

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: Alan Washington v ALBERTSONS DISTRIBUTION CENTER
(employee name) (claims administrator name, or if none employer)

Claim No.: PENDING EAMS or WCAB Case No. (if any): _____

I, BRISEIDA CHAVEZ, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, REDLANDS, CA 92374
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.

<u>Means of service:</u> <small>(For each addressee, enter A – E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>03/18/21</u>	<u>Law Offices of Natalia Foley 5753 Santa Ana Canyon Rd., #G616 Anaheim, CA 92807</u>
<u>A</u>	<u>03/18/21</u>	<u>Subsequent Injuries Benefit Trust Fund 160 Promenade Circle Sacramento, CA 95834</u>
<u>A</u>	_____	_____
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 03/18/2021

Briseida Chavez BRISEIDA CHAVEZ
(signature of declarant) (print name)



Omar Tirmizi, MD, FCCP

A Professional Corporation

Diplomate, American Board of Internal Medicine

Diplomate, American Board of Internal Medicine, Pulmonary Disease

Diplomate, American Board of Internal Medicine, Critical Care Medicine

Diplomate, American Board of Internal Medicine, Sleep Medicine

Diplomate, American Board of Sleep Medicine

1674 Plum Lane – Redlands, California 92374

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February 17, 2021

Subsequent Injuries Benefit Trust Fund
160 Promenade Circle
Sacramento, CA 95834

Natalia Foley
Law Offices of Natalia Foley
5753 Santa Ana Canyon Rd., #G616
Anaheim, CA 92807

RE: Alan Washington
Date of Service: 02/17/21
Location: 1141 W. Redondo Beach Blvd., #202, Gardena CA 90247

INDEPENDENT MEDICAL EVALUATION REPORT

Mr. Washington was evaluated as an Independent Medical Evaluator with respect to the applicant's Subsequent Injury Benefit Trust Fund claim. I will insert a discussion on SIBTF. I note that Mr. Washington worked for Albertsons as a truck driver from 2003 until 2019. His first industrial injury is dated 04/15/04 (specific injury), as well as an orthopaedic CT 04/02/03 to April 2004, where injured parts included knee, hip, and nervous system. These injuries were resolved by a Stipulation and Award in 2005. I also note additional injuries with reference to body system, circulatory system, neck, shoulders, lower extremities, and nervous system. The dates of injuries are CT November 2015 to November 2018, as well as specific injury of 09/07/17 and CT 03/03/16 to 03/12/18. I am also asked to note that besides the industrial injury, Mr. Washington has had preexisting partial disabling conditions that predate the industrial injury, which include nonindustrial CHF, hypertension, chest pain, difficulty breathing, gastrointestinal problems, obesity, kidney cancer status post partial nephrectomy, irritable bowel syndrome, and obstructive sleep apnea (OSA).

This was a comprehensive evaluation and two and a half hours of face-to-face time were required for the assessment. Additionally, medical records were reviewed, requiring 2 hours of my time. Another two and one-half hours were required to dictate and transcribe this final

report. The total time required for this evaluation, therefore, is 7 hours. In addition, I have addressed causation per written request. This report is billed as ML103-94.

LABOR CODE 4751

I reviewed and considered the following outlined within the Labor Code while preparing this report: "4751. If an employee who is permanently partially disabled receives a subsequent compensable injury resulting in additional permanent partial disability so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, and the combined effect of the last injury and the previous disability or impairment is a permanent disability equal to 70 percent or more of total, he shall be paid in addition to the compensation due under this code for the permanent partial disability caused by the last injury compensation for the remainder of the combined permanent disability existing after the last injury as provided in this article; provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg, or an eye, and the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such latter permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5 percent or more of total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35 percent or more of total."

The focus of this evaluation is to address the applicant's preexisting impairment/disability to differing body regions other than the industrial injury and note the effects of all the injuries. It is my understanding that Mr. Washington has had industrial injuries which have settled by either stipulation or otherwise; however, I am not, at this point, aware of the impairment ratings that have been provided to the various body parts, due to pled cases. I will focus on the areas within my scope of practice.

Mr. Washington is a 64-year-old male who was employed as a truck driver for Albertsons. He states he began employment in 2003, and last worked in December 2018. He states that he was driver for more than 15 years.

Hypertension: Mr. Washington reports that he is a known hypertensive. I have been sent only brief records from Kaiser; however, I am requesting that any and all medical records from Kaiser Downey, be sent to my attention, so I may address hypertension. Mr. Washington reports that he has been diagnosed as having hypertension. Based on my review of the brief records provided, he was diagnosed in 2004. Currently, he is taking several different medications; however, today, he was unable to provide me with an accurate list of his medications. Based on review of medical records, I note he is taking losartan 50 mg bid for hypertension. He is also taking Lasix and Aldactone for his congestive heart failure. He believes that he was taking a single antihypertensive in 2004 and 2005, which are the dates prior to his pled industrial injuries.

Congestive heart failure: Mr. Washington has also been found to have congestive heart failure. He believes he was diagnosed in 2018, which was after he ceased employment with Albertsons. I note that he was found to have an ejection fraction of 45% in 2018.

Renal cell carcinoma: Mr. Washington has also been found to have renal cell carcinoma. He underwent a partial nephrectomy in 2018. He does not recall his most recent lab tests; however, based on a brief review of medical records, I note that his creatinine has been found to be 1.74 with a GFR of 48. This also is a condition that has occurred in the last few years and does not constitute a preexisting illness.

IBS: Mr. Washington has a longstanding history of IBS. He states that he has also been found to have diverticulosis; however, his IBS has been present since 2004 and previous. He states he has had alternate periods of diarrhea and constipation. He believes this is due to his stress of working continuously and long hours on the road. This condition preceded his industrial injuries by many years.

Gout/degenerative arthritis: Mr. Washington also has a known history of gout and degenerative arthritis. He states that this has been longstanding. The gout has been longstanding for more than 20 years, and he has to take allopurinol for the same. He feels that this causes him to have significant pain.

Obesity/OSA: Mr. Washington has a longstanding history of obesity. His OSA was only found in the last few years. However, based on his symptomatology, he reports that he has a history of loud snoring and apneic spells, since more than 15 years ago. However, I will defer this until review of records, as to when he was actually found to have evidence of OSA. Based on record review, he was found to be obese as far back as 2010. Therefore, I suspect that his OSA is longstanding, at least preceding 2010. I also note that he has been using a CPAP machine for the last two years for OSA.

Review of old records indicate a creatinine of 1.69 with an EGFR of 49 in 2017. I am requesting old records, so I may determine his blood test results especially Hgb in the years 2004 and 2005. He has a history of anemia in 2006.

WORK HISTORY: Discussed above.

PAST MEDICAL HISTORY: Discussed above.

PAST SURGICAL HISTORY: 1) Right ankle fracture repaired. 2) Hemorrhoidectomy. 3) Eyelid reconstruction/blepharoplasty. 4) Nephrectomy.

HOME MEDICATIONS: Aspirin, Lasix, Cozaar, potassium, Aldactone, atenolol, Lipitor, Zylprim, vitamin D, albuterol.

ALLERGIES: Lisinopril and thiazides.

SOCIAL HISTORY: He denies alcohol or tobacco use. He lives at home with family.

FAMILY HISTORY: Notable for hypertension and diabetes.

REVIEW OF SYSTEMS:

A ten point review of systems for internal medicine was conducted. Relevant positives and negatives are noted in the body of this report.

PHYSICAL EXAMINATION:

Vital Signs: Blood pressure: 148/88. Heart rate: 95. Respirations: 18. O2 saturation is 98% on room air. Weight: 255 pounds. Height: 74 inches.

HEENT: Head examination reveals that the head is normocephalic, atraumatic without deformity or unusual swelling. Pupils are round, reactive to light and accommodation normally. There is no nystagmus, lid lag or exophthalmos. Nasal mucosa is pink. Vision is normal.

Chest and Lung: Reveals clear, normal, symmetrical breath sounds with no adventitious sound. Expansion is normal. There are no surgical scars.

Cardiovascular: Reveals normal S1, S2. He has a systolic murmur.

Abdomen: Soft with no tenderness or organomegaly.

Musculoskeletal: There is no tenderness to palpation. Range of motion is normal.

Extremities: There is no cyanosis or clubbing. There is no evidence of insufficiency or skin changes. Pedal pulses are strong and bounding. He has 2+ pedal edema

Neurological: Cranial nerves II to XII are intact. Gait is normal without ataxia. DTRs are normal. Babinski is downgoing.

REVIEW OF MEDICAL RECORDS

03/12/18 – Division of Workers' Compensation – Workers' Compensation Claim. Date of Injury: CT 03/05/18 to 03/12/20. The applicant was denied use of restroom in harassing and discriminatory way, was slandered, which caused a hostile work environment.

03/12/18 – Division of Workers' Compensation – Workers' Compensation Claim. Date of Injury: CT 03/03/16 to 03/20/18. The applicant alleged injury due to stress and strain due to repetitive movement.

03/12/18 – Division of Workers' Compensation – Workers' Compensation Claim. Date of Injury: 09/07/17. The applicant alleged sudden movement at work caused sharp neck pain.

03/13/18 – Division of Workers' Compensation – Application for Adjudication of Claim. Date of Injury: CT 03/08/18 to 03/12/20. The applicant was denied use of restroom in harassing

X

and discriminatory way. He was slandered which caused hostile work environment, severe stress, humiliation, anxiety and depression.

03/13/18 – Division of Workers' Compensation – Application for Adjudication of Claim.

Date of Injury: 09/07/17. The applicant alleged injury to neck, shoulders. Sudden movement at work caused sharp neck pain.

03/20/18 – Division of Workers' Compensation – Application for Adjudication of Claim.

Date of Injury: CT 03/03/16 to 03/20/18. The applicant alleged injury to back, lower extremities and other body systems due to stress and strain due to repetitive movement over period of time.

06/12/18 – Harold Iseke, D.C. – Primary Treating Physician's Basic Medical Legal Report.

Date of Injury: CT 03/03/16 to 03/12/18; 03/06/18 to 03/12/18; 09/07/17. While employed with Albertson's distributor as a driver class A, the patient developed symptoms of stress from March 3rd, 2016 to March 12, 2018 as well as sustaining a specific injury on September 7, 2017. From March 3, 2016 to March 12, 2018, the patient attributed the onset of stress related symptoms due to a specific incident where he was completing a delivery, and had spent hours unloading, and then was denied access to a restroom. The delivery was declined, which caused him problems with his employer and possibly jeopardized his position. Since then, he has had problems sleeping, headaches and symptoms of anxiety. On September 7, 2017, while stepping out of his truck, he slipped, and twisted awkwardly and felt pain in his neck and left shoulder. Current complaints included pain in cervical spine, thoracic spine and lumbar spine. There is complaint of loss of sleep due to pain. **Current Medications:** Amlodipine, losartan and Tylenol. **Diagnoses:** 1. Sprain of ligaments of cervical spine. 2. Cervicalgia. 3. Pain in thoracic spine. 4. Low back pain. 5. Sprain of ligaments of lumbar spine. 6. Chronic pain due to trauma. 7. Sleep disorder. Acupuncture and shockwave therapy were recommended.

07/09/18 – Harold Iseke, D.C. The Wellness Studio – Primary Treating Physician's

Permanent and Stationary Report. The patient complained of pain in cervical spine, thoracic spine and lumbar spine. **Current Medications:** Amlodipine, losartan and Tylenol. **Blood Pressure:** 189/114. **Weight:** 230 pounds. **Diagnoses:** 1. Spinal enthesopathy, cervical region. 2. Cervicalgia. 3. Spinal enthesopathy, thoracic region. 4. Low back pain. 5. Spinal enthesopathy, lumbar region. 6. Chronic pain due to trauma. **Disability Status:** The patient was declared permanent and stationary. **Impairment Rating:** 19% whole person impairment. **Causation:** Industrial. **Future Medical Care:** Additional treatment which may involve up to 24 sessions of physical therapy, acupuncture therapy and periodic orthopedic specialty evaluation as well as medications, bracing, injections and even additional diagnostic studies.

08/08/18 – Trung Nguyen, M.D., Kaiser Permanente Medical Center – History and

Physical. The patient was seen due to bilateral blepharochalasis and bilateral lower eyelid ectropion. **Current Medications:** Cozaar 50 mg, Zylprim 100 mg, Aldactone 50 mg, Tenormin 25 mg, K-Tab, Norvasc 10 mg and Lipitor 40 mg. **Blood Pressure:** 171/96. **Weight:** 252 pounds. **Diagnoses:** 1. Bilateral blepharochalasis. 2. Bilateral ectropion. Correction was planned.

08/21/18 – Trung Nguyen, M.D., Kaiser Downey Medical Center – Operative Report.

Preoperative and Postoperative Diagnosis: Symptomatic blepharochalasis and ectropion

bilateral eyelid. **Procedure Performed:** Bilateral upper blepharoplasty and correction of bilateral lower eyelid ectropion.

08/21/18 – Trung Nguyen, M.D., Kaiser Downey Medical Center – Discharge Summary.
Diagnosis: Bilateral blepharochalasis. **Medications:** Cephalexin and Tylenol #3.

08/26/18 – Joshua Parnes, M.D., Kaiser Downey Medical Center – Emergency Department Record. The patient complained of left blepharoplasty repair with stitch rubbing on eye. Swelling has improved. He feels it when he blinks. **Blood Pressure:** 164/97. **Diagnosis:** Eye pain. Tab of the suture was cut and repositioned off cornea.

09/07/18 – Niva Patel, M.D., Kaiser Downey Medical Center – Emergency Department Record. The patient presented with shortness of breath and chest pain. The symptoms have been worse over the last week. He did see his primary care this morning who thought that he may have sleep apnea. He has a history of high blood pressure, but his blood pressure was higher than normal today. **Blood Pressure:** 196/120. **Diagnoses:** 1. Congestive heart failure. 2. Hypokalemia. 3. Nontraumatic acute kidney injury. 4. Elevated troponin 1. 5. Hypertensive urgency. The patient was admitted for further care.

09/09/18 - Joyce Chou, M.D., Kaiser Downey Medical Center – Discharge Summary.
Diagnoses: 1. Chest pain. 2. Congestive heart failure. 3. Essential hypertension. **Medications:** Aspirin 81 mg, Dyrenium 50 mg, Lasix 40 mg, Cozaar 50 mg, K-Tab, Aldactone, Tenormin 50 mg, Lipitor 40 mg, Zylprim 100 mg, and albuterol.

10/29/18 - An Hoa Thi Nguyen, M.D., Kaiser Downey Medical Center – Emergency Department Record. The patient presented with worsening shortness of breath, orthopnea and decreased exercise tolerance. Today, he noticed exertional brief sharp chest pain which already resolved. The patient endorsed compliance with fluid restriction and Lasix and is also making good urine output. Shortness of breath is still getting worse. He is unable to sleep the last three days due to orthopnea. He was recently given a CPAP machine due to severe obstructive sleep apnea, but no one has shown him how to use it. He has tried several times to turn it on, but it is not working. **Current Medications:** Lasix 40 mg, Revatio 20 mg, Midamor 5 mg, Cozaar 50 mg, Aldactone 50 mg, aspirin 81 mg, K-Tab and Lipitor 40 mg. **Blood Pressure:** 161/130. **Diagnosis:** Diastolic heart failure, acute on chronic. Chest x-ray was ordered. Labs were drawn.

11/12/18 – Division of Workers' Compensation – Workers' Compensation Claim. Date of Injury: CT 11/12/17 to 11/12/18. The applicant alleged congestive heart failure aggravated by the employment due to long term exposure to toxic environment, prolonged work-related stress, prolonged work-related repetitive movements and other work-related factors.

11/20/18 – Division of Workers' Compensation – Application for Adjudication of Claim. Date of Injury: CT 11/12/15 to 11/12/18. The applicant alleged stress and strain due to repetitive movements and exposure to toxic environment resulting in congestive heart failure.

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Blood Pressure Readings Extracted from Medical Records

Date	Blood Pressure	Weight	Physician/ Facility	Medications With Doses
07/09/18	189/114	230	Harold Iseke, D.C.	Amlodipine, losartan and Tylenol.
08/08/18	171/96	252	Kaiser Downey Medical Center	Cozaar 50 mg, Zylprim 100 mg, Aldactone 50 mg, Tenormin 25 mg, K-Tab, Norvasc 10 mg and Lipitor 40 mg.
08/26/18	164/97		Kaiser Downey Medical Center	
09/07/18	176/98		Kaiser Downey Medical Center	
10/29/18	161/130		Kaiser Downey Medical Center	Lasix 40 mg, Revatio 20 mg, Midamor 5 mg, Cozaar 50 mg, Aldactone 50 mg, aspirin 81 mg, K-Tab and Lipitor 40 mg.

RESULTS OF LAB TESTING:

CBC and blood chemistries were obtained.

Results are normal, except:

Creatinine 2.4 mg/dL
eGFR 27 ml/min

Hemoglobin 10.6 g/dL

Urine for albumin is high

IMPRESSION:

1. Hypertension, longstanding, preceding industrial injuries.
2. Lower digestive tract disorder, longstanding, preceding industrial injuries along with diverticulosis.
3. Obstructive sleep apnea, longstanding, preceding industrial injuries.
4. Anemia, longstanding, preceding industrial injuries.
5. Gout/arthritis, longstanding, preceding industrial injuries.
6. Congestive heart failure, diagnosed in 2017/2018.
7. History of renal cell carcinoma/status post nephrectomy and resultant CKD, diagnosed in 2018.

DISCUSSION:

It is my opinion that the congestive heart failure is a recent diagnosis and does not constitute a preexisting injury or disability. Additionally, the nephrectomy and CKD, also are new injuries that have occurred post-termination from Albertsons, therefore, do not constitute a preexisting injury. I would be able to provide an impairment rating for these conditions if requested by parties concerned. He is noted to have an EF of 45%, which is useful in determining impairment for heart failure. He also has a previous GFR of 49, and a current eGFR of 27, which would also be useful in providing an impairment rating for his kidney condition, if requested by parties concerned.

1. Hypertension:

Hypertension has been preexisting his industrial injuries by many years. At the time of his employment, he was taking at least one, if not two, antihypertensives. I am unaware of blood pressure readings pre-injuries. I am requesting records from Kaiser Downey, so I may look at the blood pressure control in the years 2003, 2004, and 2005.

Impairment Rating:

Using the AMA Guides to the Evaluation of Permanent Impairment Fifth Edition, Page 66, Table 4-2, with blood pressure presumably controlled in 2004, on two antihypertensives, it is my opinion he would be in Class 1 Impairment of the Whole Person, 5%, secondary to hypertensive cardiovascular disease.

The discussion on causation, apportionment, and future medical care, is not addressed.

2. Lower digestive tract disorder:

Mr. Washington has a longstanding history of irritable bowel syndrome. He has difficulty with alternating diarrhea and constipation. This has caused him to have difficulty in his ADL's, and he needs to be near a rest stop or bathroom, even while working as a truck driver.

Impairment Rating:

Using the AMA Guides to the Evaluation of Permanent Impairment Fifth Edition, Page 128, Table 6-4, since he has signs and symptoms of colonic disease and limitation of activities due to necessity to use to the bathroom, it is my opinion that he has 3% WPI secondary to colonic and rectal disorders/IBS and also diverticulosis.

Causation, apportionment, and future medical care are not addressed in this IME.

3. Obesity/obstructive sleep apnea:

Mr. Washington has a longstanding history of obesity. His BMI was found to be between 30 and 34 in 2010. He recalls his weight being approximately the same before he started working with Albertsons. It is my opinion, based on his history, that he has longstanding OSA, due to his obesity. Even with the current CPAP machine, he feels tired and fatigued all day long.

Impairment Rating:

Using the AMA Guides to the Evaluation of Permanent Impairment Fifth Edition, Page 317, Table 13-4, with findings of reduced daytime alertness and ability to perform ADLs being diminished due to OSA, in my opinion, he has Class 2 Impairment of the Whole Person, 12%, secondary to longstanding OSA.

Causation, apportionment, and future medical care are not addressed in this IME.

4. Anemia:

Mr. Washington is known to be anemic. I am unable to determine his level of anemia in the years 2004 and 2005. However, based on records available, which are much more recent, I note that his hemoglobin has been 11.4; and today is 10.4 g/dL. With a hemoglobin between 10 and 12 grams, it is my opinion he has Class I Impairment of the Whole Person, 4%, secondary to anemia. He does not require transfusion.

Causation, apportionment, and future medical care are not addressed in this IME.

5. Gout/degenerative arthritis:

Gout typically causes involvement of the small joints of the feet initially, but may progress to involve the ankles and potentially even the knees, hips, and shoulders. The likely impairment due to gout is limited, more often than not, to lower limb impairments with individuals limping, and complaining of moderate to advanced arthritic changes.

Impairment Rating:

Using the AMA Guides to the Evaluation of Permanent Impairment Fifth Edition, Page 529, Table 17-5, it is my opinion he would have 7% WPI secondary to longstanding gout, due to effect on his lower limb and gait derangement.

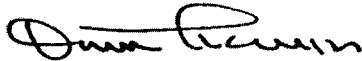
Causation, apportionment, and future medical care are not addressed in this IME.

I will be able to provide impairment rating for renal disorder and congestive heart failure, if requested to by parties concerned.

I am also requesting medical records from Kaiser Downey that predate his industrial injuries, so I can provide a more accurate assessment and provide a snapshot into his preexisting conditions prior to his industrial injuries.

Thank you for asking me to see and evaluate Mr. Alan Washington. I will be available for review of medical records, or to produce supplemental reports at the request of parties concerned.

Thank you,



Syed O. Tirmizi, M. D. FCCP

Diplomate, American Board of Internal Medicine

Diplomate, American Board of Internal Medicine, Pulmonary Disease

Diplomate, American Board of Internal Medicine, Critical Care Medicine

Diplomate, American Board of Internal Medicine, Sleep Medicine

Diplomate, American Board of Sleep Medicine

Qualified Medical Evaluator #945518 State of California





Specimen ID: 048-229-2788-0
Control ID: UF904275310

Acct #: 04275310 Phone: (310) 559-4411 Rte: 00
Medical Group of Culver
City
4340 OVERLAND AVE
CULVER CITY CA 90230



WASHINGTON, ALAN

(310) 722-2017

Patient Details

DOB: 05/15/1956
Age(y/m/d): 064/09/02
Gender: M
Patient ID:

Specimen Details

Date collected: 02/17/2021 1545 Local
Date received: 02/18/2021
Date entered: 02/18/2021
Date reported: 02/18/2021 1706 ET

Physician Details

Ordering: S TIRMIZI
Referring:
ID:
NPI: 1306902739

General Comments & Additional Information

Alternate Control Number: UF904275310
Total Volume: Not Provided

Alternate Patient ID: Not Provided
Fasting: No

Ordered Items

CBC, Platelet, No Differential

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC, Platelet, No Differential					
WBC	5.2		x10E3/uL	3.4-10.8	01
RBC	4.90		x10E6/uL	4.14-5.80	01
Hemoglobin	10.6	Low	g/dL	13.0-17.7	01
Hematocrit	35.1	Low	%	37.5-51.0	01
MCV	72	Low	fL	79-97	01
MCH	21.6	Low	pg	26.6-33.0	01
MCHC	30.2	Low	g/dL	31.5-35.7	01
RDW	15.2		%	11.6-15.4	01
Platelets	320		x10E3/uL	150-450	01

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LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA
92128-4108

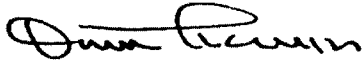
Dir: Jenny Galloway, MD

For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

I am also requesting medical records from Kaiser Downey that predate his industrial injuries, so I can provide a more accurate assessment and provide a snapshot into his preexisting conditions prior to his industrial injuries.

Thank you for asking me to see and evaluate Mr. Alan Washington. I will be available for review of medical records, or to produce supplemental reports at the request of parties concerned.

Thank you,



Syed O. Tirmizi, M. D. FCCP

Diplomate, American Board of Internal Medicine

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Diplomate, American Board of Internal Medicine, Critical Care Medicine

Diplomate, American Board of Internal Medicine, Sleep Medicine

Diplomate, American Board of Sleep Medicine

Qualified Medical Evaluator #945518 State of California



Omar Tirmizi, MD Laboratory
 4340 Overland Avenue
 Culver City, CA 90230
 Tel: 310-556-0702 Fax: 310-556-8464
 Laboratory Director: Omar Tirmizi, MD

Patient: Washington, Alan	Accn#: 01830	Drawn: 2/17/2021	11:50
PID: 05151956WA	Dr: Omar Tirmizi MD	Recvd: 2/19/2021	11:50
DoB: 5/15/1956 Age: 64 Sex: M	Location:	Print: 2/26/2021	11:53
Pt.Alt.ID:	Ref.ID:	FINAL	

Fasting: N

TEST	NORMAL	ABNORMAL	UNITS	RANGE
CHEMISTRY				
SODIUM	141		mEq/L	135-145
POTASSIUM	3.9		mEq/L	3.6-5.0
CHLORIDE	101		mEq/L	97-107
CO2	27		mg/dL	21-31
ANION GAP	17		mEq/L	7-34
GLUCOSE	79		mg/dL	70-110
BUN		32 H	mg/dL	7-18
CREATININE		2.4 H	mg/dL	0.4-1.4
BUN/CREA RATIO	13.3		Ratio	8.0-36.0
eGFR		27.3 L	mL/min	>60
CALCIUM	9.4		mg/dL	8.5-10.4
TOTAL PROTEIN	8.1		mg/dL	6.2-8.5
ALBUMIN	4.7		g/dL	3.5-5.3
GLOBULIN	3.40		g/dL	2.0-4.5
A/G RATIO	1.38		Ratio	0.60-2.20
ALK PHOSPHATASE		158 H	IU/L	35-123
AST (SGOT)	21		IU/L	5-34
ALT (SGPT)	17		IU/L	4-36
TOTAL BILIRUBIN		1.6 H	mg/dL	0.2-1.2
MAGNESIUM	1.6		mEq/L	1.6-2.6
IRON		41 L	ug/dL	65-170
UIBC	176		ug/dL	126-382
TIBC		217 L	ug/dL	250-450
LIPID STUDIES				
CHOLESTEROL	137		mg/dL	115-200
Note: Cholesterol recommended range:				
Desirable Cholesterol - < 200 mg/dl				
Borderline-High Cholesterol - 200 - 239 mg/dl				
High Cholesterol - > 400 mg/dl				
TRIGLYCERIDES	64		mg/dL	44-148
HDL CHOLESTEROL	48		mg/dL	30-70
Note: HDL values greater than or equal to 35 mg/dl are considered desirable, and values greater than or equal to 60 mg/dl are considered to offer some protection against Coronary Heart Disease. Values below 35 mg/dl are considered to be a significant independent risk factor for Coronary Heart Disease.				
CHOL/HDL RATIO	2.85		Ratio	<5.60
LDL (Calc.)	76		mg/dL	60-130
Note: Recommended Range				
Desirable - <130 mg/dl				
Borderline High - 130 - 159 mg/dl				
High Risk - > 150 mg/dl				
LDL (Calculated) is not valid if Triglycerides result is > 400 mg/dl.				
VLDL (Calc.)	13		mg/dL	0-40
THYROID STUDIES				



Omar Tirmizi, MD Laboratory
 4340 Overland Avenue
 Culver City, CA 90230
 Tel: 310-556-0702 Fax: 310-556-8464
 Laboratory Director: Omar Tirmizi, MD

Patient: Washington, Alan	Accn#: 01830	Drawn: 2/17/2021 11:50
PID: 05151956WA	Dr: Omar Tirmizi MD	Recvd: 2/19/2021 11:50
DoB: 5/15/1956 Age: 64 Sex: M	Location:	Print: 2/26/2021 11:53
Pt.Alt.ID:	Ref.ID:	FINAL

Fasting: N

TEST	NORMAL	ABNORMAL	UNITS	RANGE
TSH	0.5		mIU/L	0.34-5.60
T3, FREE	2.9		pg/mL	2.5-3.9
T4, FREE	1.3		uIU/ml	0.3-3.0
SPECIAL CHEMISTRY				
FERRITIN	115		ng/mL	11.0-306.8
FOLIC ACID		18.3 H	ng/mL	3.00-17.00
VITAMIN B-12	416		pg/mL	180-914
VITAMIN D		18.0 L	ng/mL	30-100

Note: Vitamin D 25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator for exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/ml indicative of Vitamin D deficiency, while levels between 20 ng/ml and 30 ng/ml suggest insufficiency. Optimal levels are >or = 30 ng/ml.

HEMOGLOBIN A1c %	5.8		%	4.3-6.0
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Note: Consistent with Diabetes:

3 - 6% in non-diabetics

6 - 8% in controlled diabetics

20% or higher - poorly controlled diabetics

The following HgbA1C ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control. These values are for non-pregnant individuals. Action suggested depends on individual patient circumstances. Such action may include enhanced diabetes self-management education, co-management with diabetes team, referral to an endocrinologist, change in pharmacological therapy, initiation or increased self-monitoring of blood glucose, or more frequent contact with the patient.

CARDIAC STUDIES

CK	120		mg/dL	0-160
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hsCRP		21.3 H	mg/L	3.00
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The American Heart Association and U.S. Centers for Disease Control and Prevention have defined risk groups as follows: Low risk: less than 1.0 mg/L. Average risk: 1.0 to 3.0 mg/L. High risk: above 3.0 mg/L

PHOSPHORUS	4.0		mg/dL	2.5-4.8
URIC ACID		13.8 H	mg/dL	2.1-7.2

Specimen ID: 048-229-2788-1
 Control ID: UF904275310

Acct #: 04275310 Phone: (310) 559-4411 Rte: 00
 Medical Group of Culver
 City
 4340 OVERLAND AVE
 CULVER CITY CA 90230

WASHINGTON, ALAN
 17628 ALBURTIS AVE APT 23
 ARTESIA CA 90701
 (310) 722-2017



Patient Details	Specimen Details	Physician Details
DOB: 05/15/1956	Date collected: 02/17/2021 1545 Local	Ordering: S TIRMIZI
Age(y/m/d): 064/09/02	Date received: 02/18/2021	Referring:
Gender: M	Date entered: 02/18/2021	ID:
Patient ID:	Date reported: 02/25/2021 1806 ET	NPI: 1306902739

General Comments & Additional Information
 Alternate Control Number: UF904275310
 Total Volume: Not Provided

Alternate Patient ID: Not Provided
 Fasting: No

Ordered Items
 Albumin/Creatinine Ratio,Urine; Written Authorization

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Albumin/Creatinine Ratio,Urine					
Creatinine, Urine	232.4		mg/dL	Not Estab.	01
Albumin, Urine	715.3		ug/mL	Not Estab.	01
Results confirmed on dilution.					
Alb/Creat Ratio	308	High	mg/g creat	0-29	
			Normal:	0 - 29	
			Moderately increased:	30 - 300	
			Severely increased:	>300	

Written Authorization

Written Authorization Received.
 Authorization received from STEVEN M 02-25-2021
 Logged by Kellie Thomas

01

01	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: Jenny Galloway, MD
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For inquiries, the physician may contact Branch: 800-859-6046 Lab: 858-668-3700

