PRINT CLEAR

State of California, Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☑ New Request ☐ Resubmission – Change in Material Facts

☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Khamenian, Alena			
Date of Injury (MM/DD/YYYY): 01/15/2023		Date of Birth (MM/DD/YYYY): 02/18/1981	
Claim Number: 4A2302G36RJ-0001		Employer: Macy's/Bloomingdale	

Requesting Physician Information

Name: Mayya Kravchenko, D.C., QME			
Practice Name: Eric Gofnung Chiro Corp.		Contact Name: Ilse Ponce	
Address: 12626 Riverside Drive, Suite 510		City: North Hollywood	State: CA
Zip Code: 91607	Phone: (818) 623-9633	Fax Number: (818) 623-9533	
Specialty: Chiropractor		NPI Number: 1104096452	
E-mail Address: ilse.ponce@gofnung.com			

Claims Administrator Information

Company Name: SEDGWICK		Contact Name:	
Address: PO BOX 14450		City: LEXINGTON	State: KY
Zip Code: 40512	Phone: (866) 247-2287	Fax Number:	
E-mail Address:			

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Lumbar Facet-Induced	M47.816	Electrical Stimulation	G0283	1 x in 6 weeks
Left ankle and foot tenosy	M65.872	Therapeutic Exercises	97110	
Left Shoulder Rotator	M75.102	Massage Therapy	97124	
Left Carpal Tunnel Syndrc	G56.02	CMT 3-4 regions	98941	
Left Hip Trochanteric Burs	M70.62	Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature: Date: 10/17/2023

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See Separate decision letter) ☐ Delay (See separate notification of delay)

☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

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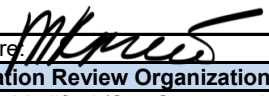
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Lumbar Facet-Induced	M47.816	NCV/EMG Of Lower Extremities		
Left ankle and foot tenosy	M65.872	Psychiatric Versus Psychological		
Left Shoulder Rotator	M75.102	Consultation		
Left Carpal Tunnel Syndrc	G56.02	Interventional Pain Management		
Left Hip Trochanteric Burs	M70.62	Consultation		

Requesting Physician Signature:  Date: 10/17/2023

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See Separate decision letter) ☐ Delay (See separate notification of delay)

☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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

October 17, 2023

Workers Defenders Law Group
751 S. Weir Canyon RD, Suite157-455
Anaheim, CA 92808

Re:	Patient:	Khamenian, Alena
	SSN:	592-95-9857
	EMP:	Macy's/Bloomingdale
	INS:	SEDGWICK
	Claim #:	4A2302G36RJ-0001
	WCAB #:	ADJ17287529
	DOI:	CT: 03/06/22-01/15/23
	D.O.E./Consultation:	October 17, 2023

Primary Treating Physician's
Follow up Evaluation Report
And Request for Authorization

Time Spent Face to face:	**15 Minutes**
Time Spent on Report Preparation	**15 Minutes**

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Follow up Evaluation on October 17, 2023, in my office located at 12626 Riverside Drive, Suite 510, North Hollywood, California 91607. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **Dr. Kravchenko is the PTP and the patient was examined by Dr. Kravchenko**.

The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's evaluation/consultation and treatment recommendations as described in this report. Please comply

with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

Interim History:

The patient is currently undergoing acupuncture treatment at our office which she finds helpful. She was seen by psych QME. She remains symptomatic. She denies any new accidents or injuries. She has not been able to return to work.

Current Complaints (October 17, 2023):

1. Left shoulder pain, intermittent and slight, worse with overhead reach.

2. Left wrist and hand pain, intermittent and slight to moderate, associated with numbness of the fingers.

3. Lower back pain radiating to bilateral lower extremities, worse to the left with numbness and tingling in the left leg, frequent and moderate, worse with forward bending, prolonged sitting or standing, lifting, pushing or pulling.

4. Left hip pain, frequent and moderate.

5. Left ankle and foot pain with numbness and tingling, intermittent and moderate, associated with occasional swelling.

6. Anxiety, depression,

7. Abdominal pain, intermittent and slight.

Physical Evaluation (October 17, 2023) – Positive Findings:

Shoulders & Upper Arms:

Examination of the shoulder and upper arm revealed slight tenderness at left subacromial bursa.

Hawkins test is positive at the left shoulder.

Ranges of motion for shoulders, right normal and **left shoulder ranges of motion were all normal except internal and external rotation decreased and painful.**

Shoulder Ranges Of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	180	180	180
Extension	50	50	50
Abduction	180	**170**	180
Adduction	50	50	50
Internal Rotation	90	**68**	90
External Rotation	90	**60**	90

Elbows & Forearms:

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

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

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

Wrists & Hands:

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

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

Ranges of motion of the left wrist was within normal limits with pain.

Hands:

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

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

Grip Strength Testing:

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

Left: 18/16/16
Right: 22/24/24

Motor Testing of the Cervical Spine and Upper Extremities:

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

Sensory Testing:

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

Lumbar Spine:

Examination of the lumbar spine revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature, worse on the left. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L3 through L5 vertebral regions.

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

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

Left: 42 degrees

Lumbar spine ranges of motion were decreased and painful.

Lumbar Spine Range of Motion Testing		
Movement	Normal	Actual

Flexion	60	**45**
Extension	25	**14**
Right Lateral Flexion	25	**20**
Left Lateral Flexion	25	**24**

Hips & Thighs:

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

Patrick's Faber test is positive at the left.

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

Hip Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	120	**105**	120
Extension	30	**30**	30
Abduction	45	45	45
Adduction	30	30	30
External rotation	45	**30**	45
Internal rotation	45	**25**	45

Ankles & Feet:

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

Anterior drawer test is positive at the left.

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

Ankle Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Ankle Dorsiflexion	20	**20**	20
Ankle Plantar Flexion	50	**25**	50
Inversion (Subtalar joint)	35	**22**	35
Eversion (Subtalar joint)	15	**15**	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

Ankle dorsiflexion left 4/5, other myotomes 5/5.

Squatting is positive for left ankle pain.

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

Sensory Testing:

Dysesthesia at left L5 dermatomal level.

Diagnostic Impressions:

1. Lumbar spine myofasciitis, M79.1.
2. Left sacroiliac joint dysfunction, sprain/strain, M53.3.
3. Lumbar facet-induced versus discogenic pain, M47.816.
4. Lumbar radiculitis left, rule out, M54.16
5. Left shoulder tenosynovitis/bursitis, M75.52.
6. Left shoulder rotator cuff tear, rule out, M75.102.
7. Left brachioradialis tendinitis, M75.22.
8. Left wrist tenosynovitis, M65.849.
9. Left carpal tunnel syndrome, rule out, G56. 02.
10. Left digital neuropathy,
11. Left Hip Trochanteric Bursitis, M70.62.
12. Left quadriceps tendinitis, S76.112S.
13. Left ankle and foot tenosynovitis, M65.872.
14. Left tarsal tunnel syndrome, rule out, G57.52.

Discussion and Treatment Recommendation:

The patient is recommended to continue with comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for lumbar spine, left shoulder, left wrist and left ankle at once per six weeks with a followup in six weeks**.

Diagnostic studies recommended:

The patient is recommended **NCV/EMG of lower extremities** as recommended.

Specialty evaluation recommended:

1) The patient is recommended **psychiatric versus psychological consultation**.
2) The patient is recommended to continue with **acupuncture treatment**.
3) The patient is recommended **interventional pain management consultation**.

The patient is **recommended to continue with home exercise program as scheduled.**

Permanent and Stationary Status:

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

No repeated work with left arm above shoulder height. No lifting over 15 pounds. No repeated bending or twisting. No repeated or forceful grasping, torqueing, pulling, and pushing with left hand. No repeated squatting, kneeling, and climbing. No prolonged standing, sitting and walking. Must be able to change positions as needed. Must have time for doctor's appointments. If work with restrictions is not available, then the patient is considered temporarily totally disabled until reevaluation in six weeks.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 12626 Riverside Drive, Suite 510 • North Hollywood, California 91607. I prepared this report, including any and all impressions and conclusions described in the discussion.

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

Re: Patient: Khamenian, Alena
DOI: CT: 03/06/22-01/15/23
Date of Exam: October 17, 2023

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manuel Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

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

Should you have any questions with regard to this consultation please contact me at my office.

Sincerely,

Re: Patient: Khamenian, Alena
DOI: CT: 03/06/22-01/15/23
Date of Exam: October 17, 2023

_____

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

Signed this 17th day of October, 2023, in North Hollywood, California.

MK:svl

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 12626 Riverside Drive, Suite 510, North Hollywood, California 91607. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On November 3, 2023, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 12626 Riverside Drive, Suite 510, North Hollywood, California 91607.

On **3rd** day of **November**, 2023, I served the within concerning:

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

- ☐ MPN Notice
- ☐ Designation of Primary Treating Physician & Authorization for Release of Medical Records
- ☐ Financial Disclosure
- ☒ Request for Authorization – **10/17/2023**
- ☒ Itemized – (Billing) / HFCA - **10/17/2023**
- ☐ QME Appointment Notification
- ☐ Primary Treating Physician's Referral
- ☐ Initial Consultation Report -
- ☒ Re-Evaluation Report / Progress Report (PR-2) **10/17/2023**
- ☐ Permanent & Stationary Evaluation Report – _____
- ☐ Post P&S Follow Up - _____
- ☐ Review of Records - _____
- ☐ PQME / Med Legal Report - _____
- ☐ Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____

List all parties to whom documents were mailed to:

WORKERS DEFENDERS LAW GROUP
751 S WEIR CANYON RD
ANAHEIM CA 92808

SEDGWICK
PO BOX 14450
LEXINGTON KY 40512

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at North Hollywood, California on **3rd** day of **November**, 2023.

ILSE PONCE