped. Dr. Daldalyan gave her prescription for sleeping pills and medication for her back and ankles. Reported that pain was felt

more on the left side of her body. She has headaches that do not go away, anxiety and rashes on her face and sleeping problems that may be due to stress. Rashes first appeared when she was stressed out, probably in April of 2022 before summer heat. She went to her primary care doctor and reported that she has rashes and was told that it was from stress.

Deponent gave full list of her physical complaints to her low back, ankles, both knees, but primarily more on the left side, left knee, left hip, left ankle and left wrist. First noticed pain in her left wrist in August of 2022 due to lifting. She is right handed but when she does something, she usually pushes and do stuff with her left. Informed her primary care doctor about the pain in her left wrist and was even wearing something to her hand when she came home. Other than these current subjective complaints that she believed were caused by her work at Bloomingdales, added that her veins on her legs come out. She had bad cramps and varicose veins on both legs, mostly on left whenever she came home from long shifts which started this June of 2022. Went to her primary care doctor for everything altogether and was told that she has been on her feet the longest.

On pages 65-67, deponent denied ever sustaining any injuries or type of accidents as well as sports-related accidents, trips and falls and denied having broken bones and loss of loved ones on a personal matter. Both of her parents and sister are still living in Russia who would come and visit her every year. Deponent's parents and husband has no health concerns and disability. Denied having seen actual psychologists or psychiatrists at any time in her life.

On pages 68-71, deponent stated that there are other Russian-speaking workers at Bloomingdales and claimed no difference with regard to their treatment before and after the Ukrainian war as some of them got fired. Russian co-workers terminated were Sona Atoian and other Russians on the second floor but was not close with them and cannot recall their names. Sona who worked at Fragrance department was believed to have been terminated in October. Deponent heard something happened to an employee named Ivan Androsof who worked in Bloomingdales in a different area but knew nothing about him as they were not friends.

On page 72, deponent testified that she had seen Dr. Daldalyan and Dr. Mayya Kravchenko in reference to her workers' compensation injuries.

On pages 72-73, stipulations were made, and the deposition was concluded.

PHYSICAL EXAMINATION

The applicant is 42 years of age, 6 feet tall, and weighs 170 pounds. The applicant is right-hand dominant.

EXAMINATION OF THE LUMBAR SPINE:

Inspection revealed no evidence of any scar, bruising, discoloration or swelling.

Range of Motion per AMA Guides 5th Edition, pages 407 & 409:

<u>Motions</u>	<u>Measured</u>	<u>Normal</u>
Flexion	48/60	60
Extension	18/25	25
Right Lateral flexion	15/25	25
Left Lateral flexion	18/25	25

There was asymmetric loss of range of motion with spasm.

Muscle strength was 5/5 in all planes.

Palpation of the quadratus lumborum and piriformis were normal.

There was tenderness with spasm over the lumbar paraspinal n the left. There was tenderness over the gluteal muscles on the left.

Straight Leg Raise was positive on the left with pain to the left foot.

Braggard's, Kemp's, Patrick-Fabere, Gaenslen's, Yeoman's tests were negative bilaterally.

Valsalva, Dejerines Triad and Minor's sign were negative.

The patient was able to heel and toe walk bilaterally, Romberg's test was negative. Deep tendon reflexes were 2+ in the L4 and S1 nerve roots bilaterally. Sensation was normal in the L4, L5 nerve distributions bilaterally.

There was decreased sensation over the S1 nerve distribution on the left.

KHAMENIA, ALENA

Panel Qualified Medical Evaluation of June 2, 2023

Page 14

MEASUREMENTS:

	RIGHT	LEFT
Thigh Girth	53 cm	53 cm
Calf Girth	41 cm	41 cm

EXAMINATION OF THE SHOULDERS:

Inspection revealed no evidence of edema, bruises, atrophy, discoloration, rashes, scars, abrasion or laceration.

Range of Motion per AMA Guides 5th Edition, pages 476, 477 & 479:

<u>Motions</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	180/180	170/180	180
Extension	50/50	50/50	50
Abduction	180/180	160/180	180
Adduction	50/50	45/50	50
Internal Rotation	90/90	60/90	90
External Rotation	90/90	70/90	90

Muscle strength was 5/5 in all planes.

Palpation of the trapezius, parascapular musculature, rhomboids, deltoid, biceps, triceps and subacromial spine were normal bilaterally. Biceps tendon, AC joints, clavicle and sternoclavicular joints were normal bilaterally.

Supraspinatus and Neer's impingement tests were positive on the left.

Drop Arm, Apprehension, Speed, Yergason's and Hawkins Impingement tests were negative bilaterally.

MEASUREMENTS

	RIGHT	LEFT
Biceps Girth	28 cm	28 cm
Forearm	25 cm	25 cm

EXAMINATION OF THE ELBOWS:

Inspection revealed no evidence of edema, bruises, atrophy, discoloration, rashes, scars, abrasion or laceration.

KHAMENIA, ALENA

Panel Qualified Medical Evaluation of June 2, 2023

Page 15

Range of Motion per AMA Guides 5th edition, pgs 472, 474

<u>Motions</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	140/140	140/140	140
Extension	0/0	0/0	0
Supination	80/80	80/80	80
Pronation	80/80	80/80	80

Muscle strength was normal in all planes.

Palpation of the biceps, triceps, forearm flexors, forearm extensors were normal.

Cozen's, Mills', Elbow Flexion, Tinel's Ulnar Nerve, Tinel's Radial Nerve, Medial Stability and Lateral Stability tests were negative bilaterally.

EXAMINATION OF THE WRISTS:

Inspection revealed no evidence of edema, bruises, atrophy, discoloration, rashes, scars, abrasion or laceration.

Range of Motion per AMA Guides 5th Edition, pages 467 & 469:

<u>Motions</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	60/60	50/60	60
Extension	60/60	60/60	60
Radial Deviation	20/20	20/20	20
Ulnar Deviation	30/30	30/30	30

Muscle strength was 5/5 in all planes.

Palpation of the dorsal carpals, extensor tendons, flexor tendons, snuffbox, Thenar Pad, TFCC, Hypothenar Pad were normal bilaterally.

There was tenderness over the palmar carpals on the left.

Tinel's Median Nerve, Tinel's Ulnar Nerve, Phalen's, Reverse Phalen's, Median Comp, Finkelstein's tests were negative bilaterally.

EXAMINATION OF THE FINGERS:

Range of Motion per AMA Guides 5th edition, pages 455 - 460:

THUMB RANGE OF MOTION, RIGHT

<u>Motions</u>	<u>MCP</u>	<u>Normal</u>	<u>IP</u>	<u>Normal</u>
Thumb ext.	0	0	0	0
Thumb flex.	60	60	80	80

<u>Motions</u>	<u>CMC</u>	<u>Normal</u>
Thumb abduction	50°	50°
Thumb opposition	8 cm	8 cm
Thumb adduction	0 cm	0 cm

THUMB RANGE OF MOTION, LEFT

<u>Motions</u>	<u>MCP</u>	<u>Normal</u>	<u>IP</u>	<u>Normal</u>
Thumb ext.	0	0	0	0
Thumb flex.	60	60	80	80

<u>Motions</u>	<u>CMC</u>	<u>Normal</u>
Thumb abduction	50°	50°
Thumb opposition	8 cm	8 cm
Thumb adduction	0 cm	0 cm

Range of Motion per AMA Guides 5th edition, pages 461 - 464:

Finger Range of Motion, Right

<u>Motions</u>	<u>MCP</u>	<u>Normal</u>	<u>PIP</u>	<u>Normal</u>	<u>DIP</u>	<u>Normal</u>
D2 extension	0	0	0	0	0	0
D2 flexion	90	90	100	100	70	70
D3 extension	0	0	0	0	0	0
D3 flexion	90	90	100	100	70	70
D4 extension	0	0	0	0	0	0
D4 flexion	90	90	100	100	70	70
D5 extension	0	0	0	0	0	0
D5 flexion	90	90	100	100	70	70

KHAMENIA, ALENA

Panel Qualified Medical Evaluation of June 2, 2023

Page 17

Finger Range of Motion, Left

<u>Motions</u>	<u>MCP</u>	<u>Normal</u>	<u>PIP</u>	<u>Normal</u>	<u>DIP</u>	<u>Normal</u>
D2 extension	0	0	0	0	0	0
D2 flexion	90	90	100	100	70	70
D3 extension	0	0	0	0	0	0
D3 flexion	90	90	100	100	70	70
D4 extension	0	0	0	0	0	0
D4 flexion	90	90	100	100	70	70
D5 extension	0	0	0	0	0	0
D5 flexion	90	90	100	100	70	70

EXAMINATION OF HIPS:

Inspection revealed no evidence of edema, bruise, atrophy, discoloration, rash, scar, abrasion or laceration.

Range of Motion per AMA Guides 5th edition, pages 467 & 469:

<u>Motions</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	100/100	100/100	100
Extension	30/30	30/30	30
Abduction	40/40	40/40	40
Adduction	20/20	20/20	20
Internal Rotation	40/40	40/40	40
External Rotation	20/20	20/20	20

Muscle strength was 5/5 in all planes.

Palpation of the adductors, quadriceps, piriformis and hamstrings were normal. Palpation of the inguinal region and sacroiliac joint were normal.

There was tenderness over the gluteus medius, gluteus maximus on the left.

Patrick-Fabere test was positive on the left.

Thomas, Trendelenburg, Hibb's, Gaenslen's, Sacroiliac Compression and Ober's tests were negative.

EXAMINATION OF THE KNEES:

Inspection revealed no evidence of edema, bruise, atrophy, discoloration, rash, scar, abrasion or laceration.

Range of Motion per AMA Guides 5th Edition, page 537:

<u>Motions</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	140/150	140/150	150
Extension	0/0	0/0	0

Muscle strength was 5/5.

Palpation of the quadriceps, hamstring, gastrocnemius, parapatella, patella, patellar tendon, tibial tubercle, medial joint line, lateral joint line, popliteal fossa were normal.

Valgus and Varus stress tests, McMurray's, Anterior Drawer, Posterior Drawer, Lachman's, Pivot Shift, Patellofemoral Grind tests were negative bilaterally.

EXAMINATION OF THE ANKLES:

Inspection revealed no evidence of edema, bruise, atrophy, discoloration, rash, scar, abrasion or laceration.

Range of Motion per AMA Guides 5th edition, page 537:

<u>Motions</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Plantar Flexion	40/40	40/40	40
Dorsiflexion	20/20	20/20	20
Inversion	30/30	30/30	30
Eversion	20/20	20/20	20

Muscle strength was 5/5 in all planes.

Palpation of the tibialis anterior, peroneal muscle/tendon, gastrocnemius, tibialis posterior, plantar fascia, mortis joint were normal. Palpation of the extensor hallucis tendon, extensor digitorum tendon, cuneiform, MTP joint, medial malleolus, deltoid ligament, calcaneus, Achilles tendon were normal.

There was tenderness over the 5th metatarsal on the left.

Lateral malleolus test was positive on the left.

Dorsiflexion, Anterior Drawer, Posterior Drawer, Medial Stability, Lateral Stability, Thompson's, Homan's, Tinel's Posterior Tibial Nerve tests were negative bilaterally. Inferior tibiofibular joint and anterior talofibular ligament, calcaneofibular ligament, posterior talofibular ligament and subtalar joint were normal.

DIAGNOSTICS PERFORMED

MRI of the lumbar spine and left shoulder were ordered but the results were not available at the time of this dictation.

DIAGNOSES

1. LUMBAR STRAIN WITH POSSIBLE LEFT S1 RADICULOPATHY.
2. LEFT SHOULDER IMPINGEMENT SYNDROME WITH BURSITIS.
3. LEFT WRIST STRAIN.
4. STRESS AND ANXIETY.
5. RASH.

DISCUSSION

CAUSATION

The only medical report available for review is Dr. Daldalyan's report of 3/21/23. In that report, the patient was diagnosed with lumbar, left shoulder, left wrist, left hand, left hip, left ankle and foot sprain and strain. In her deposition of 4/11/23, she stated that she injured her lower back, shoulder, left wrist, feet and ankles due to her work duties at Bloomingdales. In the job description outlined in the RU-91, the patient stated that her job required constant neck and waist bending and twisting, grasping, fine manipulation and lifting up to 25 pounds. Based on her job description outlined in the RU-91 and her deposition testimony, there is reasonable medical probability for industrial causation for the lumbar, left shoulder and left wrist due to the CT from 3/6/22-1/15/23 while working for Macy's Inc. dba Bloomingdale's, Inc as a sales associate.

There is also a claim for the left lower extremities. The patient does have radicular complaints in the left lower extremity and it is felt that her complaints for the left lower extremity is due to radicular symptoms from the lumbar spine rather than a separate distinct injury to the left lower extremity.

It should be noted that there are minimal medical records in this case and causation relied heavily on the patient's self reported job description and her deposition testimony. **Ultimately, I will leave causation to the trier of fact.**

There is also a CT from 7/16/22-1/2/23. However, in reviewing the claim form, this is a claimed injury due to stress and I will defer commenting on this injury to the appropriate specialist.

TREATMENT:

Workers' compensation reform legislation came into being through the enactment of SB 863, effective as of **January 1, 2013** for injuries occurring on or after that date, and as of **July 1, 2013**, for all dates of injury. Incorporated in the new law was a provision **prohibiting AMEs and QMEs from commenting on "disputed medical treatment."** (See Lab. Code §4610.5(b)). All disagreements regarding the necessity or appropriateness of a particular treatment request will be addressed through IMR.

DISABILITY:

The patient states that she continued working until she was terminated on 1/2/23. Based on this, there has not been any periods of TTD.

PERMANENT & STATIONARY STATUS:

Based on the correlated applicant's narration, today's clinical findings, information from the submitted medical records, and her deposition testimony, it is my medical opinion that the **low back, left shoulder and left wrist** conditions has NOT yet reached **maximal medical improvement** at this time.

RECOMMENDATIONS:

The patient is recommended to continue her chiropractic treatment. She may also benefit from a course of physical therapy and acupuncture.

I would further recommend re-evaluating the applicant at the conclusion of the above recommendations.

In the interim, she is able to work without any restrictions.

RETURN APPOINTMENT

No further appointments have been scheduled for the applicant; however, I would be happy to see and re-examine her in the future should it become necessary.

Should you have any questions concerning this applicant or any of the conclusions made in this report, please do not hesitate to contact this office at your convenience.

Thank you for referring this pleasant applicant to my office for orthopedic examination:

BASIS FOR MEDICAL OPINION

The medical opinions discussed in this report are derived from my extensive education, training, research and experience, in conjunction with my comprehensive review of all medical records made available to me and my personal review of this applicant's condition.

I reserve the right to charge for a Supplemental Medical Legal Report subsequent to the billing of this report, if medical records are provided to me at a later date.

SUMMARY OF CONCLUSIONS

CAUSATION:

Body Part	CT 3/6/22-1/15/23
Lumbar	Defer to trier of fact.
Left shoulder	Defer to trier of fact.
Left wrist	Defer to trier of fact.

TEMPORARY DISABILITY PERIOD:

TEMPORARY DISABILITY PERIOD	
TTD	NONE

PERMANENT & STATIONARY STATUS:

MAXIMUM MEDICAL IMPROVEMENT	
Body part	MMI date
ALL	DEFERRED

DISCLOSURE

This report is for Medical-Legal Assessment only and is not to be construed as a complete physical examination for general health purposes. Only those symptoms which I believe to have been involved in the injury, or might relate to the injury, have been assessed in detail.

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 that I personally performed the evaluation of the applicant, and that except as otherwise stated herein, the evaluation performed and the time spent performing the evaluation was in compliance with the guidelines established by the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6.

I further declare that I have not violated any of the provisions of California Labor Code Sections 139.3 or 139.2 with regard to the evaluation of this applicant or the preparation of this report.

I further declare under penalty of perjury that there has been no violation of California Labor Code Section 139.32(d)(2), in that I have not offered, delivered, received or accepted any rebate, refunds, commission, preference, patronage, dividend, discount or other consideration whether in the form of money, or otherwise as compensation or inducement for any referred examination or evaluation.

I further declare under penalty of perjury that the total number of pages of records reviewed by me as part of the medical legal evaluation and preparation of the report was 119 pages.

This declaration is being signed on 06/05/2023, in the county of Los Angeles.

Sincerely Yours,



Matthew Longacre, M.D.

Enclosure: Employees Disability Questionnaire
Description of Employee's Job Duties
Activities of Daily Living Worksheet
Pain Diagram
Advocacy Letter
Physicians Return to Work & Voucher Report



Physician's Return-to-Work & Voucher Report

For injuries occurring on or after January 1, 2013

The Employee is P&S from all conditions and the injury has caused permanent partial disability.

Employee Last Name: KHAMENIA Employee First Name: ALENA MI: Date of Injury:

Claims Administrator: SEDGWICK\4 Claims Representative: MARSHA MATTHEWS

Employer name: MACY'S INC. DBA BLOOMINGDALES, LLC Employer Street Address:

Employer City: State: Zip Code: Claim No: 4A2302G36RJ-0001

The Employee can return to regular work
 The Employee can work with restrictions: 1-2 hours 2-4 hours 4-6 hours 6-8 hours None

Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R/L/Bilat Hand(s) (circle): Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R/L/Bilat Hand(s) (circle): Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lift/Carry Restrictions: May not lift/carry at a height of _____ more than lbs. for more than _____ hours per day

Other Restrictions

If a job Description has been provided, please complete: Job Description provided of: Regular Modified Alternative Work

Job Title: _____ Work Location: _____

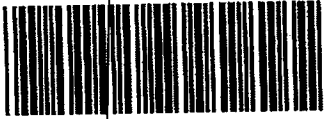
Are the Work Duties compatible with the activity restrictions set forth in the provided job description? Yes No, Explain below

Physician's Name: Matthew Longacre, M.D.

Role of Doctor (QME,AME): QME

Physician's Signature: _____

Date: 06/02/23



STATE OF CALIFORNIA
 Division of Workers'
 Compensation Disability
 Evaluation Unit

EMPLOYEE'S DISABILITY QUESTIONNAIRE

This form will aid the doctor in determining your permanent impairment or disability. Please complete this form and give it to the physician who will be performing the evaluation. The doctor will include this form with his or her report and submit it to the Disability Evaluation Unit, with a copy to you and your claims administrator.

Employee

Aleua

First Name

Khamecia

MI

Last Name

592959857

SSN (Numbers Only)

18444 COLLINS ST #3

Street Address 1/PO Box (Please leave blank spaces between numbers, names or words)

TARZANA CA 91356

Street Address 2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

City

State

Zip code

Date of Birth:

02/18/81

MM/DD/YYYY

Date of Injury:

MM/DD/YYYY

Employer

Nature of Employers Business

Claim Number 1

X

Claim Number 2 _____
Claim Number 3 _____
Claim Number 4 _____
Claim Number 5 _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY:

How was your evaluating doctor selected? (Check one)

From a list of doctors provided by the State of California, Division of Workers' Compensation.

Other (Explain) Attorney

What is the name of the doctor who will be doing the evaluation? Dr. Matthew Longacre

When is your examination scheduled? 06/02/2023

What were your job duties at the time of your injury?
SALES, STOCK,

What is the disability resulting from your injury?

How does this injury affect you in your work?

Have you ever had a disability as a result of another injury or illness? NO

If so, when? _____
Please describe the disability?

Date X06/02/23 MM/DD/YYYY Signature X [Signature]

STATE OF CALIFORNIA

DIVISION OF WORKERS' COMPENSATION

DESCRIPTION OF EMPLOYEE'S JOB DUTIES

INSTRUCTIONS: This form shall be developed jointly by the employer and employee and is intended to describe the employee's job duties. The completed form will be reviewed by the treating doctor to determine whether the employee is able to return to his/her job. This is an important document and should accurately show the requirements of the employee's job. If the employee needs help in completing this form, the employee may contact the Information and Assistance Officer at the Division of Workers' Compensation. The phone number can be found in the State Government section of the phone book.

EMPLOYEE NAME:	(LAST)	(FIRST)	(M.I.)	CLAIM#:
<i>Bleedingdale</i>				
EMPLOYER NAME:	JOB ADDRESS:			

JOB TITLE:	HRS. WORKED PER DAY:	HRS. WORKED PER WEEK:
<i>Hermes counter manager</i>	<i>6-8</i>	<i>32-35</i>

DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 hours	OCCASIONALLY up to 3 hours	FREQUENTLY 3 - 6 hours	CONSTANTLY 6 - 8+ hours
Sitting		✓		
Walking				✓
Standing				✓
Bending (neck)				✓
Bending (waist)				✓
Squatting			✓	
Climbing			✓	
Kneeling				
Crawling	—			
Twisting (neck)				✓
Twisting (waist)				✓
Hand Use: Dominant hand Right— Left—				✓
Is repetitive use of hand required?				✓
Simple Grasping (right hand)				✓
Simple Grasping (left hand)				✓
Power Grasping (right hand)			✓	
Power Grasping (left hand)			✓	
Fine Manipulation (right hand)				✓
Fine Manipulation (left hand)				✓
Pushing & Pulling (right hand)			✓	
Pushing & Pulling (left hand)			✓	
Reaching (above shoulder level)			✓	
Reaching (below shoulder level)			✓	

2. Please indicate the daily Lifting and Carrying requirements of the job: Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3-6 hrs.	Constantly 6-8+ hrs.		Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3-6 hrs.	Constantly 6-8+ hrs.	
0-10 lbs.				✓						
11-25 lbs.		✓								
26-50 lbs.										
51-75 lbs.										
76-100lbs.										
100+ lbs.										

Describe the heaviest item required to carry and the distance to be carried:

3. Please indicate if your job requires:

	es	NO	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment		✓	_____
b. Working around equipment and machinery		✓	_____
c. Walking on uneven ground		✓	_____
d. Exposure to excessive noise		✓	_____
e. Exposure to extremes in temperature, humidity or wetness		✓	_____
f. Exposure to dust, gas, fumes, or chemicals		□	_____
g. Working at heights		✓	_____
h. Operation of foot controls or repetitive foot movement		✓	_____
i. Use of special visual or auditory protective equipment		✓	_____
j. Working with bio-hazards such as: blood borne pathogens, sewage, hospital waste, etc		✓	_____

Employee Comments:

Employer Comments:

EMPLOYER CONTACT NAME:

EMPLOYER CONTACT TITLE:

EMPLOYER REPRESENTATIVE SIGNATURE:

DATE:

EMPLOYEE'S SIGNATURE:

DATE:

QUALIFIED REHAB. REPRESENTATIVE SIGNATURE:
(IF APPLICABLE)

DATE:

[Handwritten Signature]

06/02/2023

PRESENT COMPLAINTS

NAME: ALENA KHAMENIA

ACCT#: A48276

DATE: 06/02/23

Draw the location of your pain in the body outlines, write duration of the pain as % of the day (25%, 50%, 75%, 90%+), and mark how bad it is on the line at the bottom of body outline. (Dibuje la ubicacion de su dolor en el cuerpo del dibujo, escriba la duracion del dolor en % del dia (25%, 50%, 75%, 90%+) y marque lo malo que es en la linea el la parte inferior del cuerpo)

Ache (Dolor)
AAAAAA

Burning (Ardor)
BBBBB

Numbness (Entumecimiento)
OOOOOO

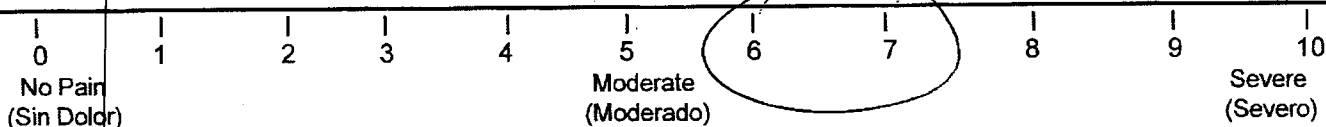
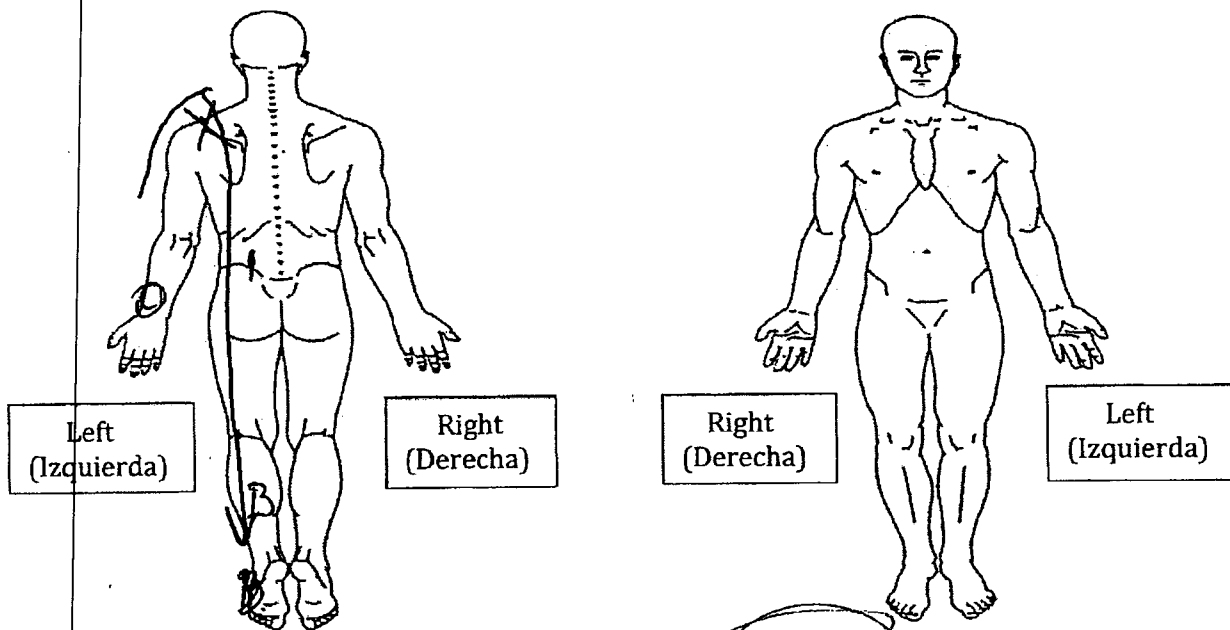
Pins and Needles (Hormigueo)

Stabbing (Puñalada)
|||||

Bruises (Moretones)
+++++

BACK (Parte Posterior)

FRONT (Parte Anterior)



- Indicates where the pain travels to by drawing an arrow or noting here
(Indica si el dolor desplaza dibujando una flecha o escriba nada aqui)
- Pain in arms compared to neck is (Dolor en brazos en comparacion con el cuello es): Worse (Peor) Same (Igual) less (Menos)
- Pain in legs compared to back is (Dolor en piernas en comparacion con espalda es): Worse (Peor) Same (Igual) less (Menos)
- What makes the pain better? (i.e. medications-over-the-counter or prescription, rest-for how long, ice/heat, hot shower)
(Que hace que el dolor mejore) (i.e medicamento, descanso-por cuanto tiempo, hielo/calor, ducha de agua caliente)

5. What makes the pain worse? (Que empeora el dolor)

6. Are you experiencing any of the following? (Esta experimentando cualquiera de los siguientes)

- Night pain?(Dolor Nocturno) No/No Yes/Si, Where? (Donde) hip, back, leg
- Stiffness?(Rigidez) No/No Yes/Si, Where? (Donde) back, hip
- Spasm?(Espasmo) No/No Yes/Si, Where? (Donde) leg, back, hip
- Tingling?(Hormigueo) No/No Yes/Si, Where? (Donde) back, hip, foot
- Weakness?(Debilidad) No/No Yes/Si, Where? (Donde) wrist
- Swelling?(Hinchazon) No/No Yes/Si, Where? (Donde) leg, ankle
- Locking?(Bloqueo) No/No Yes/Si, Where? (Donde) shoulder, back
- Give-way?(Revelacion Involuntaria) No/No Yes/Si, Where? (Donde) wrist, left leg
- Deformity/Scar?(Deformidad/Cicatriz) No/No Yes/Si, Where? (Donde)
- Are there any bowel or bladder problems?(Hay problemas de intestino o de la vejiga) No/No Yes/Si

Patient Signature (Firma):

Alema

Date(Fecha):

06/02/2023

EPWORTH SLEEPINESS SCALE

Please rate your likelihood of falling asleep in the following situations:
Por favor indique la facilidad con que le entra sueño en las siguientes situaciones:

	Never	Sometimes	Most Times	Always
Sitting and Reading <i>Sentado y Leyendo</i>	0	(1)	2	3
Watching Television <i>Mirando la Television</i>	(0)	1	2	3
Sitting in a Public Place <i>Sentado en lugar public</i>	(0)	1	2	3
Riding as a Passenger for an Hour <i>Yendo de pasajero por una hora</i>	(0)	1	2	3
Taking an Afternoon Nap <i>Tomando una siesta de la tarde</i>	(0)	1	2	3
Sitting after a Non-Alcohol Lunch <i>Sentado despues de comer sin Tomar Alcohol</i>	(0)	1	2	3
Stopped in Traffic <i>Parado en Trafico</i>	(0)	1	2	3

Doctor Total: _____ /21

PATIENT NAME: (Print) Alena Khamenia

SIGNATURE: 

Date: 06/02/2023

ACTIVITIES OF DAILY LIVING FORM

Please indicate below any limitations, difficulties or impairments you have with any of these activities.

NAME: ALENA KHAMENIA

ACCT#: A48276

DATE: 06/02/23

	Without difficulty	With some difficulty	With much difficulty	Unable to do
Self-Care, Personal Hygiene: (Example - Urinating, Defecating, Brushing Teeth, Combing Hair, Bathing, Dressing Oneself, Eating)				
Dress yourself including (shoes)	✓			
Comb your hair	✓			
Wash and dry yourself	✓			
Take a bath	✓			
Get on and off the toilet	✓		✓	
Brush your teeth	✓			
Cut your food	✓			
Lift a full cup/glass to your mouth	✓			
Open a new milk carton	✓			
Make a meal	✓			
Communication: (Example - Writing, Typing, Seeing, Hearing, Speaking)				
Write a note	✓			
Type a message on a computer	✓			
See a television screen	✓		✓	
Use a telephone	✓			
Speak clearly	✓			
Physical Activity: (Example - Standing, Sitting, Reclining, Walking, Climbing Stairs)				
Work outdoors on flat ground				
Climb up 1 flight of 10 steps				
Stand				
Sit				
Recline				
Rise from a chair			✓	
Run errands				
Light housework				
Sensory Function: (Example - Hearing, Seeing, Tactile Feeling, Tasting, Smelling)				
Feel what you touch	✓			
Smell the food you eat	✓			
Taste the food you eat	✓			
Nonspecialized Hand Activities: (Example - Grasping, Lifting, Tactile Discrimination)				
Open car doors	✓			
Open previously opened jars	✓			
Turn faucets on and off	✓			
Travel: (Example - Riding, Driving, Flying)				
Shop				
Get in and out of the car				
Drive a car	✓			
Take a flight				
Sleep / Sexual Function: (Example - Restful, Nocturnal Sleep Pattern, Orgasm, Ejaculation, Lubrication, Erection)				
Sleep			✓	
Engage in sexual activity			✓	

**AMA GUIDELINES (5TH EDITION)
ACTIVITIES OF DAILY LIVING/PAIN QUESTIONNAIRE**

Table 18-4 Ratings Determining Impairment Associated With Pain

I Pain (Self-report of Severity)

A. Rate how severe your pain is right now, at this moment (circle a number)

0 1 2 3 4 5 6 7 8 9 10

B. Rate how severe your pain is at its worst (circle a number)

0 1 2 3 4 5 6 7 8 9 10

C. Rate how severe your pain is on the average (circle a number)

0 1 2 3 4 5 6 7 8 9 10

D. Rate how much your pain is aggravated by activity (circle a number)

0 1 2 3 4 5 6 7 8 9 10

Sum score of Section I:

A-D = Total pain severity /4: _____

E. Rate how frequent you experience pain (circle a number)

0 1 2 3 4 5 6 7 8 9 10

II. Activity Limitation of Interference

A. How much does your pain interfere with your ability to walk 1 block? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

B. How much does your pain prevent you from lifting 10 pounds (a bag of groceries)? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

C. How much does your pain interfere with your ability to sit for ½ hour? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

D. How much does your pain interfere with your ability to stand for ½ hour? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

E. How much does your pain interfere with your ability to get enough sleep? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

F. How much does your pain interfere with your ability to participate in social activities? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

G. How much does your pain interfere with your ability to travel up to 1 hour by car? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10

II. Activity Limitation of Interference (Cont.)

- 0 A. In general, how much does your pain interfere with your daily activities? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere with my daily activities Completely Interferes with my daily activities
- 0 B. How much do you limit your activities to prevent your pain from getting worse? (Circle a number)
1 2 3 4 5 6 7 8 9 10
- 0 C. How much does your pain interfere with your relationship with your family/partner/significant others? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere with relationships Completely Interferes with relationships
- 0 D. How much does your pain interfere with your ability to do jobs around your home? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere Completely unable to do any job around home
- 0 E. How much does your pain interfere with your ability to shower or bathe without help from someone else? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere with relationships My pain makes it impossible to shower or bathe without help
- 0 F. How much does your pain interfere with your ability to write or type? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere at all Makes it impossible to wrote or type
- 0 G. How much does your pain interfere with your ability to dress yourself? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere Makes it impossible to dress
- 0 H. How much does your pain interfere with your ability to engage in sexual activities? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Does not interfere Makes it impossible to engage in any sexual activity
- 0 I. How much does your pain interfere with your ability to concentrate? (Circle a number)
1 2 3 4 5 6 7 8 9 10
Never All the time

Sum score of Section II:

A - P = Total score for activities limitation/16 =

Mean Activity Limitation = _____

III. Individual's Report of Effect of Pain on Mood

A. Rate your overall mood during the past week (Circle a number)

0 1 2 3 4 5 6 7 8 9 10
Extremely high/good Extremely low/bad

B. During the past week, how anxious or worried have you been because of your pain? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10
Not at all anxious/worried Extremely anxious/worried

C. During the past week, how depressed have you been because of your pain? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10
Not at all depressed Extremely depressed

D. During the past week, how irritable have you been because of your pain? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10
Not at all irritable Extremely irritable

E. In general, how anxious/worried are you about performing activities because they might make your pain/symptoms worse? (Circle a number)

0 1 2 3 4 5 6 7 8 9 10
Not at all worried Extremely anxious/worried

Sum score of Section III:

A-E – Total pain impairment attributed to mood state/5 = Mean

Score = _____

PATIENT NAME (Print)

Alena Khamenia

SIGNATURE:

Alena Khamenia

DATE:

06/02/2023

FELLMAN & ASSOCIATES
ATTORNEYS AT LAW

5777 W. Century Blvd.
Suite 1195
Los Angeles, CA 90045

PHONE: (310) 396-5220
FAX: (310) 396-5290

DEFENDANT'S ADVOCACY LETTER

April 11, 2023

Letter being sent to Panel Qualified Medical Evaluator on 5/18/2023

Matthew Longacre, MD
16530 Ventura Blvd., Ste. 105
Encino, CA 91436

Re: Alena Khamenia vs. Bloomingdale's Inc.
EAMS No(s). : ADJ17287529, ADJ17287564
Claim No(s). : 4A2302G37SS- 0001, 4A2302G36RJ- 0001
Injury Date(s) : CT 01/15/2023, CT 01/02/2023
Our File No(s). : 8934

Dear Dr. Longacre:

Thank you for agreeing to evaluate the above-stated workers' compensation applicant in the capacity of State Panel Qualified Medical Evaluator in the specialty of orthopedics-MOS. The undersigned has been retained to represent Bloomingdale's/Sedgwick.

This letter is being mailed you 20 days after service on opposing counsel, per LC 4062.3, and will be sent on/after April 24, 2023, unless opposing counsel provides agreement/authority for the letter to be sent at an earlier date.

The appointment is set for June 2, 2023 at 1pm at your Encino office.

The instant workers' compensation litigation involves a now 42-year-old, date of birth (DOB) 2/18/1981, full-time sales associate at the Sherman Oaks Bloomingdale's store with a date of hire (DOH) in July 2019. She was terminated from employment effective 1/25/2023 for violation of company policy and thereafter filed two cumulative trauma (CT) claims, with overlapping alleged injurious periods and injury to the wrist, back, hips, shoulders, lower extremities (LE), psyche, head and skin. Due to the lack of medical evidence provided, as well as lack of claim of injury to Bloomingdale's prior to receipt of a blind Applications, the claims of injury have been denied.

We are in receipt of one self-procured medical report, Dr. Daldalyan, 3/21/2023, as listed on the schedule of Records, and we will be sure to send others as they are received. We likewise will forward to you the applicant's Primary Care Physician (PCP) records upon receipt.

Matthew Longacre, MD
Re: Alena Khamenia v. Bloomingdales
April 11, 2023
Page 2

The claims have been denied in their entirety under the post-termination defense, and the parties request a compensability evaluation, with your thorough review of any medical reports or primary care physician medical records.

We request that you perform a thorough, thoughtful and unbiased assessment, and address the specific questions asked in this referral. Please perform the evaluation in full accordance with the standards defined in the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. The evaluation should reflect a quality independent assessment. Therefore, the history should be complete, including a report of the injury, prior status, critical chronology, current status and past medical history. Please compare the history provided by the examining with the history documented in the medical records.

The physical examination of this applicant should document all pertinent positive, negative, and non-physiological findings. Whenever possible, please document quantitative findings and comment on the consistency of your findings. Please assess whether your physical examination findings are consistent with those of other examiners. Please explain your examination process, and document the amount of time you spent directly with the examinee. Your conclusions must be supported by evidence based medicine, whenever possible, and the processes defined in the guides.

In terms of the assessment for impairment, please follow the processes defined in the AMA Guides to the evaluation of permanent impairment, 5th Edition, with particular reference to chapter two, Philosophy, purpose, and appropriate use of the guides. You should obtain the applicable data as discussed in the "Principles of Assessment" for each chapter and assure that the data is reliable. Prior to assessing permanent impairment, please determine if Maximum Medical Improvement (MMI) has occurred. If not, please provide an estimate of when it is likely this will occur and what will facilitate achieving MMI.

When rating impairment, please detail your methodology, including references to tables, figures and page numbers. If alternative approaches are applicable, please describe each approach and the rationale for the approach used for your final rating. If you feel pain is ratable, explain fully your approach according to the standards defined in chapter 18. Please also fully discuss the applicant's activities of daily living, and if such activities have been effected, and are considered when rating disability.

In your report, please also answer the following questions to a reasonable degree of medical certainty. Please fully explain your answers, providing supporting evidence.

1. Based on all medical probability, do you find that the applicant sustained any injury as a result of her employment with Bloomingdale's? If so, please support your findings with reference to any medical records indicating injury or treatment. Please also delineate the body parts injured.
2. What are the current diagnoses, and which of those, if any, are associated with any injury sustained at Bloomingdale's? Please discuss the body parts that were injured as part of the industrial injury, and which were not. Please discuss fully these diagnoses and their significance.

Matthew Longacre, MD
Re: Alena Khamenia v. Bloomingdales
April 11, 2023
Page 3

3. Are the subjective complaints supported by objective findings? Please explain the rationale for your conclusions. Please fully discuss the any medical condition for which you feel the applicant suffers, noting the opinions of the applicant's primary care physicians in addition to the self-procured medical treatment reports.
4. Are there any non-physiological findings present on examination? Please explain the rationale for your conclusions.
5. Is there evidence of dysfunctional illness behavior? Please explain the rationale for your conclusions.
6. Was the injury a new problem, an aggravation, or contribution to a pre-existing problem, or does this reflect a temporary exacerbation? Please present your medical conclusions, to a reasonable degree of medical certainty concerning the cause, the effect and the relationship between the cause and effect. Please explain the rationale for your conclusions.
7. Is this applicant at maximum medical improvement (MMI) from the claimed injuries? If so, please discuss the date whereat she reached plateau based upon your evaluation, as well as review of the medical treatment reports. If she is not MMI, please comment on the applicant's ability to work, and any pertinent work restrictions.
8. If the applicant has reached MMI, what is the overall percentage of whole person impairment caused by the industrial injury, under the AMA guides, as discussed above?
9. What is the percentage of permanent disability due to all other factors, including prior injuries? As part of this evaluation it is mandatory that comment be made on apportionment pursuant to Labor Code §4663 and 4664. Therefore, we ask that you please identify a) the overall percentage of permanent disability caused by the industrial injury and b) the percentage of permanent disability due to all other factors, including prior injuries. If you cannot provide an opinion of apportionment, please state why. Pursuant to *Labor Code* §4663(c), it is important that you ask the examinee if there have been any previous permanent disabilities, physical impairment, awards of permanent disability or Compromise and Release agreements. The response to this question must be documented.
10. If the applicant has not reached MMI, what is the prognosis? What is the basis for this prognosis?
11. Is the current treatment consistent with recognized evidence based medical practice guidelines, and is the treatment reasonable or necessary to relieve or cure from the effects of the injury? Please explain the rationale for your conclusions.
12. Is any of the treatment inappropriate? Please explain the rational for your conclusions.
13. Would the continuation of any of the care currently being rendered result in a deterioration of dysfunction? Please explain the rationale for your conclusions.

Matthew Longacre, MD
Re: Alena Khamenia v. Bloomingdales
April 11, 2023
Page 4

14. What further diagnostic evaluation and /or treatment are required at this time?

Please provide any other information that you feel would be useful in understanding this case.

Please ensure to include the requisite disclosures and statements under penalty of perjury as required under Labor Code sections 139.2 and 139.3.

We ask that your report be forwarded to counsel for the applicant and counsel for the defendant, respectively, as follows:

Natalia Foley, Esq.
WORKERS DEFENDERS LAW GROUP
751 S. Weir Canyon Rd., Ste. 157-455
Anaheim, CA 92808
For Applicant

Jill E'lynn M. Roderick
FELLMAN & ASSOCIATES
5777 W. Century Blvd., Ste 1195
Los Angeles, CA 90045
For, Defendant, Bloomingdale's

Please forward a copy of your report to the handling claims adjuster, along with the invoice for the cost of your examination. The report should be directed to:

Ms. Marsha Mathews
SEDGWICK CMS
P. O. Box 14450
Lexington, KY 40512-4156

We truly appreciate your expertise in this matter.

Very truly yours,
FELLMAN & ASSOCIATES



JILLELYNN RODERICK

JMR:eg

Encl: Schedule of records and all listed medical reports and records

cc: Ms. Marsha Mathews, with SOR
Ms. Natalia Foley, Esq., with SOR

FELLMAN & ASSOCIATES
ATTORNEYS AT LAW

5777 W. Century Blvd.
Suite 1195
Los Angeles, CA 90045

PHONE: (310) 396-5220
FAX: (310) 396-5290

May 18, 2023

Declaration Pursuant to Cal. Code Regs., Title 8, § 9793(n)

Re: Alena Khamenia vs. Macys Inc dba Bloomingdales LLC.

EAMS No(s) : ADJ17287529, ADJ17287564

Claim No(s) : *4A2302G37SS- 0001, 4A2302G36RJ- 0001

Injury Date(s) : CT 01/15/2023, CT 01/02/2023

Our File No(s) : 8934

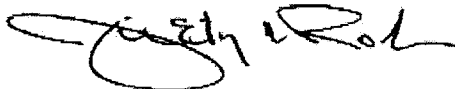
I, JILLELYNN RODERICK, declare:

This office represents the defendant Bloomingdales Permissibly self-insured, administered by Sedgwick in this workers' compensation matter. Pursuant to Cal. Code Regs., Title 8, § 9793(n), I declare that the provider of the documents has complied with the provision of Labor Code § 4062.3 before providing the documents to the physician.

I declare that the total page count of the documents provided to the physician is 119.

I declare under penalty of perjury under the law of the State of California that the foregoing statements are true and correct.

Executed on May 18, 2023, at Los Angeles, California.



JILLELYNN RODERICK

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LONGACRE MED-LEGAL, APC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>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.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 261548</p> <p>6 City, state, and ZIP code ENCINO, CA. 91426</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
8	2		-	3	2	9	0	5	4	9

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 7-25-22
------------------	----------------------------	-----------------------

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-INT (interest earned or paid)
- 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.

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(f))

Case Name : ALENA KHAMENIA v MACY'S INC. DBA BLOOMINGDALES, INC.
(Employee name) (Claims administrator name, or if none employer)

Claim No. : 4A2302G36RJ-0001 EAMS or WCAB Case No. (if any): ADJ17287529

I, PATSY ZUNIGA, declare:

(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: P.O. Box 261548 Encino, CA 91426
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report, HCFA 1500 and W-9 Form on each person or firm named below, by placing them in a sealed envelope, addressed to the person or firm named below, and by:
 - A Depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
 - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:
(For each addressee,
enter A - E as appropriate)

A

Date Served:

06/29/23

Addressee and Address Shown on Envelope:

Please See Attached Service List

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 06/29/23


(signature of declarant)

PATSY ZUNIGA
(print name)

Service List

Case Name: ALENA KHAMENIA v MACY'S INC. DBA BLOOMINGDALES, INC.
(Employee name) (Claims administrator name, or if none employer)

Claim No.: 4A2302G36RJ-0001 EAMS or WCAB Case No. (If any): ADJ17287529

SEDGWICK\4
P.O. BOX 14450
LEXINGTON, KY 40512

NATALIA FOLEY, ESQ
751 S WEIR CANYON RD, STE 157-455
ANAHEIM, CA 92808

JILL E'LYNN M. RODERICK, ESQ
5777 W. CENTURY BLVD., SUITE 1195
LOS ANGELES, CA 90045



Sedgwick Claims Management Services, Inc.
Submitted Electronically via Data Dimensions
(Payer ID: WX867)

HEALTH INSURANCE CLAIM FORM

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

CMS1500 Page 1 of 1

PICA

<input type="checkbox"/> 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) 592-95-9857
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) KHAMENIA, ALENA	3. PATIENT'S BIRTH DATE MM DD YY SEX 02 18 81 M <input type="checkbox"/> F <input checked="" type="checkbox"/>
5. PATIENT'S ADDRESS (No., Street) 18444 COLLINS ST. #3	6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>
CITY TARZANA	STATE CA
ZIP CODE 91356-9998	TELEPHONE (Include Area Code) () ()
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 SIGNATURE ON FILE DATE 06/29/2023	11. INSURED'S POLICY GROUP OR FECA NUMBER Y4 4A2302G36RJ-0001
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 01 02 23	15. OTHER DATE MM DD YY QUAL
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. S335XXA B. M7542 C. S63502A D. E. F. G. H. I. J. K. L.	20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
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 MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ESPOT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER
1 06 02 23 06 02 23 11 ML201 95 93 A,B,C 2216:50 1.0 ZZ 207X00000X 1750608303	2 3 4 5 6
25. FEDERAL TAX ID. NUMBER 823290549 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 2717db10282639-1
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.) MATTHEW LONGACRE MD Signature on File 06/29/2023 SIGNED DATE	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 2216:50 29. AMOUNT PAID \$ 30. Rsvd for NUCC Use
32. SERVICE FACILITY LOCATION INFORMATION LONGACRE MED-LEGAL, APC 16530 VENTURA BLVD, SUITE 100 ENCINO CA 91436-2006	33. BILLING PROVIDER INFO & PH # (818) 855-2470 LONGACRE MED-LEGAL, APC P.O. BOX 261548 ENCINO CA 91426-9998
a. 1750608303	a. 1750608303 b.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION