



HEALTH INSURANCE CLAIM FORM

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

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

<input type="checkbox"/> PICA										CMS1500 Page 1 of 1																																																	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input checked="" type="checkbox"/> 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 COLLINST STREET #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					CITY					STATE																																												
ZIP CODE 91356-9998					TELEPHONE (Include Area Code) ()					ZIP CODE					TELEPHONE (Include Area Code) ()																																												
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																																							
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State):										b. OTHER CLAIM ID (Designated by NUCC) Y4 4A2302G37SS-0001																																							
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME																																							
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																							
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.																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																							
SIGNED: SIGNATURE ON FILE										DATE: 08/31/2023										SIGNED:																																							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 01 02 23										15. OTHER DATE MM DD YY QUAL										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.										17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																													
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																				20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Icd: 0																				22. RESUBMISSION CODE ORIGINAL REF. NO.																																							
23. PRIOR AUTHORIZATION NUMBER																				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. EPSDT Priority Plan I. ID QUAL J. RENDERING PROVIDER ID.#																																							
1 07 27 23 07 27 23 11 ML201 96 A 4030.00 1.0 ZZ 2084P0800X 1831209220																				2 07 27 23 07 27 23 11 96130 A 179.50 1.0 ZZ 2084P0800X 1831209220																																							
3 07 27 23 07 27 23 11 96131 A 388.17 3.0 ZZ 2084P0800X 1831209220																				4 07 27 23 07 27 23 11 96136 A 68.25 1.0 ZZ 2084P0800X 1831209220																																							
5 07 27 23 07 27 23 11 96137 A 61.63 1.0 ZZ 2084P0800X 1831209220																				6																																							
25. FEDERAL TAX I.D. NUMBER 461159891 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>										25. PATIENT'S ACCOUNT NO. 3131db10676986-1										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 4727.55										29. AMOUNT PAID \$										30. Rsvd for NUCC Use									
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.) MARINA LENSKY Signature on File 08/31/2023 SIGNED DATE										32. SERVICE FACILITY LOCATION INFORMATION Marina Lensky, MD 20700 Ventura Blvd # 348 Woodland Hills CA 91364-5100 a. 1831209220 b.										33. BILLING PROVIDER INFO & PH # (818) 616-4154 Premier Disability Evaluators, PC 20700 Ventura Blvd #348 Woodland Hills CA 91364-5100 a. 1611598917 b.																																							

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: Alena Khamenia v Macys Inc DBA Bloomingdales LLC
(employee name) (claims administrator name, or if none employer)

Claim No.: 4A2302G37SS-0001 **EAMS or WCAB Case No. (if any):** ADJ17287564

I, Kate Sherman, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.

2. My business address is: 20700 Ventura Blvd # 348, Woodland Hills, CA 91364

3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it 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)

Date Served:

Addressee and Address Shown on Envelope:

Electronically

8/31/23

Sedgwick. P.O.BOX 14450, Lexington KY 40512

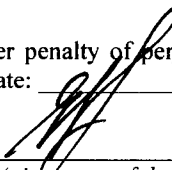
B

Workers Defender. 751 S Weir Canyon Rd Ste 157 455, Anaheim CA 92808

B

Fellman Associates. 5777 W. Century Blvd Ste 1195, Los Angeles CA 90045

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 8/31/23


(signature of declarant)

Kate Sherman

(print name)

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

DECLARATION REGARDING PROTECTION OF MENTAL HEALTH RECORD

(Health and Safety Code § 123115(b) and § 36.5, Title 8, California Code of Regulations)

NOTE: THE MENTAL HEALTH RECORD(S) ATTACHED TO THIS DECLARATION MUST NOT BE SEEN BY OR COPIED BY Alena Khamenia **FOR THE REASONS**
(Print name of injured employee)
STATED BELOW:

I, Marina Lensky, MD, declare as follows:
(Print your name)

1. I am licensed in the state of California as a Psychiatrist/QME Evaluator, license number A104837
(Type of license)

2. The attached medical record pertains to:

Employee name: Alena Khamenia

Address: 18444 Collins St. #3 Tarzana, CA 91356

Phone: (310) 396-5220

W.C. Claim number: 4A2302G37SS-0002

W. C. Claims administrator: Sedgwick

Phone: (562)981-0286

3. In my professional medical judgment and pursuant to Health and Safety Code § 123115(b), the attached mental health record, or the portions of this record designated below and on the face of the record, if seen or copied by the employee named above, will or is likely to result in a substantial risk of significant adverse or detrimental medical consequences to the employee, including but not limited to, (describe medical basis for conclusion):

This psychiatric report is indeed confidential. People often tend to misunderstand and/or distort information enclosed herein, and this may interfere with psychotherapy. For individuals who are suicidal or homicidal, the results of disclosure can be irreversible. For these reasons, this report should not be shown to the claimant.

4. On July 27, 2023, I was asked by the above named employee, or I was required by law, to serve a copy of this medical record on the employee.

5. On that same date, I advised the employee that the record only could be inspected by, copied or provided to a licensed physician, within the definition of Labor Code § 3209.3 or a health care provider as defined in Health and Safety Code § 123105, on behalf of the employee, and that the employee must use that mechanism to obtain the record.

6. The employee has designated the following physician, within the definition of Labor Code § 3209.3 or a health care provider as defined in Health and Safety Code § 123105, for alternate service of the employee's copy of this record:

Name: _____
Address: _____
Phone: _____ Fax: _____
Medical license no. (CA, if known): _____
Date of employee designation of this physician or health care provider: _____
(MM/DD/YYYY)

7. For the above reasons, in response to the employee's request of _____ (date MM/DD/YYYY) for a copy of the record, I responded in the following manner: *(Check one below, as appropriate.)*

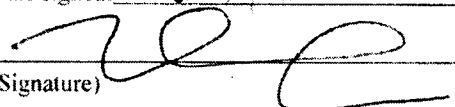
- I declined to allow the employee to personally inspect or receive a copy of the record.
- I declined to allow the employee to personally inspect, receive a copy or to be served personally with a copy of the record. However, at the employee's request, I did provide to, or serve a copy of the record on, the physician or health care provider designated by the employee as noted below:

Name: _____
Address: _____
Phone: _____ Fax: _____
Date of Service: _____
Manner of Service: (mail, overnight mail, courier, fax) _____

8. From this time forward, I shall note in the medical file for this employee each time any licensed physician, within the definition of Labor Code 3209.3 or a health care provider as defined in Health and Safety Code § 123105, requests to inspect or copy this record on behalf of the employee.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date signed: 07/13/09


(Signature)

Marina Lensky, MD

(Print name)

Address: 20700 Ventura Blvd #348, Woodland Hills, CA 91364 Phone: (818) 616-4154

File record of requests for copies of the attached record made subsequent to the declaration date above:

Date	Person	License type and License number
------	--------	---------------------------------

FELLMAN & ASSOCIATES
ATTORNEYS AT LAW

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

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

July 12, 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 Dr. Marina Lensky is 177.

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

Executed on July 12, 2023, at Los Angeles, California.



JILLELYNN RODERICK



Premier Disability Evaluators, PC

Best choice for QME, AME and Medical Consultations
E: info@premierevaluators.com W: www.premierevaluators.com

Marina Lensky, M.D.
Qualified Medical Examiner in Psychiatry

PANEL QUALIFIED MEDICAL EXAMINATION IN PSYCHIATRY

July 27, 2023

RE: KHAMENIA, Alena
DOB: 02/18/1981
SS #: XXX-XX-9857
CLAIM #: 4A2302G37SS-0001; 4A2302G36RJ-0001
WCAB #: ADJ17287564; ADJ17287529
PANEL#: 7576857
D/I: CT: 07/16/2022-01/02/2023; 03/16/2022-01/15/2023
D/E: 07/27/2023
EMPLOYER: Bloomingdales, Inc.

To Whom It May Concern:

Ms. Alena Khamenia was seen for a Panel Qualified Medical Examination in Psychiatry as scheduled on July 27, 2023, in my Woodland Hills office located at 20700 Ventura Blvd, Suite 348, Woodland Hills, CA 91364. The interview was conducted via a certified Spanish interpreter. The evaluation performed and the time spent performing such evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (3) of subdivision (J) of section 139.2.

The following report summarizes my findings and my opinion on diagnosis as well as issues of causation, disability and apportionment if any in relation to the alleged injury sustained by Ms. Alena Khamenia while employed by Bloomingdales, Inc.

This psychiatric report is confidential and privileged. Some claimants and their family members may misunderstand and distort the information enclosed in this report. This may result in significant psychological distress to the claimant or may interfere with the treatment and eventual recovery from illness. For individuals with self-destructive or assaultive tendencies, the consequences of ill-considered disclosure of this report may be serious.

This report is meant for the use of qualified professionals only, and those with the need to know by operation of law. Persons breaching the confidential nature of this report assume the risk and liability of doing so.

At the beginning of examination, it was explained to the claimant that this report was not confidential, and that the information obtained and findings, as well as diagnosis and report completed by the examining physician would be shared with insurance company and all other parties involved in this matter. Claimant expressed understanding and agreed.

Corporate Office: 20700 Ventura Blvd # 348, Woodland Hills, CA 91364 T: (818) 616-4154 F: (818) 616-4462

Satellite Office Locations: Arcadia ~ Brea ~ Cerritos ~ Commerce ~ El Segundo ~ Encino ~ Gardena ~ Glendale

Greater Los Angeles ~ Irvine ~ La Palma ~ Long Beach ~ North Hollywood ~ Orange ~ Oxnard ~ Palmdale

Panorama City ~ Torrance ~ Valencia ~ Westlake Village ~ West Covina ~ Whittier

BILLING STATEMENT:

This report falls under the billing guidelines for Medical-Legal reporting as revised by the Administrative Director for implementation effective April 1, 2021, as specified in Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules Article 5.6. Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations Sections 9793-9795.

Section 9795 amends the medical-legal fee schedule for Workers' Compensation and designates fees for billing medical-legal evaluations under code ML-201. "Includes all comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations. The fee includes review of 200 pages of records. Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report."

This evaluation was performed by a psychiatrist or psychologist and has a minimum 2.0 Multiplier. "-96 Evaluation performed by a psychiatrist or psychologist when a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 2."

THIS REPORT QUALIFIES FOR ML 201 COMPREHENSIVE MEDICAL-LEGAL EVALUATION WITH THE FOLLOWING APPLICABLE:

- 1. Face-to-face time spent with the applicant 2 hours.***
- 2. The fee includes review of 200 pages of records. Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page.***
- 3. I, Dr. Marina Lensky, verify under penalty of perjury that I reviewed records received from party/parties (total of 177 pages). Review of records in excess of 200 pages (total of 0 pages) shall be reimbursed at the rate of \$3.00 per page.***
- 4. Modifier-96 is applicable: Evaluation performed by a psychiatrist or psychologist when a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation.***

An additional 5 hours were spent on psychological testing evaluation services and psychological tests scoring and administration. Psychological testing time is billed using the appropriate CPT codes and is based on the county or counties in which the service or services were provided.

CPT 96130 and 96131 Psychological testing evaluation services including integration of patient data, and interpretation of standardized test results and clinical data. (Psychological testing evaluation, integration and interpretation services were provided in Los Angeles County).

RE: KHAMENIA, Alena
July 27, 2023
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CPT 96136 and 96137 Psychological Test administration and scoring by the physician.
(Testing was administered and scored in Los Angeles County)

96130: required 1 hour.
96131: required 3 hours.
96136: required 30 minutes.
96137: required 30 minutes.

The tests are comprised of:

MMPI-3	2 hours
Katz Activities of Daily Living	15 minutes
Brief Symptoms Inventory	30 minutes
PTSD Checklist – Civilian Version (PCL-C)	15 minutes
Epworth Sleepiness Scale	15 minutes
Wahler Physical Symptoms Inventory	30 minutes
Lawton-Brady Instrumental Activities of Daily Living	15 minutes
BDI-II	30 minutes
BAI	30 minutes

INTRODUCTION:

On 07/27/2023, I conducted an extensive psychiatric evaluation on the claimant, Alena Khamenia, to determine if the claimant had a work-related psychiatric injury. In addition to my face-to-face examination with this claimant, I was able to review medical and nonmedical records. Other than these records, the claimant is the sole provider of information from which this report including my assessment, recommendations, and conclusions were prepared.

REVIEW OF RECORDS:

Defense Advocacy Letter, Fellman and Associates Attorney at Law, Jillelynn Roderick, dated July 12, 2023.

The examiner agreed to evaluate the applicant in the capacity of State Panel Qualified Medical Evaluator in the specialty of Psychiatric medicine on July 27, 2023.

The instant workers' compensation litigation involved a **42-year-old sales associate at Sherman Oaks Bloomingdale's store with a date of hire in July 2019 and was terminated from employment effective on January 25, 2023.**

Subsequent to her termination from employment, the applicant filed two cumulative trauma claims, with overlapping alleged injuries period and injury to the **wrist, back, hips, shoulders, lower extremities, psyche, head, and skin.** Due to the lack of medical evidence provided, as well as lack of claim of injury at Bloomingdale's prior to receipt of a blind Applications from the applicant's counsel, the claims of injury had denied.

RE: KHAMENIA, Alena

July 27, 2023

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The psychiatric claim of injury had also been denied by the defendant under LC §3208.3, noting the requirement of a 51% preponderance standard and the lack of compensability for psychiatric reactions to good faith personnel actions. As the claim was denied, the parties asked for a compensability evaluation.

The customary determinations, current diagnoses, period of temporary disability, maximum medical improvement, subjective complaint supported by objective findings, non-physiological findings, evidence of dysfunctional illness behavior, permanent disability, basis of prognosis, treatment, deterioration or dysfunction and further diagnostic evaluation, were requested.

Workers' Compensation Claim Form (DWC-1) dated January 16, 2023.

The applicant suffered injuries from March 6, 2022, to January 15, 2023, to the low back, left hip, calf, feet, and left wrist due to stress and strain due to repetitive movement over that period.

Workers' Compensation Claim Form (DWC-1) dated January 16, 2023.

From July 16, 2022, to January 15, 2022, the applicant suffered stress due to hostile work environment.

Application for Adjudication of Claim dated February 8, 2023.

The applicant developed cumulative trauma injury which began on March 6, 2022, and ended on January 15, 2023, to the back, lower extremity, wrist, hips including pelvis, and shoulders; including scapula and clavicle while employed by Macy's Inc. dba Bloomingdale's LLC as a salesperson. **Stress and strain were due to repetitive movement over that period, she injured her feet, toes, ankles, lower back, wrist, hip, and shoulders.**

Application for Adjudication of Claim dated February 8, 2023.

The applicant suffered cumulative trauma injury which began on July 16, 2022, until January 2, 2023, to nervous system-stress, head but not specified, and body system; and **developed skin dermatitis due to hostile work environment** while employed by Macy's Inc., DBA Bloomingdale's LLC as a salesperson.

Primary Treating Physician's Initial Evaluation Report, Dr. Koruon Daldalyan, Internal Medicine, dated March 21, 2023.

The applicant was specifically referred for evaluation and treatment of various musculoskeletal and other injuries that she sustained during the course of her employment with Macy's Inc., DBA Bloomingdale's LLC.

Job Description: The applicant began working as a Hermes counter manager in 2019. Her working hours was from 10:45 am to 6:00 or 8:00 pm per day, five days a week. In the job as a counter manager, she was required to manage the counter,

RE: KHAMENIA, Alena

July 27, 2023

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provide customer service, and restock shelves. Physically, the job required her to stand, walk, squat, stoop, bend, kneel, climb, twist, and lift up to 30 pounds.

History of the Injury as Related by the Applicant: The applicant had filed a continuous trauma claim dated March 6, 2022, to January 1, 2023. She worked as a salesperson and counter manager at Bloomingdale's for Hermes. She mentioned that her job duties often included lifting boxes weighing upwards of 30 pounds full of beauty products overhead for stocking. During her employment, she would experience significant stress due to robberies. She felt nervous about going into work as during the robberies there was excessive noise, including individuals banging on counters and making sounds.

The incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis in her face. Aside from fear of losing her job, she was afraid to report complaints of her symptoms. However, she followed up with her primary care physicians, who prescribed her medications, including nonsteroidal anti-inflammatory drugs. Her symptoms continued to progress to include cramping on her legs, swelling of her ankles, and changes in her bowel habits. The applicant continued working until January 1, 2023.

Prior Treatment: The applicant had been examined by Dr. Mayya Kravchenko.

Previous Work Descriptions: Prior to working at Macy's, the applicant worked as a vendor.

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

Medical History: The applicant denied any history of previous medical or surgical conditions. She has a known allergy to anesthesia and pet dander. She had undergone four Caesarean sections: in 2005, 2006, 2011, and 2018.

Social History: The applicant was married and had four children. She did not smoke cigarettes or use of recreational drugs and drank alcohol occasionally.

Family History: There is no other significant family medical history.

Review of System: The applicant complained of headaches, shortness of breath, dizziness, lightheadedness, jaw pain, dry mouth, and heart palpitations. She also complained about abdominal pain or cramping, burning symptoms, and nausea. Her musculoskeletal complaints involved 7/10 lumbar spine pain, 6/10 left shoulder, wrist and hand pain; 8/10 left hip, ankle, and foot pain. There was hair loss and dermatologic complaints, and intolerance to excessive heat or cold. She also had a complaint of diaphoresis, chills, and lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury: The applicant reported problems with sleeping, toileting, walking, shopping, cooking, performing housework, and driving.

RE: KHAMENIA, Alena

July 27, 2023

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Physical Examination: The applicant was an alert, cooperative, and oriented Belarusian English-speaking female, in no acute distress.

Subjective Complaints: The applicant complained of headaches, shortness of breath, dizziness, lightheadedness, swelling of the ankles, **anxiety, abdominal pain**, burning symptoms, **difficulty concentrating, difficulty sleeping, nausea, difficulty making decisions, forgetfulness**, hair loss, skin issues, jaw pain, weight gain, intolerance to heat and cold, dry mouth, chills, urinary urgency, diaphoresis, heart palpitations, and lymphadenopathy.

Diagnoses: 1) Lumbar spine strain and sprain. 2) Left shoulder strain and sprain. 3) Left wrist strain and sprain. 4) Left hand strain and sprain. 5) Left hip strain and sprain. 6) Left ankle strain and sprain. 7) Left foot strain and 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 and cold. 29) Dry mouth. 30) Chills. 31) Urinary urgency. 32) Diaphoresis. 33) Heart palpitations. 34) Lymphadenopathy.

Disability Status: The applicant was to continue temporary and total disability for a period of six weeks.

Treatment: The applicant was to continue with her medications. **She was prescribed hydroxyzine HCl 25 mg at night**, and flurbiprofen 20% topical ointment to apply twice a day. The applicant was referred for evaluation of her TMJ syndrome. A request for authorization would be submitted for Med-Legal Consultation for the purpose of discussing causation of the diseases in relation of work-related injuries. She was to be reevaluated in six weeks.

Deposition Transcript of Alena Khamenia dated April 11, 2023.

The applicant stated her name. She had been known as Alena Khatanovich. Khatanovich was her birth name/maiden name. She got married on July 19, 2003. She had no prior marriages. She changed her name eight years prior, when she became an American citizen.

She had never been deposed before. She had a chance to prepare for one hour with her counsel.

She was testifying from home.

Within the past 24 hours, she had taken hydroxyzine about 10:00 pm the night before. She denied any side effects. It was prescribed by Dr. Koruon Daldalyan. Dr.

RE: KHAMENIA, Alena

July 27, 2023

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Daldalyan's office was on Riverside in Sherman Oaks. She found the doctor through her lawyer.

She had a primary care physician though it was too long before she could see that doctor, thus she saw Dr. Daldalyan. She would go to a clinic or facility in North Hollywood. She saw a doctor at his clinic every year for general check-ups and to see her gynecologist.

She was born in 1981, in Minsk, Belarus. She first came to the United States in 1999. When she first came to the United States, she came to Florida and lived there until 2004. She then moved to Los Angeles and lived in Los Angeles since 2004. Currently, she lived in Tarzana, California, apartment number 3. She lived at her current address for almost 16 years with her husband and four children.

Her husband's name was Val Khamenia. He was a basketball coach at Valley College for 16 years. He did not have disabilities. Her children's ages were 17, 16, 12, and the youngest was almost five. None of them had any disabilities. They were good students. Two of them went to Harvard Westlake.

She had a California driver's license.

She was no longer employed with Bloomingdale's. **Her last day of work was on January 2; January 18 was her effective termination date.** She had had no employment since Bloomingdale's. She received EDD benefits; it started March 9, 2023. She was certified by Dr. Mayya Kravchenko. She found Dr. Kravchenko through her lawyer. Dr. Kravchenko was located on Riverside in Sherman Oaks. She found Dr. Daldalyan through her attorney.

Since being terminated from Bloomingdale's on January 18, 2023, she took care of her children, such as picking them up and dropping them off at school, going to their basketball games, and taking them to activities. When she was working, sometimes she would go on her break and pick them up. Usually, it was her husband who would.

She completed college at Palm Beach Atlantic University. She studied graphic design but did not finish it. The last year she attended college was in 2003. Since that time, she did not have any formal education. She did not finish her degree in graphic design because they had to move, and she lost interest.

Other than the birth of her children, she had never been hospitalized. She had never broken any bone. She did not treat with any doctors other than her Workers' Compensation claim. **She did not treat with any doctors on her regular basis for any medical condition. She did not have diabetes, hypertension, or high cholesterol.**

She started working at Bloomingdale's on July 9, 2019.

Before Bloomingdale's, she worked as a fulltime vendor for Prada and Hermes and sold fragrances. She was a vendor for two or three years before she became part time

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employer at Bloomingdale's. **She started as a part-time employee with Bloomingdale's on July 9, 2019. She accepted the part-time offer at Bloomingdale's because of her children.** During the time she worked as a vendor for those approximately two to three years before becoming part-time with Bloomingdale's, she did not sustain any injuries.

Before starting work as a vendor for Prada and Hermes, she worked full time at a boutique called Anat B in Sherman Oaks. She started in Beverly Hills, and then moved to Sherman Oaks. She managed the store. **She worked for Anat B for 7 years. She did not sustain any injuries while she worked for Anat B. The store closed.**

She was unemployed for six months between Anat B and being a vendor for Prada. She received unemployment during that time.

Before she worked for Anat B, she was working at Gap for a year on Ventura in Tarzana. The store closed and she was moved to Sherman Oaks Fashion Square. At Gap, she worked part-time as a salesperson. She did not sustain any injuries while employed at Gap.

Before Gap, she worked for a year at a boutique called Mannequine's on Melrose in Florida. She worked as a sales associate. She stopped working at Mannequine's because she got pregnant.

She was off work for 3 years before she started working at Gap.

Before Mannequine's, she worked at a restaurant called Zuccarelli's in Florida for a year as a full-time server. She did not sustain any injuries while she worked at the restaurant.

She did not have any period of incarceration. She had never been arrested.

When she was first hired as part-time in July at Bloomingdale's, she was hired as a sales associate at a Bloomingdale's store in Sherman Oaks. She remained at the Sherman Oaks store for three years. She became full-time in February.

She worked for Hermes in the fragrance department. **Her supervisors were Tammy Badger and Ann Ellis throughout her employment.** As an associate for Hermes in the fragrance department, she was stocking, selling, helping clients, applying makeup, taking stock back, and fixing the stock rooms. Sometimes, she opened or closed store. She was required to move boxes, unload boxes, cut the boxes, and put everything together into 2 different stockrooms; one on the second floor, and the other was on the third floor. The heaviest item she would have to lift was 25 to 30 pounds of fragrance bottles. **She had to stock once or twice a week, sometimes three times with her coworker, Aneta Gregoria.**

She kept in contact with most of her coworkers such as Aneta Gregoria, Afsoun Sharifi, and Lisa, but she did not socialize outside of work. She did not have a close relationship with her coworkers. She did not see or hang out with people off work.

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She was a manager at the Hermes counter. She managed her coworker, Aneta, for a short period of time because Aneta left the company. When Aneta left, she was by herself for 5 months.

At the time of her last day at work, she was making \$26.00 per hour plus 3% commission.

She claimed she sustained an injury while she worked at Bloomingdale's.

She complained of lower back pain and pain in the shoulder, feet, ankles, legs, left wrist, and lower body.

She first noticed pain to her low back the year she started working. In March 2022, her pain in the back, shoulder, feet, leg, and left wrist worsened.

She complained of pain to her coworkers Aneta and Stephanie Cooper.

She specifically told her supervisor, Tammy Badger, that she had back pain when she moved a box. Sometimes, it was hard for her to lift something. It took her a while to straighten her back. She told Tammy that her back hurt after lifting something at work. Tammy, however, did not say anything to her. Tammy did not tell her to fill out a Workers' Compensation claim form.

Tammy would tell her, "You can go ahead if you want to take your break. Go sit down."

In March 2022, she did not go to any doctor for her complaints because she was trying "everything on her own." She used Finalgon, a pain reliever cream, for her back. She then visited her regular doctor in North Hollywood. She told her doctor about the pain she had. She also told the doctor about her legs and was told it was because she was on her feet all day for 7 to 8 hours. Her doctor recommended stretching and sitting down. Her doctor did not take her off work, did not prescribe medication, and did not refer her to any physical therapy or acupuncture or chiropractic treatment.

An application for adjudication of claim was presented, which was filed on her behalf, alleging cumulative trauma period of March 6, 2022, to January 15, 2023. She confirmed that it was the period that she felt she was injured while she worked at Bloomingdale's. Other than speaking with her manager, she complained about her injuries to her coworkers and was sure that her manager and Lisa heard it. She did not get any medical care when her ankle would swell. All her coworkers had the same different issues.

A second application was filed for claim of injury to the nervous system, head, body system, and skin.

Other than the orthopedic pains she had had to her back, shoulder, feet, legs, lower body, and left wrist, she also complained of eczema on her face from the stress. She had allergies and she could not sleep. She had issues with sleeping. When she was stressed out or some things happened at work, her hands shook.

Stress at work was from a lot of stealing that happened at work. People would come or run to the store, and the place where she was located at was under the escalators and close to the door. When people came, they would push the stands of the bags, and there were sounds like that of gunshots. When that happened, she would experience stress. She noticed after some time that she started to have anxiety, difficulty sleeping, stress, and hands shaking. She would come to work the next day and kept on turning around. Her hands would shake, and she also had bad headaches that did not go away.

The gunshot sounds were made by the racks where the bags hung. If someone grabbed a bag, it would make the rack sound like gunshot. These types of theft would occur often. This last year, it had been often. Sometimes, it happened twice a day. Sometimes, nothing would happen for a while. Sometimes, it happened in the morning and sometimes, in the evening before they closed. In the past year, it happened 20 to 25 times while she was worked. She had been held up by a thief in the summer of 2022. Someone came and opened a drawer. When she approached, they called her names. She told the security, but they did not do anything about it. She was afraid to be there because the man was telling her how he was going to come after her outside. He called her names.

Those incidents caused her anxiety and shaking. She saw Dr. Daldalyan after her termination, who gave her sleeping pills which helped. During her employment, she saw and informed her regular doctor about her stress, but they did not ask about the details and did not prescribe anything for her.

An application for adjudication of claim was filed that explained that she had symptoms due to alleged hostile environment for date of July 16, 2022, to January 2, 2023. That was when there was a lot of stealing that happened, which caused her a lot of stress because some nights she would work by herself, and there would be groups in the parking lot; a lot of people hanging around. Bloomingdale's knew her feeling of anxiety. They talked about it and asked the head of security to put somebody on the door, but nobody was afraid of them, and the stealing continued. She did not tell anyone at Bloomingdale's that she required medical care for any of either the orthopedic or non-orthopedic symptoms she felt.

She stopped working for Bloomingdale's because she was fired. She was told that she was using somebody's promotional card, which she denied. When she was accused of using the promotional card, that accusation was made by the asset protection. She was told that she used the card in October. It happened on January 2. There was a meeting. She was told that a lot of things had gone missing from the store and there was shortage of fragrances. She was asked if she ever took a gift from any clients or if somebody gave her any gift cards or something personal. She said no. She was asked when the first time she used somebody else's promotional card was, and she denied. She was shown a paper. The paper showed that the card was used.

Before that incident, she never had any write-up or issues as she was the top seller.

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On January 2, 2023, she was placed on suspension. She was told to call Bloomingdale's. She called them, but nobody answered. She wrote emails. Finally, someone from HR contacted her and told her to come to the store to get her vacation pay. She was sent to a room and given a phone number. She called the number, and she believed she was fired over the phone.

She called Heather of Human Resources last January 18th and was told that she was terminated. She also exchanged emails with Heather. She informed Heather of how she was treated in December 2022. She purchased something from two different companies. There were two separate receipts on the bag. She had an encounter with the head of Asset Protection, Severan, who placed her in an uncomfortable position with the way he handled her bags. There might be an issue of her national origin. One security said, "Oh, you are Russian. Russians are now the enemy of the Americans." She also heard that from customers while she worked at Bloomingdale's, and Bloomingdale's never did anything about it. She did not report receiving comments about her nationality. It was not often when customers would make a comment. A lot of customers tried to stay away from topics about politics, but some customers would comment. Some customers would comment, "Are you Russian?", and some racist comments. She had been hurt when some would say, "Oh, you Russian," and walk away. They did not say anything derogatory, but she felt a tone in their voice.

She could not say that to people at Bloomingdale's, such as her coworkers or management who were discriminatory because she was from Russia. People tried to be nice and polite, but she felt "some stuff." **She had an accent.** She was not afraid of her accent. Some people would say, "Excuse me. What did you say? Can you repeat it?" as though they did not understand her. Those things occurred before the attack on Ukraine.

The stress she felt while she worked for Bloomingdale's was because of the thefts primarily. She also felt some stress due to an incident with Severan in December of 2022 and with the way customers acted around her asking if she was Russian.

Her complaints were body pain, specifically lower body; pain the back, left knee, left ankle, and wrists, specifically her left wrist. When she sat down for a while, it took her a while to straighten her back. She complained that her veins popped up. She could not sleep on her left side because her hip hurt. She still had those pains, but they were better, and she was not on her feet as much as she used to, and she tried to elevate her legs.

Her first visit with Dr. Daldalyan was on March 21st. She first saw Dr. Kravchenko 6 weeks prior. Dr. Kravchenko was a chiropractor. She received massages that helped her for a day or two, and then the pain would come back. Dr. Daldalyan gave her prescription for pain medication and sleeping pills. **Dr. Daldalyan wanted to prescribe medication her for anxiety but wanted her to try sleeping pills first.**

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She also had pain in both ankles, but more on the left. Both knees popped. She also had pain in her left hip.

She had headaches that did not go away, anxiety, rashes on her face, and sleeping problems that might be due to stress. Rashes first appeared when she was stressed out, probably in April 2022 before the summer heat. She went to her primary care doctor and reported that she had rashes and was told that it was from stress. She itched when something happened. She was advised to try not stress herself a lot, drink tea, take a day and relax.

The full list for her physical complaints were low back, ankles, both knees – primarily left side – left hip, left ankle, headaches, anxiety, left wrist, and rashes on face.

In August of 2022, she first noticed the pain in her left wrist. She is right-handed. She attributed the left wrist pain to lifting, pushing, and using her left hand. She told her primary care doctor about the pain in her left wrist, and she was given something for her hand.

She complained of varicose veins. She had cramps after long shifts. She had to take some vitamins. She first experienced the varicose veins in June 2022. She could not sleep at night. She informed her primary care doctor, and she was told it was because she was on her feet for so long. She had leg cramps – mostly on the left.

She denied ever sustaining any injuries or type of accidents as well as sports-related accidents, and trips and falls. She never had broken bones.

Since 2019, she had not had anything happen in her personal life that she would consider to be a personal stress factor. She had not suffered loss of loved ones on a personal level. Both of her parents were still living in Russia, who would come and visit her every year. She never went back to Russia. Her parents would visit her every year. Her parents and her husband had no health concerns and disability. She had not seen any actual psychologists or psychiatrists at any time in her life.

She had one sister who lived in Russia. The last time she saw her sister was 5 years ago. She never went back to Russia as her parents and sister visited her. She had four children, and it was hard and expensive to go together.

There were other Russian-speaking workers at Bloomingdale's. There was no difference regarding their treatment before and after the Ukrainian war. Some of them got fired. She did not know or could not answer when asked if she related her termination to her being Russian. Russian coworkers who were terminated were Sona Atoian and others on the second floor; she was not close with them and could not recall their names. Sona, who worked at the Fragrance Department, was terminated in October. She did not know why Sona was terminated. She no longer talked to Sona. She never asked Sona why she was terminated.

She did not know Alan Gamino.

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She heard something about an employee named Ivan Androsov. She never spoke to him. He worked in Bloomingdale's in a different area. She heard something happened, but she knew nothing about him. They were not friends.

The doctors she had seen in reference to her Workers' Compensation injuries were Dr. Daldalyan, Dr. Mayya Kravchenko, and her primary treating physician.

This is a 76-page deposition transcript. The proceeding lasted 1 hour and 48 minutes.

Answer to Application for Adjudication of Claim, dated April 11, 2023.

The applicant allegedly sustained a cumulative trauma injury, which began on March 16, 2022, and ended on January 15, 2023, while working with Bloomingdale's, Inc. **The answering defendant denied the allegations of the application concerning the injury. The defendant denied the allegation about injury as the application was filed without prior notice of any injury.** Answering defendants denied liability for self-procured treatment. The defendant had a certified MPN, and the applicant failed to designate to a primary treating physician prior to denial of claim. Answering defendants denied liability for future medical treatment, medical-legal costs, earnings subject to proof, periods of disability, supplemental job displacement and return to work, and permanent disability. Apportionment was specifically raised. All affirmative defenses were alleged and reserved, specifically psychiatric preponderance standard and good faith personnel actions defense. **Defendant's answer was specifically amended and supplemented to assert the post-termination defense.**

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Primary Treating Physician's Medical Legal Evaluation Report, Internist Health Clinic, Dr. Koruon Daldalyan, dated May 2, 2023.

Job Description: The applicant began working as a Hermes counter manager in 2019. Her working hours were 10:45 am to 6 or 8 pm per day, five days a week. In her job as a counter manager, she was required to manage the counter, provide customer service,

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and restock shelves. Physically, the job required her to stand, walk, squat, stoop, bend, kneel, climb, twist, and lift up to 30 pounds.

History of the Injury as Related by the Applicant: The applicant had filed continuous trauma claim dated March 6, 2022, to January 1, 2023. She worked as a salesperson and counter manager at Bloomingdale's for Hermes. She mentioned that her job duties often included lifting boxes weighing upwards of 30 pounds full of beauty products overhead for stocking. **She mentioned that during her employment she would experience significant stress due to robberies. She reported feeling nervous about going into work as during the robberies there was excessive noise, including individuals banging on counters and making sounds. The incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis on her face.** Aside from fear of losing her job, she was afraid to report complaints of her symptoms. However, she followed up with her primary care physicians, who prescribed her medications, including nonsteroidal anti-inflammatory drugs. **Her symptoms continued to progress to include cramping on her legs, swelling of her ankles, and changes in her bowel habits. The applicant continued working until January 1, 2023.**

Prior Treatment: The applicant had been examined by Dr. Mayya Kravchenko.

Previous Work Descriptions: Prior to working at Macy's, the applicant worked as a vendor.

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

Medical History: The applicant denied any history of previous medical or surgical conditions. She has a known allergy to anesthesia and pet dander. She had undergone four Caesarean sections: in 2005, 2006, 2011, and 2018.

Social History: The applicant was married, and she had four children. She did not smoke cigarettes or use of recreational drugs and drank alcohol.

Family History: There was no other significant family medical history.

Review of System: The applicant had headaches, shortness of breath, dizziness, lightheadedness, jaw pain, dry mouth, and heart palpitations. She also had abdominal pain or cramping, burning symptoms, nausea, and weight gain. She reported genitourinary complaints including urinary urgency. Her musculoskeletal complaints involved 7/10 lumbar spine pain, 6/10 left shoulder, wrist, and hand pain; 8/10 left hip, ankle, and foot pain. **There was hair loss and dermatologic complaints, and intolerance to excessive heat or cold.** She also had diaphoresis, chills, and lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury: The applicant had problems with sleeping, toileting, walking, shopping, cooking, performing housework, and driving.

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Current Medications: **She was on hydroxyzine 25 mg** and Allegra Allergy 60 mg, and took 150 g flurbiprofen 20% + Lidocaine 5% 1 gm.

Physical Examination: The applicant was an alert, cooperative, and oriented Belarusian English-speaking female, in no acute distress.

Subjective Complaints: The applicant complained of headaches, shortness of breath, dizziness, lightheadedness, swelling of the ankles, anxiety, abdominal pain, burning symptoms, difficulty concentrating, difficulty sleeping, nausea, difficulty making decisions; forgetfulness, hair loss, skin issues, jaw pain, weight gain, intolerance to heat and cold, dry mouth, chills, urinary urgency, diaphoresis, heart palpitations and lymphadenopathy.

Diagnoses: 1) Lumbar spine strain and sprain. 2) Left shoulder strain and sprain. 3) Left wrist strain and sprain. 4) Left hand strain and sprain. 5) Left hip strain and sprain. 6) Left ankle strain and sprain. 7) Left foot strain and 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 and cold. 29) Dry mouth. 30) Chills. 31) Urinary urgency. 32) Diaphoresis. 33) Heart palpitations. 34) Lymphadenopathy.

Discussion: The applicant's work required her to frequently lift heavy objects, which contributed to her musculoskeletal pain. Heavy lifting put strain on the muscles which could lead to the muscles becoming overstretched or torn, resulting in pain, aching or mobility loss. Tendons and ligaments could also become worn down over time due to repetitive lifting, that resulted in weak and inflamed joints. The medical literature and epidemiological research confirmed that such occupational factors made an individual susceptible to developing musculoskeletal injuries from repeated physical stress. That appeared to be the case with the applicant. It was opined that the applicant's work activities were of sufficient frequency, intensity, and duration that resulted in her degenerative state.

The stress associated with the pain the applicant experienced could also be linked to her headaches. Stress and headaches were connected, as stress was thought to play part in headache disorder onset in predisposed people. It had also been found to trigger or worsen individual headache episodes in those with headaches and heighten the progression of a headache disorder. Through aggravating headache disorder progression, stress was believed to be a major factor in converting headaches from episodic to chronic.

The applicant's difficulty with sleep could also be attested to her musculoskeletal pain. It was estimated that over 50 million Americans are affected by chronic pain and that as many as 70% of the patients complained of poor sleep. In clinical samples, 51% of patients who experienced chronic lower back pain reported impaired sleep, and 70%

in a mixed group of patients who attended a pain clinic reported the same. It had also been found that a patient's medical history often displayed that a stress-related incident preceded insomnia, and that pain frequently led to the insomnia becoming chronic.

As a result of the psychological stress from the industrial injuries sustained, the applicant developed alopecia (hair loss). The stress hormone, cortisol, was known to affect the function and cyclic regulation of the hair follicle. When cortisol was present at high levels, it had been demonstrated to reduce the synthesis and accelerate the degradation of important skin elements, namely hyaluronan and proteoglycans by approximately 40%. **In addition, there was a positive correlation between perceived stress levels and urinary incontinence symptoms, and its impacts on quality of life among overactive bladder patients. That was the case with the applicant.**

The applicant's pain and stress from the ailments sustained while she worked also played a role in the development of her gastroesophageal reflux disease. Stress could increase stomach acid production through the activation of the body's stress response system. When an individual experienced stress, the body released hormones such as cortisol and adrenaline, which could stimulate the production of gastric acid in the stomach. Additionally, stress could cause changes in the digestive system that could affect the function of the lower esophageal sphincter (LES), which was the muscle that separated the stomach from the esophagus. When the LES was weakened or relaxed, stomach acid could reflex into the esophagus.

The stress the applicant had experienced could be attributed to her diagnosis of irritable bowel syndrome (IBS) as well. IBS and psychological distress were often comorbid. The prevalence of one or more psychiatric disorder in patients with IBS commonly ranged from 40%-60%. Stress released hormones, including corticotropin-releasing factor (CRF). That hormone affects the composition and growth of the gut's healthy bacteria, which were essential for maintaining healthy bowel function.

Additionally, it had been found that in IBS, alterations of the autonomic nervous system, which was activated by stress, were likely to play a role in altered bowel habits and alterations in gastric emptying. Evidence for such enhanced responsiveness of autonomic responses in IBS included increased responses of colonic motility in response to stress as well as food intake and delayed gastric emptying in patients.

It was opined that it was within a reasonable degree of medical probability that the musculoskeletal ailments the applicant developed while working at Macy's Inc., DBA Bloomingdale's LLC, contributed to the onset of pain and stress, which led to the onset of gastroesophageal reflux disease, IBS, headaches, insomnia, alopecia, and urinary impairments. At this time, and with the currently available medical evidence, it would appear that the applicant's ailments had industrial causation.

The applicant had not attained Maximum Medical Improvement and therefore impairment could not be rated at this time.

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Recommendations: The examiner recommended attaining medical records for further discussion of the applicant's injuries. It was recommended that the applicant continue treatment at that moment. A Permanent and Stationary report would be issued when the applicant had reached Maximum Medical Improvement.

Panel Qualified Medical Evaluation, Dr. Matthew Longacre, Orthopedic Surgery, dated June 2, 2023.

Job Description: The applicant started work for Bloomingdale's Inc. as a sales associate on July 9, 2019, and worked full time 6 to 8 hours per day for 5 days a week, 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 also required walking, standing, squatting, kneeling, climbing, twisting the neck and waist, bending the neck and 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 and lifted up to 25 to 30 pounds.

Work Status since Industrial Trauma: **The applicant was not working and had not worked since January 2, 2023, at which time she was terminated due to a violation of company policy. She received disability benefits.**

She denied subsequent and concurrent employment.

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

History of Injury: **According to the applicant, during her employment, she sustained injury due to cumulative trauma of her left shoulder, lower back, left hip, left wrist, insomnia, and psyche. She stated that she developed insomnia, anxiety, and stress from working during 20 robberies while employed. She worked with ongoing stress, anxiety, trembling hands, and skin rash on her face.** She associated the injuries with prolonged standing, 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. The stock was on the third floor and had to push the shelving unit on the rails to get her stock throughout her work shift. She worked without accumulating incident until mid-2021 when she developed 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 the store and was given a number to call, and she was terminated over the phone.**

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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 attended once a week. Physical therapy did 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 a medicated cream for the swelling in her arm and left ankle and medication to help her sleep, and for skin rash on her face. She had a return appointment with Dr. Daldalyan on June 6, 2023.

She had not received any other medical evaluation or treatment, to the best of her recollection.

Current Complaints: She complained of pain in the midline that radiated down the left leg to the lateral aspect of the left foot. She had numbness in the fourth and fifth toes of the left foot and described burning sensation in the lower leg.

Regarding the left shoulder, she had pain over the left posterior shoulder and occasional clicking with overhead movements.

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

She had pain in the left buttock hip.

She had pain along the anterolateral aspect of the left ankle and foot and described it as a burning sensation. She had numbness and tingling in the fourth and fifth toes of the left foot.

She had a lot of stress and anxiety.

She had a rash into her right eye.

Medical/Social History: The applicant underwent C-sections in 2005, 2006, 2011, and 2018.

Current medications: She was on over-the-counter Advil for orthopedic pain.

Alcohol: She did not drink alcoholic beverages.

Tobacco: She had never smoked.

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.**

Causation: The only medical report available for review was Dr. Daldalyan's report on March 21, 2023. The report showed that the applicant was diagnosed with lumbar, left

shoulder, left wrist, left hand, left hip, left ankle, sprain, and strain. In her deposition on April 11, 2023, she stated that she injured her lower back, shoulder, left wrist, feet, and ankles due to her repetitive job duties at Bloomingdale's. Her job required constant neck and waist bending and twisting, grasping, fine manipulation, and lifting up to 25 pounds. **Based on her job description and her deposition testimony, there was reasonable medical probability for industrial causation for the lumbar, left shoulder, and left wrist due to the cumulative trauma from March 6, 2022, to January 15, 2023, while worked for Macy's Inc., dba Bloomingdale's Inc. as a sales associate.**

There was also a claim of the lower extremities. She had radicular complaints in the left lower extremities, and she felt it was 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 were minimal medical records in the case and causation relied easily on the applicant's self-reported job description and deposition testimony. Ultimately, Dr. Longacre would leave causation to the Trier of Fact.

There was also a CT from July 16, 2022, to January 2, 2023. However, in reviewing the claim form, it was a **claimed injury due to stress** and comment would be deferred to the appropriate specialist.

Disability: The applicant stated that she continued working until she was terminated on January 2, 2023. Based on that, there had not been any periods of temporary total disability.

Permanent and Stationary Status: Based on the correlated applicant's narration, clinical findings, information from the submitted medical records, and the applicant's deposition testimony, it was Dr. Longacre's medical opinion that the low back pain, left shoulder, and left wrist conditions had not yet reached Maximal Medical Improvement.

Recommendations: The applicant was recommended to continue her chiropractic treatment. She could also benefit from a course of physical therapy and acupuncture. It was recommended reevaluating the applicant at the conclusion of the recommendation. **In the interim, she was able to work without any restrictions.**

Activities of Daily Living/Pain Questionnaire dated June 2, 2023.

The applicant rated 6 or 7 on the severity of the pain she felt during the examination. Pain was rated 8 when at its worst and 6 on the average.

Under activity limitation of interference, she rated it 6 when pain interfered with her ability to walk within a block; 7 when the pain interfered while she sat and stood within 1/2 hour; 7 or 8 when the pain interfered her ability to get enough sleep; 7 when the pain interfered with her ability to participate in social activities; 7 or 8 when the pain interfered with her ability to travel up to 1 hour by car; 6 or 7 when the pain interfered with her daily activities; 5 when pain interfered with ability to do jobs around her home; 5 when pain interfered with her ability to dress herself; and 6 when pain interfered with her ability to concentrate.

She rated her overall mood during the past week as 4 with 0 as extremely high/good and 10 as extremely low/bad. **She rated how anxious or worried she had been because of pain as 6 with 0 as not at all anxious and worried and 10 as extremely anxious/worried. During the past week, she was not depressed because of her pain.** She rated how irritable she had been because of pain as 6 with 0 as not at all irritable and 10 as extremely irritable. In general, she rated it 6 on how she anxious and worried she was about performing activities as that might make her pain and symptoms worse with 0 as not all worried and 10 as extremely anxious/worried.

Primary Treating Physician's Progress Report, Internist Health Clinic, Dr. Koruon Daldayan, dated June 6, 2023.

The applicant continued in treatment for her various medical conditions.

Current Medications: The applicant was on **hydroxyzine HCl 25 mg** and Allegra Allergy 60 mg. She used flurbiprofen 20%.

Physical Examination: The applicant was an alert, cooperative, and oriented Belarusian English-speaking female, in no acute distress.

Subjective Complaints: She complained of headaches, shortness of breath, dizziness, lightheadedness, swelling of the ankles, **anxiety**, abdominal pain, burning symptoms, **difficulty in concentrating, difficulty in sleeping, nausea, difficulty making decisions, forgetfulness, hair loss**, skin issues, jaw pain, weight gain, intolerance to heat and cold, dry mouth, chills, urinary urgency, diaphoresis, **heart palpitations**, and lymphadenopathy.

Diagnoses: 1) Lumbar spine strain and sprain. 2) Left shoulder strain and sprain. 3) Left wrist strain and sprain. 4) Left hand strain and sprain. 5) Left hip strain and sprain. 6) Left ankle strain and sprain. 7) Left foot strain and 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 and cold. 29) Dry mouth. 30) Chills. 31) Urinary urgency. 32) Diaphoresis. 33) Heart palpitations. 34) Lymphadenopathy.

Disability status: The applicant was to continue temporary and total disability for six weeks.

Treatment: The applicant was to continue her medication and would be reevaluated within six weeks.

Description of Employee's Job Duties, Undated.

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The applicant was an employee at Bloomingdale's as a Hermes counter manager. She worked 6 to 8 hours per day, 32 to 35 hours per week. Job duties included occasional sitting. Her duties entailed frequent squatting, climbing, bilateral hand power grasping, bilateral hand pushing and pulling, and bilateral hand reaching. It also entailed constant walking, standing, bending of neck and waist, twisting of neck and waist, bilateral hand simple grasping, and bilateral hand fine manipulation. Her job duties entailed constant use of dominant hand and required repetitive use. She was required to lift 11-25 pounds occasionally and 0-10 pounds constantly. She was exposed to dust, gas, fumes, or chemicals.

That completes the review of records.

IDENTIFYING INFORMATION, PERSONAL AND WORK HISTORY AS RELATED BY THE CLAIMANT DURING FACE-TO-FACE EVALUATION:

The applicant is a 42-year-old married woman who was born in Minsk, Belarus. At the time of her birth, her parents were married. They divorced when she was 21 years old when her father "found another woman at work," as she added, "I think it's middle age crisis." Her parents had been married for 25 years prior to their divorce. Since their divorce, her father "completely cut us out of his life. He was an amazing father, a good person."

At the time of her parents' divorce, she had been living in the United States. The applicant's main concern following the divorce was that she was "worried about my mom. She had been a strong woman." She did not seek support from a mental health professional at that time. The divorce does not impact the applicant's mental health at present.

Her mother has not remarried and continues to reside in Minsk. She is a retired designer of men's clothes.

The applicant has one sibling; a sister and she is the older of the two. She describes a "very good" relationship with her. Her sister has never abused drugs or alcohol and has not been to jail.

The applicant states she was happy as a child. When growing up, the socioeconomic status of her family was "more on the rich side." The family dynamic was described as supportive when she was growing up. There have been no feuds in her family other than with her father.

The applicant denied having been emotionally, sexually, or physically abused when growing up.

She denied having had any head injuries, childhood illnesses or surgeries growing up.

The applicant did not need to see a child counselor or psychiatrist in school. She did not experience any behavioral problem while in school.

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She denies having been hospitalized in a psychiatric hospital, attempting suicide, or having had suicidal ideation.

She denies having had any alcohol or drug problems growing up. The applicant was not involved with the law or juvenile records.

The applicant graduated from high school with good grades. She moved to the USA at age 18. She finished high school and initially attended Broward Community College in Ft. Lauderdale, FL and then at Florida Atlantic University she also played basketball. She graduated with a degree in graphic design. She did brief training to do "permanent makeup" but did not work in that field.

The applicant has been married with four children and is "happy" in her relationship. Her husband, age 45, is in good health and works as a basketball coach at Valley College, having played basketball professionally in Europe previously. The applicant came to this country in 1999 and her husband emigrated in 1997. She and her husband moved to California in 2004. There have been no discussions of separation or divorce. Infidelity was denied. She has two girls and two boys, a daughter aged 18, a son 16, another daughter aged 12 and the youngest son is 5. All her children are in good health. She has not had any other serious relationships in her life.

She denies having been involved in any motor vehicle accidents that caused injuries.

The applicant has never filed for bankruptcy.

She did not have Covid. The pandemic did not cause her to become anxious or depressed. Her husband had become very sick and was hospitalized with Covid. He is in good health now.

DETAILED WORK HISTORY, STARTING FROM FIRST EMPLOYMENT IN APPLICANT'S LIFE:

2002: Zuccarello's Restaurant in Palm Beach, worked as a server, beginning while she was still in college.

2007-2015: Anat B store, worked as a store manager. She left when the business closed.

2016-2019: Puig, working as a vendor for a company that represented cosmetic lines such as Jimmy Choo, Prada, etc. She would visit stores such as Bloomingdale's as a vendor of Prada beauty products, and then was recruited to be a Hermes counter manager at Bloomingdale's.

07/09/2019-01/02/2023: Bloomingdale's, counter manager in cosmetics for Hermes.

This is her first Workers' Compensation injury claim.

She denied any civil litigation, slip-and-fall cases.

The applicant denied having been fired from any employment prior to the current claim.

HISTORY OF INJURY AS RELATED BY THE APPLICANT DURING FACE-TO-FACE EVALUATION:

The applicant began her employment on July 9, 2019, at Bloomingdale's. She was **initially hired as a sales associate for Hermes** after having been a vendor of beauty products. She **worked parttime between July of 2019 to February 2020**. At that time, she was told that because her sales numbers were so high, she would be promoted to a fulltime position. She did not want to work on a fulltime basis at first. However, she ended up taking the fulltime position. She was paid at \$22 per hour when she started and when she was terminated, she was paid \$26 per hour along with commissions of 3%.

The applicant was promoted in October of 2022 from sales associate to manager of the Hermes counter. There was one other sales associate and three vendors working at the Hermes counter. She got along well with her original manager. Her duties have always been the same inclusive of having to "stock and you have to sell. You have to unload big boxes and, as a manager, you take boxes to the stockroom and unload them." She mentioned that the boxes were heavy, and she would have to bring them to the third floor and put them on shelves.

As a result of continually having to carry heavy boxes, climbing up a ladder and putting them on the shelves, she claims she was injured and has experienced pain in the left side of her body. She described sharp pain in her left back and into the left leg, and that she has a swollen left ankle and numb toes. When asked why she filed her claim, the applicant stated, "Because I am in pain." At the time she was experiencing her pain, she had not seen any doctors for treatment.

In addition to her issues with pain, the applicant described that there was a lot of stealing by customers at Bloomingdales, and, as a result, **she felt that her life was in danger**. When she reported this ongoing situation to the general manger of security, "They would say, 'Don't worry. If you see this happening, just walk away.' You cannot walk away. It's not safe. There was no real security. Most of them were young girls," explaining how on one occasion a man was leaving with stolen goods and when approached by security, he showed her a knife and dared her to try to stop him. **As a result of the lack of security, she felt anxious and will not go to department stores now.**

The applicant reports two claimed injuries, one from March 16, 2022, to January 15, 2023, explaining that this claim is "the one for my back, my left side. That is from moving all the heavy stuff." She described the fact that, "I cannot sit for a long time. I cannot drive for a long time. The pain has been there for a long time and doesn't go away." **It is her belief that her physical injury is in part due to the department being understaffed, and she had no help with her duties,** adding, "The girl who was working with me, she left. By the end of the year, I was by myself at the counter. They gave me helpers, but the helpers weren't allowed to go upstairs to the stockroom. It was busy at Christmastime, and I had to do everything on my own. They knew it. I asked

them when they would hire someone else." **The date of March 16, 2022, was said to be the time that the applicant was doing stock work, and she believes that she was injured around that time.**

As for the possible significance of January 15, 2023, she stated, "They never told me they were firing me. They kept pushing, pushing, pushing and I kept calling and asking what's going on." In fact, she had been terminated on January 2nd, "but they let me go on the 18th." Regarding the date of the second claimed injury of July 16, 2022, until January 2, 2023, the applicant was unsure of what those dates represented and denied that anything specific had taken place in July.

The applicant's last actual day of work was January 2, 2023. She filed her Workers' Compensation claim after her last day. It was reiterated that her anxiety was due to the constant theft in her department and her ongoing pain. She noted that prior to experiencing pain, she would go hiking, but since then, "I cannot do anything. I am just gaining weight because I cannot do much. I cannot last long to walk. When I swim, I come out, and my hip hurts." She admitted that she is reluctant to take medications, "because I don't like the way it makes me feel. I don't like anything that doesn't make me feel like normal."

Referring to the date of January 2, 2023, she stated that she was called into the office, "and they suspended me. I was doing my regular duties, and someone came and stole something right where I was working. My beauty manager, Anne Ellis, came in and said, 'Come with me.' There was a manager of LP [Loss Prevention], Miguel, and another lady that I didn't know at the time [whose role was not defined]." Prior to this meeting, she mentioned how someone had stolen \$60,000 worth of fragrances and while at the office, "They asked me, 'Have you ever gotten gifts from your customers?' I told her, 'They give gift cards like a Starbucks card.' They said, 'Are you sure?', and then she said, 'In October you used somebody's card, and it wasn't your card.' It's a promotional card where you spend \$100, and they give you money back. We got those as employees once a year. I bought something for myself from Hugo Boss, a T-shirt, and I got a card back as a reward, but I never used it."

"At the Hermes counter, my table is next to the register. Anybody can use my register. A random lady came and purchased something with a card like this. I ordered by phone for her. The order came through and when you order something, the register has a regular envelope, and we throw the old cards there. At the end of the night, you close them and take them upstairs. Apparently, the card she used; the order got cancelled. Either I see it right away or it will be cancelled in a couple days, but she would only know. For me to know that [the order was cancelled], I have to know all the information, go through certain things and look it up."

"They accused me of using her card. I had ordered something for the client with her card. How did they know her order got cancelled in a couple days? I have to go through the cards and get the specific card, and a lot of the cards are the same. You have to know which card. We have cameras everywhere. She's telling me, 'We have cameras that you don't even know exist.' I said, 'Did you see me? Show me the pictures. Maybe someone mistakenly took the card. My personal drawer is here;

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I don't lock it.' Maybe someone switched something, or they want to get rid of me, but I don't know."

The applicant was accused of using the customer's rewards card for herself, "But I did not. They can see me slide it. My personal card was never used. They can see it. She told me, 'You probably know the lady [the customer].' I said, 'How would I know the lady?' She thinks the lady gave me the card, and the lady complained the card had been used. The woman called the store and said, 'My order didn't get through. I ordered something,' but it had been cancelled. **She said, 'What happened to my money?' They think I took it. On the receipt, it showed that I used the card, but I used it for her. They could see me using that card. What they told me is, 'You're not supposed to use the card in the store to order stuff.' On the back of the card, it says that, but I didn't look. It says not to be used in the store. It can only be used online. Her order went through, but it got cancelled in a couple days and they can see it, too."**

The applicant believes that the above scenario was used as an excuse to terminate her. As for why she felt this was so, she responded, "I have had so many clients that asked for me. We had people [coworkers] in the store who thought, 'Oh, these customers are mine', and I said, 'If it's your customer, you take it. When the customer comes and asks for me, it's my customer,' but they know I don't have anything personal with anybody. I feel good over there. I guess some people have said some stuff behind my back."

Returning to the topic of the meeting on January 2nd, she acknowledged that it was stressful for her, "Because I'm sitting there, and she's accusing me of stealing stuff. I had never met her before. I said, 'Is that something from my counter? Is something missing?' She said no, and I said, 'What's the point of all of this stuff?' They told me, 'We have to suspend you until further notice.' She said, "Next Tuesday, don't forget to call.' I was waiting to call HR, and nobody answered. I sent them a letter. They wanted me to call and find out what to do next. When they got my letter, they sent me an email that someone from HR would contact me."

The applicant was contacted by someone at HR "a week later, and they fired me from the 2nd to the 18th. I talked to someone who said, 'You have to come to the store for the meeting. I came to the store and there was no meeting, and they made me call someone from New York on the 18th. I called the person, and it was the same person I talked to before from HR, Hillary. She was like, 'As a manager, you should know better. You should read the back of the card where it says you cannot use the card in the store.' I told her that I understood, and she said, 'But after you ring this lady, you kept ordering stuff for other people.' I said, 'If you guys know this from LP, I keep using and order stuff for people. Why didn't someone tell me, "Alena, you made a mistake. Don't do that ' ? **You were waiting for me to make a mistake after mistake, and you just want to get rid of me.'** That's how it went. **They didn't tell me I did anything wrong.** I said if you see me doing something like this, why didn't you come and check? Why didn't you come and say something to me?' Plus, security was switching many times with new people."

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Following this interaction, she again called the HR person, **“and she told me they have to fire me because I should know better. They didn’t believe me that I didn’t use the card. I said, ‘If you didn’t believe me, can you show me the pictures. I know I didn’t take anything. You have to prove it. You have to show me I physically took it [the customer’s card], because if I took it, you can see me.’ They had to give the customer money with a different card, and that was an issue. I said, ‘If I want to use the card for myself, don’t you think I would use my own card? Why would I ignore my card and use this card?’ She didn’t have an answer and whenever I asked her, she would get annoyed. She kept saying, ‘You should know better. You’re the counter manager.’ I said, ‘Yes, I am, but things happen. I’m busy and by myself trying to order stuff.”**

The applicant denied ever having been demoted. Her performance evaluations were good. There were no verbal or written warnings, “and actually it was like everybody loves everything, and they told me good stuff, but behind [my back], they would say stuff to my AE [Account Executive]. She would come to the store, and she would ask, ‘Why do you love Alena more than you love Annetta?’ She [a coworker] was like, ‘Because her performance shows she was working’ and the other one; they have some issues, but it’s not my problem.”

When asked what was said behind her back, she replied, “They would ask, ‘What is so special about her [the applicant]?’ The cosmetic manager, Anne Ellis, would tell her that. Then, she [Anne Ellis] came up to my AE, and she said after I was gone, ‘General manager never wanted Aleena to be a manager anyway.’ I’m like ‘I went to the interview and both of you were there. You told me how excited you were for me to be there. Now when I’m gone, you’re telling my AE.’ The lady [former coworker] called me and was crying when it happened to me. She said, ‘The business went down 30% since I’m gone.’ They put in their own person. They want a man there. The lady who hired me was a Hermes person, and they wanted someone from Bloomingdale’s. Now that they brought him, they’re not happy, and they can’t say anything.”

According to the applicant, the man who replaced her was said to be “rude. He doesn’t know me, and I don’t know him. He told one of my ex-coworkers, ‘Did she always steal the cards from the customers? This is how she gets a lot of customers?’ He was saying I would do business with the customers. I was like, ‘How did he come out with something like this? He heard something and doesn’t know what.’ **I know I didn’t do nothing wrong.** I’ve been working there, and I’ve seen things. They hire people, mostly gay guys.” **She opined that it is possible that the management had discriminated against her since she was a woman from the former Soviet Union noting, “I kind of feel this way. I could feel it” that she was treated like a foreigner.**

She does not believe that an investigation was ever done because no one checked the videos of her counter. According to the applicant if they had actually checked the video, they would have seen that she never took anyone else’s cards.

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The applicant wanted it to be known that she is not nervous or worried about this process because she is telling the truth and even during the deposition, it is not difficult for her because she knows what happened and is not making anything up.

She reiterated that the meeting and the termination had been stressful for her and that, "from the 2nd to the 18th, this period I was waiting was stressful. I wrote the letter and was waiting for them to answer. I explained what happened, how they treated me and how I felt about this. I was terminated over the phone in the store. I loved what I was doing."

During the period when she was working, just prior to being terminated, she said, "I knew I had to see the doctor. My back hurt, my arm hurt, and my ankles were swollen. I had to see the doctor. It was at Christmastime, and I was too busy to go. When I got fired, I went to see an internal medicine doctor [Karoun Daldalyan] and chiropractor." She also received acupuncture treatment. She has not seen any mental health professionals but would like to do so.

The applicant indicated that **her pain has not improved**. She had told people at work about her pain, noting **she had told her manager about her pain**, "but she's no longer working there. She left the week after they fired me and said, 'That's not fair.'"

She was asked to estimate percentages of the causes of her anxiety, including her physical pain, being understaffed, being accused of stealing, the meeting when she was told she was suspended, the termination itself and how people had been talking behind her back. She states that all of the events listed caused anxiety. **She considered her workplace to have been a toxic environment while working there.** She again mentioned that **there was prejudice against her for being a Russian woman**, noting that some coworkers would say, "'Why are you speaking Russian?' You should speak English. These people need help.' They will make you feel that way."

Out of the possible causes of her anxiety, the applicant opined that, "My main concern is the physical pain, my shoulder, hip and leg, but the anxiety, of course." She believed that it is difficult for her to assign percentages. A large portion is due to pain. **Out of the non-physical factors, the biggest factor is the development of anxiety from the thefts at the store as she now avoids going to department stores and was afraid to go to the parking lot."** She noted that things were at their worst during her last six months of employment. **She considered the suspension and termination to have the same level of causation of her anxiety, possibly 10% each. Talking behind her back was also said to be equivalent. When asked what she feels impacted her the most, of all the factors mentioned, the applicant believes that the pain is the most significant factor because it continues.**

She described how she deals with her anxiety: "I do breathing exercises, and I try to walk away from something that bothers me." As for any possible triggers of her anxiety, "if I see a lot of people, crowds, if I hear something going on, and I don't know what."

Since being terminated, the applicant has not worked anywhere else in any capacity. She has expressed her desire to return to work, adding, "Even now I want to work."

CURRENT SUBJECTIVE COMPLAINTS AND SYMPTOMS AS RELATED BY THE APPLICANT:

Applicant indicated in the written demographic questionnaire that her current psychiatric problems are "sleeping problem, anxiety". She describes sleeping poorly at night with early awakening and inability to fall back asleep. She denies having nightmares. Her appetite is good while her overall level of energy and sex drive are fair. She usually finishes her routine chores and responsibilities. She describes her mood as "happy, normal in pain".

HISTORY OF PRESENT ILLNESS:

Her mood today was described as "good."

The applicant denies worthlessness, hopelessness, helplessness, but acknowledges having problems concentrating, stating, "sometimes I start to do something. I get distracted, and I cannot think. That started when my injury happened. "

She endorses insomnia, noting difficulty with sleep maintenance. She sleeps an average of eight hours a night "but with breaks [due to pain and contemplating why this happened]. I am not rested. My energy level is low." She denied crying spells, stating, "I did cry when this happened. I cried a couple days in a row."

[The applicant is tearful on exam. She finds the way she was treated at work very offensive because she gave her whole heart and soul to her work and doesn't understand why she was let go.]

The applicant denies guilt. She states she enjoys "my kids. I have a good family, and I am happy. I am going with them to their games. Work is just part of it".

She endorsed anxiety that "comes and goes. I feel like I go somewhere, and there are so many people, I get it [anxiety]. I notice if I go to the mall with my daughter, I feel that something will happen. If I see something sad like a movie, I get anxiety but not 24/7." **She also experiences anxiety if she gets a call at home, and someone talks about what happened at work.** She denies panic attacks.

She denies history of promiscuity, feeling on top of the world, rapid speech, overspending, decreased need for sleep or racing thoughts. The applicant denies any history of hypomania or mania.

The applicant denies paranoia. **She endorses recent significant weight gain due to lack of activity and anxiety causes her to be hungry. She has gained 12 lb since she stopped working.**

She states she does not have sex drive since being terminated and does not want to have sex. "It's not like you don't love the person; you just have no sex drive." She has sex "once a week." Prior to this situation, she and her husband were having sex "three

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to four times a week." Her husband is very understanding of her lack of sex drive. She denied that she feels like a failure.

The applicant denies any suicidal or homicidal ideation, auditory or visual hallucinations.

She denies any flashbacks to trauma, being easily startled or having nightmares.

The applicant considers her situation at work to have been the most traumatic event in her life.

PSYCHIATRIC HISTORY:

The applicant denies any history of cutting or self-injurious behavior. She has never been hospitalized in a psychiatric hospital or attempted suicide. The applicant denies any history of eating disorders. She has never seen a psychiatrist or psychologist for any reason.

PAST PSYCHOTROPIC MEDICATIONS' TRIALS:

Applicant denied.

PAST MEDICAL HISTORY:

Per applicant:

She denied any chronic medical problems. She has normal, regular periods, but notes that they are "heavier." She denies experiencing any symptoms of menopause, such as hot flashes.

ALLERGIES:

She is allergic to anesthesia.

MEDICATIONS:

Prescription sleeping medication, cream to relieve pain [names not recalled].

FAMILY HISTORY:

There is no family history of suicide or mental illness. No one in her family has a history of drug or alcohol abuse. There have not been any recent deaths in her family.

SOCIAL HISTORY:

She was not bullied as a child and did not bully others.

She and her husband rent a two-bedroom apartment in Tarzana for \$2,000 month and have been there for 16 years. She does the cooking, and her husband "does all the hard jobs" at home.

She is paid by State Disability in the amount of \$735 a month. She denied having financial problems overall.

LEGAL HISTORY:

She has never had a DUI or any other legal issues.

PAST AND CURRENT SUBSTANCE USE:

The applicant drinks a glass of wine "occasionally at a party." She has never been drunk. She does not smoke cigarettes. She denies having tried any illicit drugs, noting that she doesn't like to take any pills or not being in control.

TESTING:

BRIEF SYMPTOMS INVENTORY:

The BSI is a 53-item self-report symptom inventory designed to reflect the psychological symptom patterns of psychiatric and medical patients as well as community non-patient respondents. It is essentially the brief form of the SCL-90-R.

Each item of the BSI is rated on a five-point scale of distress (0-4), ranging from "not at all" (0) at one pole to "extremely" (4) at the other. Maximum score is 212.

The BSI is a widely used self-report inventory designed to reflect current psychological symptom status.

The following represents the claimant's answers on the Brief Symptom Inventory

Quite a bit - Nervousness or shakiness inside, faint or dizziness, nausea or upset stomach, numbness or tingling in parts of her body, feeling weak in parts of her body, feeling uneasy in crowds such as shopping or at a movie, spells of terror or panic,

Moderately - Trouble falling asleep, having to check and double check what she does, hot or cold spells, feeling so restless she couldn't sit still,

A little bit - Trouble remembering things, pain in heart or chest,

Not at all - The idea that someone else can control her thoughts, feeling others are to blame for most of her troubles, feeling easily annoyed or irritated, feeling afraid in open spaces or on the streets, thoughts of ending her life, feeling that most people cannot be trusted, poor appetite, suddenly scared for no reason, temper outburst that she cannot

control, feeling lonely even when she is with people, feeling blocked in getting things done, feeling lonely, feeling not interested in things, feeling fearful, her feelings being easily hurt, feeling that people are unfriendly or dislike her, feeling inferior to others, feeling that she is watched or talked about by others, difficulty making decisions, feeling afraid to travel on buses, subways, or trains, trouble getting her breath, having to avoid certain things, places or activities because they frighten her, her mind going blank, the idea that she should be punished for her sins, feeling hopeless about the future, trouble concentrating, feeling tense or keyed up, thoughts of death or dying, having urges to beat, injure, or harm someone, having urges to break or smash things, feeling self-conscious with others, never feeling close to another person, getting into frequent arguments, feeling nervous when she is left alone, others not giving her proper credit for her achievements, feelings of worthlessness, feeling that people will take advantage of her if she lets them, feelings of guilt, the idea that something is wrong with her mind.

Mrs. Khamenia scored 31 out of total score of 212 which is corresponding to a rating of self-reported mild level of distress.

Pain self-report of severity:

When asked to rate how severe her pain is right now at this moment **she indicates #7 on a scale of 0-10**, with 0 being no pain, and 10 being the most severe pain you can imagine.

When asked to rate how severe her pain is at its worst **she indicates #8-9 on a scale of 0-10** with 0 being none and 10 being excruciating.

When asked to rate how severe her pain is on an average **she indicates #7 on a scale of 0-10** with 0 being none and 10 being excruciating.

When asked to rate how much her pain is aggravated by activity, **she indicates #9 on a scale of 0-10** with 0 being activity does not aggravate pain and 10 being excruciating following any activity.

When asked to rate how frequently she experiences pain, **she indicates #10 on a scale of 0-10**, with 0 being rarely and 10 being all of the time.

Katz Basic Activities of Daily Living:

The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the an individual's ability to perform activities of daily living independently. Clinicians typically use the tool to detect problems in performing activities of daily living and to plan care accordingly. The Index ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. Individuals are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment.

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In the thirty-five years since the instrument has been developed, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in the elderly population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag signaling functional capabilities of older adults in clinical and home environments.

The Katz ADL Index assesses basic activities of daily living. It does not assess more advanced activities of daily living. Katz developed another scale for instrumental activities of daily living such as heavy housework, shopping, managing finances and telephoning. Although the Katz ADL Index is sensitive to changes in declining health status, it is limited in its ability to measure small increments of change seen in the rehabilitation of older adults.

The following represents the claimant's answers on the Katz Index of Independence in Activities of Daily Living:

The claimant indicates that she is independent with bathing, dressing, toileting, transferring, continence, feeding.

Mrs. Khamenia scored 6 out of total score of 6 which indicates no impairment in function in regards to basic activities of daily living

ACTIVITIES OF DAILY LIVING:

Self-care, personal hygiene:

Without difficulty - Take a bath, wash & dry face, turn on/off faucets, brush teeth, get on/off toilet, comb/brush hair, dress self, open carton of milk, open a jar, lift glass/cup to mouth, make a meal, lift fork/spoon to mouth.

With some difficulty - Take a shower, wash & dry body, put on/off shoes/socks.

Physical activity:

Without difficulty - Walk, engage in hobbies.

With some difficulty - Stand, sit, recline, rise from chair, get in/out of bed, climb flight of 10 stairs, work outdoors, light housework, shop/do errands, lift 5 lbs., care for children/parents.

With much difficulty - Carry groceries, lift 10 lbs., lift 20 lbs., lift 30 lbs.

Communication:

Without difficulty - Write a note, type a message on a computer/typewriter, use a telephone, speak clearly, hear clearly.

With some difficulty - see a television screen.

Sensory function:

Without difficulty - Feel what she touches, taste what she eats, smell what she eats.

Travel:

With some difficulty - Get in/out of car,

With much difficulty - drive a car, ride in a car, fly in plane, ride a bicycle.

Sexual function:

With some difficulty - Engage in sexual activity.

Sleep:

With some difficulty - Go to sleep.

Mostly unable to do - Sleep through the night, have a restful sleep, feel refreshed after sleep.

Claimant added daytime fatigue.

Wahler Physical Symptoms Inventory:

The Wahler Physical Symptoms Inventory (WPSI) is an instrument designed to measure the degree of physical or somatic complaints endorsed by an individual. H.J. Wahler designed the inventory to specifically include those complaints considered to be exclusively somatic in composition, eliminating items of a psychological nature. Each item of the Wahler Physical Symptoms Inventory is rated on a six-point scale of distress (0-5), ranging from "almost never" (0) at one pole to "nearly every day" (5) at the other. Maximum score is 210.

The following represents the claimant's answers on the Wahler Physical Symptoms Inventory:

Nearly every day - Arm or leg aches or pains, shakiness, difficulty sleeping, backaches, numbness or lack of feeling in any part of the body, aches or pains in hands or feet, excessive perspiration, burning, feeling tired, muscular weakness, twitching muscles.

About twice a week - Headaches, feeling hot or cold regardless of the weather, skin trouble, muscular tension.

About once a week - Nausea, trouble with eyes or vision, dizzy spells, vomiting.

About once a year - Gaining weight.

Almost never - Losing weight, intestinal or stomach trouble, difficulty with urination, heart trouble, trouble with teeth, fainting spells, abnormal blood pressure, paralysis, any trouble with the senses of taste or smell, difficulty breathing, poor health in general, excessive gas, difficulty swallowing, seizures, difficulty with appetite, bowel trouble, chest pains, hay fever or other allergies.

Mrs. Khamenia scored 89 out of total score of 210 which is corresponding to a rating of self-reported mild-moderate level of somatic complaints.

PTSD Checklist – Civilian Version (PCL-C):

The PCL is a 17-item self-report checklist of PTSD symptoms based closely on the DSM-IV criteria.

Respondents rate each item from 0 ("not at all") to 4 ("extremely") to indicate the degree to which they have been bothered by that particular symptom over the past month. Maximum score is 68.

Three versions of the PCL are available, although the differences are slight. The PCL-M is a military version and questions refer to "*a stressful military experience*". The PCL-C is a general civilian version that is not linked to a specific event; the questions refer to "*a stressful experience from the past*".

The PCL-S can be referenced to any specific traumatic event; participants are asked to nominate the event and questions refer to "*the stressful experience*." Scoring is the same for all three versions.

The following represents the claimant's answers on the PTSD Checklist – Civilian Version:

Extremely - Trouble falling or staying asleep,

A little bit - Having physical reactions when something reminded her of a stressful experience from the past,

Not at all - Repeated, disturbing *dreams* of a stressful experience from the past, suddenly acting or feeling as if a stressful experience were happening again, feeling very upset when something reminded her of a stressful experience from the past, avoid thinking about or taking about a stressful experience from the past or avoid having feelings related to it, avoid activities or situations because they remind her of a stressful experience from the past, trouble remembering important parts of a stressful experience from the past, loss of interest in things that she used to enjoy, feeling distant or cut off from other people, feeling emotionally numb or being unable to have loving feelings for those close to her, feeling as if her future will somehow be cut short, feeling irritable or

having angry outburst, having difficulty concentrating, being "super alert" or watchful on guard, feeling jumpy or easily startled.

Mrs. Khamenia scored 5 out of total score of 68 which is corresponding to a rating of self-reported minimal-mild PTSD.

REVIEW OF SYSTEMS:

A. General:

Chills
Fatigue
Trouble sleeping

B. Eyes:

Blurred vision
Eye irritation

C. Ears, Nose, Throat:

Ringing in ears

D. Cardiovascular:

Shortness of breath with exertion
Swollen ankles

E. Respiratory:

Claimant did not respond.

F. Gastrointestinal:

Persistent nausea
Constipation

G. If you are a woman:

Claimant did not respond.

BECK DEPRESSION INVENTORY-II:

The BDI II contains 21 questions; each answer is scored on a scale value of 0 to 3. The scores correlate with the following categories: 0-13: minimal depression; 14-19: mild depression; 20-28: moderate depression; and 29-63: severe depression. Higher total scores indicate more severe depressive symptoms.

The following represents the applicant's answers on the BDI II:

1. Sadness

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I do not feel sad.

2. Pessimism

I am not discouraged about my future.

3. Past Failure

I do not feel like a failure.

4. Loss of Pleasure

I get as much pleasure as I ever did from the things I enjoy.

5. Guilty Feelings

I don't feel particularly guilty.

6. Punishment Feelings

I don't feel I am being punished.

7. Self-dislike

I feel the same about myself as ever.

8. Self-Criticalness

I don't criticize or blame myself more than usual.

9. Suicidal thoughts or Wishes

I don't have any thoughts of killing myself.

10. Crying

I don't cry any more than I used to.

11. Agitation

Claimant did not respond.

12. Loss of Interest

I have not lost interest in other people or activities.

13. Indecisiveness

I make decisions about as well as ever.

14. Worthlessness

I do not feel I am worthless.

15. Loss of Energy

I don't have enough energy to do very much.

16. Changes in sleeping pattern

I sleep a lot less than usual.

I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

I am no more irritable than usual.

18. Changes in Appetite

My appetite is somewhat greater than usual.

19. Concentration Difficulty

I can concentrate as well as ever.

20. Tiredness or Fatigue

I get more tired or fatigued more easily than usual.

21. Loss of Interest in Sex

I am less interested in sex than I used to be.

Mrs. Khamenia scored 7 out of total score of 63 which is corresponding to a rating of self-reported minimal depression.

BECK ANXIETY INVENTORY:

The BAI is a 21-question multiple choice self-report inventory that is used for measuring the severity of an individual's anxiety. The questions ask about how the subject has been feeling in the last week, expressed as common symptoms of anxiety. It is designed for an age range of 17-80 years old.

Each question has the same set of four possible answer choices, which are arranged in columns and are answered by marking the appropriate choices, which are arranged in columns and are answered by marking the appropriate one with a cross. Possible answer choices include: Not at all, Mildly, Moderately or Severely. Each answer is given a score of 0 to 3 points. The BAI has a maximum score of 63 and possible categories of anxiety include: minimal level of anxiety, mild anxiety, moderate anxiety and severe anxiety.

The designated ranges of subjectively reported anxiety for the Beck Anxiety Inventory are listed below for reference:

0 – 7	Minimal Anxiety
8 – 15	Mild Anxiety
16 – 35	Moderate Anxiety
36+	Severe Anxiety

The following represents the applicant's answers on the BAI:

Moderately - Numbness or tingling, wobbliness in legs, hands trembling.

Mildly - Fear of the worst happening, dizzy or lightheaded, nervous, shaky.

Not at all - Unable to relax, heart pounding or racing, unsteady, terrified, feelings of choking, fear of losing control, difficulty breathing, fear of dying, scared, indigestion or discomfort in abdomen, faint, face flushed, sweating.

Mrs. Khamenia scored 10 out of total score of 63 which is corresponding to a rating of self-reported mild anxiety.

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The MMPI-3 yields information on personality style, primary mode of interpersonal relations, prevailing coping strategies emotionality, etc.

SYNOPSIS

Scores on the MMPI-3 Validity Scales raise concerns about the possible impact of inconsistent responding and under-reporting on the validity of this protocol. With that caution noted, there are no indications of somatic or cognitive complaints, or of emotional, thought, behavioral, or interpersonal dysfunction.

PROTOCOL VALIDITY Content Non-Responsiveness Unscorable Responses

The test taker produced scorable responses to all the MMPI-3 items.

Inconsistent Responding

There is some evidence of inconsistent responding to the MMPI-3 items. This may result from reading or language comprehension problems, cognitive impairment, errors in recording responses, or carelessness. This level of inconsistency does not invalidate the test protocol. However, scores on the remaining validity and Substantive Scales should be interpreted with some caution.

Over-Reporting There are no indications of over-reporting in this protocol.

Under-Reporting

The test taker presented herself in a positive light by denying some minor faults and shortcomings that most people acknowledge. This level of virtuous self-presentation may reflect a background stressing traditional values. Any absence of elevation on the Substantive Scales should be interpreted with caution. Elevated scores on the Substantive Scales may underestimate the problems assessed by those scales.

The following interpretation needs to be considered in light of cautions noted about the possible impact of inconsistent responding and under-reporting (claiming a large number of uncommon virtues) on the validity of this protocol. Somatic/Cognitive, Emotional, Thought, and Behavioral Dysfunction There are no indications of somatic, cognitive, emotional, thought, or behavioral dysfunction in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out. Interpersonal Functioning Scales These scales provide no evidence of dysfunction.

DIAGNOSTIC CONSIDERATIONS No specific psychodiagnostic recommendations are indicated by this MMPI-3 protocol. However, this finding needs to be considered in light of cautions noted earlier about possible under-reporting.

Please see full test interpretation and scoring attached to this PQME report.

MENTAL STATUS EXAMINATION:

The applicant is a pleasant tall Belarusian woman who appears her stated age on exam. She presents on time to this comprehensive psychiatric PQME evaluation in person to my office. She speaks English fluently with an accent. She makes a good eye contact. Her blond straight hair is down below her shoulders and groomed fairly. She is casually and neatly dressed wearing a black T-shirt, black pants and black slippers.

She showed adequate grooming and hygiene. She was not wearing any make up. She was alert and attentive during the interview. There was no indication of any abnormal involuntary movements. She was able to understand questions and responses were adequate.

She presented candid, forthcoming, answered questions directly. She was not guarded or irritable. She appeared sad describing how she was allegedly treated at work. She tends to minimize her symptoms. While she stated on exam that her mood was "good", she was sad and tearful on exam. On the written questionnaire which she filled out on the same day as the PQME evaluation she did report anxiety, insomnia and being in pain. No overt exaggeration is noted on exam. Applicant seems genuine.

No evidence of gross psychotic distortions present. She wears appropriate clothing. No suicidal or homicidal ideations reported. She did not exhibit psychomotor agitation or psychomotor retardation; level of energy appears to be normal. She displayed prominent pain behavior. She needed to stand up to ease the pain. She showed this PQME her left foot upon standing up, took the shoe off and complained of swelling. There was no indication that she was grossly out of touch with reality. No hallucinations or delusions were noted in her statements, and none were noted in her nonverbal behavior during the evaluation. Her intellectual functioning was in the average range. Insight and judgment appear to be intact.

(Of note, the mental status examination is meant to record signs exhibited during the actual interview. There may be differences between the subjective report stated elsewhere in this report and the observations made during the mental status examination. These differences may be due to, but not limited to: the intermittent nature of certain symptoms, some symptoms being more prominent in one's natural environment (as opposed to an office setting) and certain individuals may mask symptoms in order to appear well in front of the interviewer or exaggerate symptoms in order to appear more impaired in front of the interviewer).

DIAGNOSTIC IMPRESSION:

AXIS I: ANXIETY DISORDER NOT OTHERWISE SPECIFIED.
AXIS II: NO DIAGNOSIS.
AXIS III: DEFERRED TO APPROPRIATE EXAMINING SPECIALISTS.
AXIS IV: OCCUPATIONAL PROBLEMS.
AXIS V: GAF 60.

Explanation of GAF Ratings:

- 91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- 81 - 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 71 - 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument); no more than slight impairment in social, occupational or general functioning (e.g. temporarily falling behind in school work).
- 61 - 70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functions (e.g. occasional truancy, or theft within the household) but generally functioning pretty well, has some meaningful interpersonal relationships.
- 51 - 60 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers or coworkers).**
- 41 - 50 Serious symptoms (e.g. suicidal (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job).
- 31 - 40 Some impairments in reality testing or communications (e.g., speech is at times illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relationship, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant in home and is failing at school).
- 21 - 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairments in communication or judgment (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day, no job, home or friends).
- 11 - 20 Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death, frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears feces) OR gross impairment in communication (e.g. largely incoherent or mute).
- 1 - 10 Persistent dangerous of severely hurting self or others (e.g. recurrent

violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information.

- Step 1: Starting at the top level, evaluate each range by asking, "Is either the individual's symptoms severity OR level of functioning worse than what is indicated in the range description?"*
- Step 2: Keep moving down the scale until the range that best matches the individual's symptoms severity OR the level of functioning is reached, **whichever is worse**.*
- Step 3: Look at the next lower range as a double-check against having stopped prematurely. This range should be too severe on **both** symptom severity **and** level of functioning. If it is, the appropriate range has been reached (continue with step 4). If not, go back to step 2 and continue moving down the scale.*
- Step 4: To determine the specific GAF rating within the selected 10-point range, consider whether the individual is functioning at the higher or lower end of the 10-point range...*

Having performed this procedure, I believe that I have adequately and correctly utilized the global assessment of functioning scale to rate the applicant's psychiatric condition in the most accurate fashion based upon the information I currently have available to me.

DISCUSSION:

The applicant was born in Belarus to married parents. She describes a happy childhood with supportive family dynamic. She describes her father as "amazing father, a good person." She has a younger sister with whom she has a very good relationship.

She denies any family feuds other than with her father who cut ties with everyone when he left the applicant's mother for another woman. The applicant was already an adult at the time, 21 years of age, living in the US. She was worried about her mother following her parents' divorce but did not seek support from a mental health professional at the time. The divorce does not impact the applicant's mental health at present.

The applicant denied having been emotionally, sexually, or physically abused when growing up. She denied having had any head injuries, childhood illnesses or surgeries growing up. The applicant did not need to see a child counselor or psychiatrist in school. She did not experience any behavioral problem while in school.

She has no pre-existing psychiatric history. She has never seen a psychiatrist or psychologist for any reason. She denies having been hospitalized in a psychiatric hospital, attempting suicide, or having had suicidal ideation.

She has not had any alcohol or drug problems growing up, was not involved with the law or juvenile records.

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The applicant graduated from high school with good grades. She came to the US at age 18 and finished high school and initially attended college and university in Florida where she also played basketball. She graduated with a degree in graphic design.

The applicant has been happily married for over 20 years. Her husband is in good health and works as a basketball coach at Valley College. They have 4 children who are in good health. She has not had any other serious relationships in her life. She has known her husband since high school in Belarus.

She denies having been involved in any motor vehicle accidents that caused injuries. The applicant has never filed for bankruptcy. She did not have Covid. The pandemic did not cause her to become anxious or depressed.

The applicant has meaningful employment history. She has been consistently employed from 2007 at various retail jobs as a store manager, a vendor of various beauty products brands and a counter manager of cosmetics. She worked at a restaurant in Palm Beach as a server during college years.

The applicant is not particularly litigious. This is her first Workers' Compensation injury claim. She denied any civil litigation, slip-and-fall cases. She has never had a prior injury claim of any kind. She has never been fired from any employment prior to the current claim.

She was hired by Bloomingdale's initially as a sales associate in cosmetics for Hermes on 07/09/2019, was suspended on 01/02/2023 and was terminated on 01/18/2023.

She worked parttime between July of 2019 to February 2020 as a sales associate in cosmetics for Hermes. She then was promoted to a fulltime position based on her high sales numbers, per applicant.

The applicant was further promoted in October of 2022 from sales associate to manager of the Hermes counter. There was one other sales associate and three vendors working at the Hermes counter. She got along well with her original manager. Her duties have always been the same inclusive of having to "stock and you have to sell. You have to unload big boxes and, as a manager, you take boxes to the stockroom and unload them." She mentioned that the boxes were heavy, and she would have to bring them to the third floor and put them on shelves.

As a result of continually having to carry heavy boxes, climbing up a ladder and putting them on the shelves, she states she was injured and has experienced pain in the left side of her body. She described sharp pain in her left back and into the left leg, and that she has a swollen left ankle and numb toes. When asked why she filed her claim, the applicant stated, "Because I am in pain." At the time she was experiencing her pain, she had not seen any doctors for treatment.

In addition to her issues with pain, the applicant described that there was a lot of stealing by customers at Bloomingdales, and, as a result, she felt that her life was in danger. When she reported this ongoing situation to the general manager of security,

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"They would say, 'Don't worry. If you see this happening, just walk away.' You cannot walk away. It's not safe. There was no real security. Most of them were young girls," explaining how on one occasion a man was leaving with stolen goods and when approached by security, he showed her a knife and dared her to try to stop him. As a result of the lack of security, she felt anxious and will not go to department stores now.

The applicant reports two claimed injuries. The first claimed injury is from March 16, 2022, to January 15, 2023, explaining that this claim is "the one for my back, my left side. That is from moving all the heavy stuff." It is her belief that her physical injury is in part due to the department being understaffed, and she had no help with her duties. The date of March 16, 2022, was said to be the time that the applicant was doing stock work, and she believes that she was injured around that time.

The second claimed injury of July 16, 2022, until January 2, 2023, relates to psychiatric injury

The applicant's last actual day of work was January 2, 2023, when she was called into the office and suspended. She filed her Workers' Compensation claim after her last day. It was reiterated that her anxiety was due to the constant theft in her department and her ongoing pain.

On January 2, 2023, she was called into the office and accused of using a customer's promotional card, which applicant denies. She was suspended as a result of these accusations. No investigation was done per applicant. The applicant states that she was helping a customer make a purchase by phone in the store with customer's promotional card. The order went through. However, it was canceled later on of which only the customer was aware as the applicant does not get notifications after the sale.

The applicant was accused of using the customer's rewards card for herself which she denies. She states they have cameras everywhere at the store and it's easy to check that the applicant is innocent. "My personal card was never used". She was also accused of knowing the customer which she states was a random customer she did not know prior. The meeting on January 2nd, she acknowledged, was stressful for her, "Because I'm sitting there, and she's accusing me of stealing stuff. I had never met her before".

The applicant believes that the above scenario was used as an excuse to terminate her. She states she loved her job and was popular with clients as many requested to work with her. This created jealousy per applicant among her coworkers.

She was suspended until further notice on 01/02/2023. She was told to get in touch with HR. The applicant was contacted by someone at HR "a week later" and she was terminated on 01/18/2023 over the phone in the store. She was told that as a manager she "should know better" and read the fine print on the back of the card which said the card cannot be used in the store. You were waiting for me to make a mistake after mistake, and you just want to get rid of me.' That's how it went. They didn't tell me I did anything wrong. I said if you see me doing something like this, why didn't you come and check? Why didn't you come and say something to me?'

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The applicant denied ever having been demoted. Her performance evaluations were good. There were no verbal or written warnings. She loved her job and believed she was a valuable employee. The sales went down significantly, per applicant, after she was terminated and replaced at the Hermes counter by a male sales associate.

"I know I didn't do nothing wrong". She opined that it is possible that the management had discriminated against her since she was a woman from the former Soviet Union noting, "I kind of feel this way. I could feel it" that she was treated like a foreigner.

She does not believe that an investigation was ever done because no one checked the videos of her counter. According to the applicant if they had actually checked the video, they would have seen that she never took anyone else's cards.

The applicant identifies the meeting, at which she was suspended on 01/02/2023, the period of suspension from 01/02/2023 until 01/18/2023, and the termination itself on 01/18/2023 as industrial stressors. Additionally, the following work events caused her stress: physical pain, being understaffed, being accused of stealing and how people had been talking behind her back. She considered her workplace to have been a toxic environment while working there. She believes there was prejudice against her for being a Russian woman. She states that all of the events listed caused anxiety.

Per records, her back started hurting around 2019. While working and prior to termination, she experienced pain in her back and her arm and her ankles were swollen. She states she had told people at work that she was in pain and told her manager at the time. She knew she had to see a doctor but was too busy at work during Christmas time. She went to see an internal medicine doctor, a chiropractor and received acupuncture treatment after she was terminated. She has not seen any mental health professionals to date but would like to do so.

Out of the possible causes of her anxiety, the applicant opined that the physical pain which continues is her main concern. Out of the non-physical factors, the biggest factor is the development of anxiety from the thefts at the store as she now avoids going to department stores and was afraid to go to the parking lot." She noted that things were at their worst during her last six months of employment. She considered the suspension and termination to have the same level of causation of her anxiety, possibly 10% each. When asked what she feels impacted her the most, of all the factors mentioned, the applicant believes that the pain is the most significant factor because it continues. She continues throughout evaluation speaking about the toxic work environment, others speaking behind her back and undermining her, discriminating against her for being a Russian speaker and making her feel as a foreigner. The alleged toxic environment has significantly affected applicant's psyche and her view of herself short term and long term, in my opinion, and needs to be placed in perspective.

Since being terminated, the applicant has not worked anywhere in any capacity. She has expressed her desire to return to work, adding, "Even now I want to work."

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On exam, she presents with sadness and tearfulness. MMPI and other tests show tendency to minimize symptoms, meaning that the underlying psychiatric symptoms she experiences are likely worse than she shares.

Applicant indicated in the written demographic questionnaire that her current psychiatric problems are anxiety and insomnia. On exam, she endorses good mood, problems concentrating and being easily distracted since the claimed injury, insomnia with difficulty with sleep maintenance in the setting of chronic pain and contemplating why this happened. She has low energy and does not feel rested. She states she lacks sex drive since being terminated.

She endorsed anxiety that comes and goes. The anxiety is triggered by being around crowds, going to the mall, receiving a call about things that happened at work.

She endorses recent significant weight gain of 12 lb since she stopped working.

The applicant considers her situation at work to have been the most traumatic event in her life.

Primary Treating Physician's Initial Evaluation Report, Dr. Koruon Daldalyan, Internal Medicine, dated March 21, 2023.

History of the Injury as Related by the Applicant: The applicant had filed a continuous trauma claim dated March 6, 2022, to January 1, 2023. She worked as a salesperson and counter manager at Bloomingdale's for Hermes. She mentioned that her job duties often included lifting boxes weighing upwards of 30 pounds full of beauty products overhead for stocking. During her employment, she would experience significant stress due to robberies. She felt nervous about going into work as during the robberies there was excessive noise, including individuals banging on counters and making sounds. The incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis in her face. Aside from fear of losing her job, she was afraid to report complaints of her symptoms. However, she followed up with her primary care physicians, who prescribed her medications, including nonsteroidal anti-inflammatory drugs. Her symptoms continued to progress to include cramping on her legs, swelling of her ankles, and changes in her bowel habits. The applicant continued working until January 1, 2023.

Subjective Complaints: The applicant complained of headaches, shortness of breath, dizziness, lightheadedness, swelling of the ankles, **anxiety, abdominal pain**, burning symptoms, **difficulty concentrating, difficulty sleeping, nausea, difficulty making decisions, forgetfulness**, hair loss, skin issues, jaw pain, weight gain, intolerance to heat and cold, dry mouth, chills, urinary urgency, diaphoresis, heart palpitations, and lymphadenopathy.

Diagnoses: 1) Lumbar spine strain and sprain. 2) Left shoulder strain and sprain. 3) Left wrist strain and sprain. 4) Left hand strain and sprain. 5) Left hip strain and sprain. 6) Left ankle strain and sprain. 7) Left foot strain and 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 and cold.** 29) **Dry mouth.** 30) **Chills.** 31) **Urinary urgency.** 32) **Diaphoresis.** 33) **Heart palpitations.** 34) **Lymphadenopathy.**

Disability Status: The applicant was to continue temporary and total disability for a period of six weeks.

Treatment: The applicant was to continue with her medications. She was prescribed hydroxyzine HCl 25 mg at night.

Deposition Transcript of Alena Khamenia dated April 11, 2023.

She claimed she sustained an injury while she worked at Bloomingdale's.

She complained of lower back pain and pain in the shoulder, feet, ankles, legs, left wrist, and lower body.

She first noticed pain to her low back the year she started working. In March 2022, her pain in the back, shoulder, feet, leg, and left wrist worsened.

She complained of pain to her coworkers Aneta and Stephanie Cooper.

She specifically told her supervisor, Tammy Badger, that she had back pain when she moved a box. Sometimes, it was hard for her to lift something. It took her a while to straighten her back. She told Tammy that her back hurt after lifting something at work. Tammy, however, did not say anything to her. Tammy did not tell her to fill out a Workers' Compensation claim form.

An application for adjudication of claim was presented, which was filed on her behalf, alleging cumulative trauma period of March 6, 2022, to January 15, 2023. She confirmed that it was the period that she felt she was injured while she worked at Bloomingdale's. Other than speaking with her manager, she complained about her injuries to her coworkers and was sure that her manager and Lisa heard it. She did not get any medical care when her ankle would swell. All her coworkers had the same different issues.

A second application was filed for claim of injury to the nervous system, head, body system, and skin.

Other than the orthopedic pains she had had to her back, shoulder, feet, legs, lower body, and left wrist, she also complained of eczema on her face from the

stress. She had allergies and she could not sleep. She had issues with sleeping. When she was stressed out or some things happened at work, her hands shook.

Stress at work was from a lot of stealing that happened at work. People would come or run to the store, and the place where she was located at was under the escalators and close to the door. When people came, they would push the stands of the bags, and there were sounds like that of gunshots. When that happened, she would experience stress. She noticed after some time that she started to have anxiety, difficulty sleeping, stress, and hands shaking. She would come to work the next day and kept on turning around. Her hands would shake, and she also had bad headaches that did not go away.

The gunshot sounds were made by the racks where the bags hung. If someone grabbed a bag, it would make the rack sound like gunshot. These types of theft would occur often. This last year, it had been often. Sometimes, it happened twice a day. Sometimes, nothing would happen for a while. Sometimes, it happened in the morning and sometimes, in the evening before they closed. In the past year, it happened 20 to 25 times while she was worked. She had been held up by a thief in the summer of 2022. Someone came and opened a drawer. When she approached, they called her names. She told the security, but they did not do anything about it. She was afraid to be there because the man was telling her how he was going to come after her outside. He called her names.

Those incidents caused her anxiety and shaking. She saw Dr. Daldalyan after her termination, who gave her sleeping pills which helped. During her employment, she saw and informed her regular doctor about her stress, but they did not ask about the details and did not prescribe anything for her.

An application for adjudication of claim was filed that explained that she had symptoms due to alleged hostile environment for date of July 16, 2022, to January 2, 2023. That was when there was a lot of stealing that happened, which caused her a lot of stress because some nights she would work by herself, and there would be groups in the parking lot; a lot of people hanging around. Bloomingdale's knew her feeling of anxiety. They talked about it and asked the head of security to put somebody on the door, but nobody was afraid of them, and the stealing continued. She did not tell anyone at Bloomingdale's that she required medical care for any of either the orthopedic or non-orthopedic symptoms she felt.

She stopped working for Bloomingdale's because she was fired. She was told that she was using somebody's promotional card, which she denied. When she was accused of using the promotional card, that accusation was made by the asset protection. She was told that she used the card in October. It happened on January 2. There was a meeting. She was told that a lot of things had gone missing from the store and there was shortage of fragrances. She was asked if she ever took a gift from any clients or if somebody gave her any gift cards or something personal. She said no. She was asked when the first time she used somebody else's promotional card was, and she denied. She was shown a paper. The paper showed that the card was used.

Before that incident, she never had any write-up or issues as she was the top seller.

On January 2, 2023, she was placed on suspension. She was told to call Bloomingdale's. She called them, but nobody answered. She wrote emails. Finally, someone from HR contacted her and told her to come to the store to get her vacation pay. She was sent to a room and given a phone number. She called the number, and she believed she was fired over the phone.

She called Heather of Human Resources last January 18th and was told that she was terminated.

There might be an issue of her national origin. One security said, "Oh, you are Russian. Russians are now the enemy of the Americans." She also heard that from customers while she worked at Bloomingdale's, and Bloomingdale's never did anything about it. She did not report receiving comments about her nationality.

The stress she felt while she worked for Bloomingdale's was because of the thefts primarily. She also felt some stress due to an incident with Severan in December of 2022 and with the way customers acted around her asking if she was Russian.

Her complaints were body pain, specifically lower body; pain the back, left knee, left ankle, and wrists, specifically her left wrist. When she sat down for a while, it took her a while to straighten her back.

She could not sleep on her left side because her hip hurt.

Dr. Daldalyan wanted to prescribe medication her for anxiety but wanted her to try sleeping pills first.

She also had pain in both ankles, but more on the left. Both knees popped. She also had pain in her left hip.

She had headaches that did not go away, anxiety, rashes on her face, and sleeping problems that might be due to stress. Rashes first appeared when she was stressed out, probably in April 2022 before the summer heat. She went to her primary care doctor and reported that she had rashes and was told that it was from stress. She itched when something happened. She was advised to try not stress herself a lot, drink tea, take a day and relax.

The full list for her physical complaints were low back, ankles, both knees – primarily left side – left hip, left ankle, headaches, anxiety, left wrist, and rashes on face.

In August of 2022, she first noticed the pain in her left wrist. She is right-handed. She attributed the left wrist pain to lifting, pushing, and using her left hand. She

told her primary care doctor about the pain in her left wrist, and she was given something for her hand.

Primary Treating Physician's Medical Legal Evaluation Report, Internist Health Clinic, Dr. Koruon Daldalyan, dated May 2, 2023.

She mentioned that during her employment she would experience significant stress due to robberies. She reported feeling nervous about going into work as during the robberies there was excessive noise, including individuals banging on counters and making sounds. The incidents caused her to develop shakiness of her hands, difficulty sleeping, and dermatitis on her face. Aside from fear of losing her job, she was afraid to report complaints of her symptoms. However, she followed up with her primary care physicians, who prescribed her medications, including nonsteroidal anti-inflammatory drugs. Her symptoms continued to progress to include cramping on her legs, swelling of her ankles, and changes in her bowel habits. The applicant continued working until January 1, 2023.

It was opined that it was within a reasonable degree of medical probability that the musculoskeletal ailments the applicant developed while working at Macy's Inc., DBA Bloomingdale's LLC, contributed to the onset of pain and stress, which led to the onset of gastroesophageal reflux disease, IBS, headaches, insomnia, alopecia, and urinary impairments. At this time, and with the currently available medical evidence, it would appear that the applicant's ailments had industrial causation.

In Summary:

The applicant filed two separate CT injuries.

The first injury CT: 03/16/2022-01/15/2023 is for the physical orthopedic injuries she sustained while working at Bloomingdales per my understanding of applicant's complaints and per medical records. She first noticed back pain in 2019. By March of 2019 her back pain, shoulder and leg pain worsened. Additionally, she developed other physical symptoms over time such as hair loss, gastrointestinal symptoms and rashes in the setting of stress and anxiety.

The second injury CT: 07/16/2022-01/02/2023 was filed due to alleged hostile work environment at Bloomingdales. This includes witnessing multiple robberies and safety concerns which caused the applicant stress and anxiety, being allegedly mistreated as a Russian speaking foreigner by coworkers, being understaffed, being accused of using a customer's promotional card, being called into a meeting on 01/02/2023, being suspended and being wrongfully terminated on 01/18/2023, per applicant.

Prior to the meeting on 01/02/2023, she has never had any demotions, write ups or warnings. She was a top seller. She is not litigious as this is her first claimed work injury. She has no pre-existing psychiatric history. She has not received any treatment from the mental health professional prior to the injury or after the injury. She did complain to coworkers and management about her pain prior to termination. There is no

evidence in medical records to suggest that the applicant is exaggerating or malingering. In my opinion, she is a reliable and credible historian. The orthopedic PQME who evaluated her on 06/02/2023 reasonable medical probability for industrial causation for the lumbar, left shoulder, and left wrist due to the cumulative trauma from March 6, 2022, to January 15, 2023, while worked for Macy's Inc., dba Bloomingdale's Inc. as a sales associate.

She has never been prescribed any psychotropic medications, has never seen a mental health professional. There have not been any recent deaths in her family. The applicant has had no legal history and no history of substance. Overall, no personal stressors affecting the applicant's psyche have been identified based on medical records provided and the face-to-face PQME evaluation of the applicant. She is a credible historian. The medical records reviewed are consistent with applicant's account of events.

In my opinion, in the setting of industrial stress, the applicant developed an anxiety disorder de novo. Based on analysis of records and face to face examination findings I have reached, an opinion, with a reasonable degree of medical probability, that her psychiatric claim has met "predominant cause" legal threshold for compensability. Causation is multifactorial and includes personnel actions and therefore Rolda analysis is applicable.

4 steps Rolda analysis:

1. First, the Workers compensation Judge must determine whether the alleged psychiatric injury involves actual events of employment. This is a factual legal issue, not a medical issue, for the workers compensation judge to determine.
2. The next determination is whether causation threshold has been met, i.e., whether the events of employment were "predominant as to all causes combined". In my opinion the predominant cause threshold was met in this case.
3. Even if threshold was met as outlined in 1) and 2) above, the injury can nevertheless be barred if it's determined that the injury resulted primarily from personnel actions that the Trial of facts determines to have been lawful, nondiscriminatory, and in good faith. It's a legal determination to be decided by the Trier of facts and not a medical determination.
4. It must be determined whether the personnel actions were a "substantial cause" (35-40%) of the psychiatric injury. This part of analysis does require competent medical evidence.

CAUSATION BASED ON ROLDA ANALYSIS:

Based on records, face to face evaluation findings, my analysis of the case I have reached the opinion with a reasonable degree of medical probability that the actual events of employment (both claimed CT injuries) were the "predominant cause" from all other sources combined contributing to the psychiatric injury pursuant to labor code section 3208.3.

In my opinion, 10% out of 100% of her psychiatric injury was caused by personnel action: being accused of using a customer's promotional card for herself at the meeting on 01/02/2023 and being suspended which caused stress and affected her psyche.

In my opinion, 10% out of 100% of her psychiatric injury was caused by personnel action: being allegedly wrongfully terminated on 01/18/2023.

In my opinion, 35% out of 100% of her psychiatric injury was caused by allegedly being subjected to hostile work environment: prejudice against her for being a Russian speaking woman treated as a foreigner and staff speaking behind her back which affected her psyche.

In my opinion, 10% out of 100% of her psychiatric injury was caused by being significantly stressed by witnessing multiple thefts at the store, feeling unsafe with alleged lack of security at the store and feeling that her life is in danger which affected her psyche. She now avoids crowds and going to the mall.

In my opinion, 35% out of 100% of her psychiatric injury was caused by orthopedic injuries she sustained while the department was understaffed and its sequels which affected her psyche.

I will defer to the Trial of facts the final determination regarding compensability of this case. Based on Rolda analysis substantial cause threshold was not met in this case.

DISABILITY:

It is my opinion with a reasonable degree of medical probability that Ms. Khamenia sustained psychiatric injuries AOE and COE secondary to both claimed CT's which were directly related to the industrial exposure with symptoms causing mild-moderate persistent impairment in her psychological, occupational and social functioning.

In my opinion, medical findings are consistent with CT injuries as claimed by the applicant. No exaggeration or malingering identified.

I found that subjective complaints were supported by objective findings and history of injury as alleged by the applicant. The applicant does not have a history of repeated litigations, appears to be truthful. In my opinion, she is a credible and reliable historian.

It is my opinion, with a reasonable degree of medical probability, that Ms. Khamenia's claim of psychiatric disability is compensable pursuant to LC 3208.3

For practical rating purposes I would rate level of psychiatric disability as temporary total disability with a period of such disability starting from 01/02/2023 and continuing up until the date of the examination today, 07/27/2023.

The applicant has not received any psychological or psychiatric care to date and has not taken any psychotropic medications which, in my opinion, are reasonable and necessary to render her permanent and stationary. She is mildly-moderately persistently

symptomatic and would benefit from treatment. In my opinion, the applicant's psychiatric conditions have not reached plateau or maximum medical improvement yet since she did not receive a full course of comprehensive psychiatric care reasonably necessary to cure or relieve her from effects of industrial injury.

Almaraz-Guzman II and III discussion is not applicable at this time since applicant is not permanent and stationary yet and has not reached maximum medical improvement.

TREATMENT:

It appears that the applicant has not received any psychological or psychiatric care to date reasonably necessary to cure or relieve her from effects of industrial injuries.

I recommend formal treatment by a psychiatrist who will likely prescribe antidepressant (Lexapro appears to be preferred choice since this medication is effective for anxiety symptoms, Zoloft is an alternative).

Will recommend authorizing on industrial basis at least 4 visits with a psychiatrist over 6 months course of treatment and medications for those 6 months also will recommend authorizing on industrial basis.

I recommend continuing psychotherapy as well (would recommend cognitive behavior individual/group psychotherapy) for at least 12 sessions with once a week/biweekly sessions to aid in achieving good clinical outcome.

It's well known in clinical psychiatry that combined treatment with medications management and therapy yields better results than either modality alone for anxiety disorders.

There is a good chance that with appropriate combined treatment with medications and psychotherapy her psychiatric symptoms will resolve and hopefully she will be left with less or no permanent partial psychiatric disability after recommended comprehensive course of treatment would be implemented.

APPORTIONMENT:

She is currently not permanent and stationary. She has not reached maximum medical improvement yet. Since her condition is not permanent and stationary yet apportionment is not the issue at this time and will be deferred until reevaluation in 6 months and after treatment as recommended above will be implemented.

Applicant is expected to become permanent and stationary after 6 months course of treatment and formal apportionment analysis will be done than upon reexamination.

Benson will be appropriately apportioned when the applicant is permanent and stationary.

PREEXISTING IMPAIRMENT, NON-WORK-RELATED FACTORS:

Will explore in greater detail all potentially relevant in apportionment analysis factors upon reexamination, including but not limited to the following: being estranged from her father for years whom she was close with prior to her parents' divorce; will explore further her potential medical problems, such as rashes and gastrointestinal complaints and effects on her psyche; will explore further her personal relationships with family and friends.

PROGNOSIS:

The prognosis is fair with appropriate treatment as recommended, and she is expected to respond to treatment well. Current work capacity is low but the projective work capacity within the next three months is fair if she receives recommended treatment. She needs to get appropriate treatment at least for about 6 months and then be reevaluated for long term prognosis.

VOCATIONAL REHABILITATION:

Applicant needs treatment as recommended and will not expect to benefit from vocational rehabilitation.

PROPHYLACTIC WORK RESTRICTIONS:

No specific actual or prophylactic work restrictions are indicated from a purely psychiatric perspective as the applicant is no longer at the same employment.

REGARDING THE 8 CATEGORIES OF IMPAIRMENT, THE ASSESSMENT OF MS. MARTINEZ'S IMPAIRMENT IS AS FOLLOWS:

1. Ability to comprehend and follow instructions: **mild impairment** in her ability to maintain attention and concentration for necessary periods, ability to do work requiring setting limits, tolerances of standards.
2. Ability to perform simple and repetitive tasks: **no impairment** in her ability to ask simple questions or request assistance, ability to perform activities of a routine nature.
3. Ability to maintain a work pace appropriate to a given workload: **mild-moderate impairment** in her ability to perform activities within a schedule, maintain regular attendance, and be punctual, and ability to complete a normal workday and/or workweek and perform at a consistent pace.
4. Ability to perform complex and variable tasks: **mild-moderate impairment** in her ability to synthesize, coordinate, and analyze data, ability to perform jobs requiring precise attainment of limits, tolerances of standards, ability to perform a variety of duties often changing from one task to another of a different nature without loss of efficiency or composure.

5. Ability to relate to other people beyond giving and receiving instructions: **mild-impairment** in her ability to get along with coworkers or peers, ability to perform work activities requiring negotiating with, explaining or persuading, in her ability to respond appropriately to evaluation or criticism.
6. Ability to influence people: **no impairment** in her ability to convince or direct others, ability to understand the meaning of words and to use them appropriately and effectively and in her ability to interact appropriately with people.
7. Ability to make generalizations, evaluations, or decisions without immediate supervision: **mild-moderate impairment** in her ability to make independent decisions or judgments based on appropriate information, ability to set realistic goals or make plans independent of others.
8. Ability to accept and carryout responsibility for direction, control, and planning: **mild-moderate impairment** in her ability to set realistic goals or make plans independent of others, ability to negotiate with, instruct, or supervise people, and the ability to respond appropriately to changes in the work conditions.

This report is being made on the basis of the information provided and described above. If additional information becomes available which affects either the veracity or the accuracy of the data provided, all of the conclusions contained herein may be subject to revision.

This concludes my Panel Qualified Medical Examination in Psychiatry in the case of Ms. Khamenia. Please contact me if you have any questions regarding this report.

DISCLOSURE:

Applicant's intake information, history of employment, medical history and all other pertinent information was obtained exclusively by me, Dr. Marina Lensky, in face-to-face interview with the applicant. A complete mental status examination was also performed exclusively by me, Dr. Marina Lensky. Ms. J. Pequiro, a trained clerical word processor, sorted, organized and excerpted the medical records. I, Dr. Lensky, personally reviewed the available medical records. Report was prepared and edited by me, Dr. Marina Lensky. I, Dr. Marina Lensky, MD, verify under penalty of perjury that I reviewed records received from party/parties (total of 177 pages). I, Dr. Marina Lensky, am an independent contractor of a medical group, Premier Disability Evaluators, PC. Premier Disability Evaluators, PC, incurs expenses associated with QME office locations as well as other expenses on my behalf. As a result, part of reimbursement is being shared with Premier Disability Evaluators, PC. No amount has been charged in excess of the professional services and the reasonable cost of diagnostic testing, if any. Pearson finalized the MMPI-3 report which was reviewed in its entirety by me, Dr. Lensky. I, Dr. Lensky, don't have any financial interest in Pearson. I, Dr. Marina Lensky, do not have any financial interest in any diagnostic facility, laboratory, health facility or other physician to which this applicant has been or might be referred. The opinions herein stated are my own. I have attempted to address all

RE: KHAMENIA, Alena

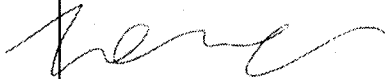
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the issues which normally arise in the course of Medical-Legal evaluation pursuant to the California Labor Code, and consistent with the time allowed in this report classification. I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referral, examination, or evaluation in connection with this case. I declare under penalty of perjury that I have not violated Labor Code Section 139.3, and that the information contained in this report and its attachments, including billing, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under 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 have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Date of Report: July 27, 2023

Dated the 27th day of August, 2023 in Los Angeles County, California.



MARINA LENSKY, M.D.
Qualified Medical Examiner