

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

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June 6, 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; ADJ17287654
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 Progress Report

Dear Ms. Foley,

The patient presents today, June 6, 2023, for reevaluation. The patient continues in treatment for her various medical conditions as noted in this report.

Current Medications:

The patient currently is taking Hydroxyzine HCl 25 mg nightly for sleep, Flurbiprofen 20% topical ointment to apply BID, Allegra Allergy 60 mg tablet 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: 116/75. Pulse: 62. Respiration: 16. Temperature: 98.1 degrees F. No skin abnormalities were detected. The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination. Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits. The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted. The abdomen is globular, tender without organomegaly. Normoactive bowel sounds are present.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 1.61 L (34.2%) and an FEV 1 of 1.44 L (38.2%). There was no change after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 65 per minute.

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 cm²
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
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Right:	30	30	30	30
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Left:	30	25	25	25
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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 pulmonary function test is performed revealing an FVC of 3.36 L (71.3%) and an FEV 1 of 2.99 L (79.0%). There was no change after the administration of Albuterol.
23. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 63 per minute.
24. A pulmonary function test is performed revealing an FVC of 1.61 L (34.2%) and an FEV 1 of 1.44 L (38.2%). There was no change after the administration of Albuterol.
25. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 65 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.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

Disability Status:

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

Treatment:

The patient is to continue with her current medications. She will be reevaluated in six weeks.

Attestation:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA.

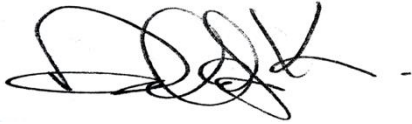
The history was obtained from the patient and the dictated report was transcribed by Adrine Madatyan, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of \$64.50 per page for a total of 7 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'Koruon Daldalyan', with a horizontal line extending to the right.

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