ERIC E. GOFNUNG CHIROPRACTIC CORP.

QME OF THE STATE OF CALIFORNIA

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 • Los Angeles, CA 90048 • Tel: (323) 933-2444 • Fax: (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a resident of the County aforesaid: and I am over the age of eighteen years and not a party to the within action: my business address is 6221 Wilshire Boulevard, Suite 604 Los Angeles, CA 90048.

On 5 day of August 2021, I served the within concerning:

Patient's Name: Washington, Alan

SIF Case: SIF 11701414

On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in Los Angeles, California, to be hand delivered Via United States Mail.

[ ] MPN Request	[ ] QME Appointment Notification
[ ] Notice of Treating Physician	[ ] Designation Of Primary Treating Physician
[ ] Medical Report _____	[ ] Initial Comprehensive Report
[ ] Itemized – (Billing) / HFCA 6/28/2021	[ ] Re-Evaluation Report / Progress Report (PR-2)
[ ] Doctor's First Report	[x] Agreed Medical Evaluator's ML 104 Report Subsequent Injury Benefits Trust Fund
[ ] RFA	[ ] Permanent & Stationary
[ ] Financial Disclosure	[ ] Authorization Request for Evaluation/Treatment 6/28/2021

List all parties to whom documents were mailed to:

cc: Workers Defenders Law Group
751 S Weir Canyon Rd. Ste 157-455
Anaheim, CA 92808
Attn: Natalia Foley, Esq.

Subsequent Injury Benefits Trust Fund
160 Promenade Circle, Suite 350
Sacramento, CA 95834
Att: Victor Lladoc, WC Consultant

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 Los Angeles, California on 5 day of August 2021.

Ilse Ponce

ERIC E. GOFNUNG CHIROPRACTIC CORP.

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6221 Wilshire Boulevard, Suite 604 / Los Angeles, California 90048 / Tel. (323) 933-2444 / Fax (323) 933-2909

June 28, 2021

Subsequent Injury Benefits Trust Fund
160 Promenade Circle, Suite 350
Sacramento, CA 95834
Attn : Victor Llado, WC Consultant

Workers Defenders Law Group
751 S Weir Canyon Rd. Ste 157-455
Anaheim, CA 92808
Attn: Natalia Foley, Esq.

Re:	Patient:	WASHINGTON, Alan
	SSN:	567-51-8059
	EMP:	Albertsons Distribution Center
	INS:	Sedgwick
	Claim #:	SIF11701414
	WCAB #:	ADJ11701414; ADJ11233336; ADJ11233298; ADJ11243148; ADJ11998479
	DOI:	CT: 11/12/15-11/12/18; 09/07/17; CT: 03/03/16-03/12/18; CT: 03/03/16-03/20/18; CT: 03/06/18-03/12/18

AGREED MEDICAL EVALUATOR'S ML-201 REPORT
SUBSEQUENT INJURY BENEFITS TRUST FUND

Dear Gentlepersons:

The above-named patient was seen for a Subsequent Injury Benefits Trust Fund Medical Evaluation for determining eligibility for the Subsequent Injury Benefits Trust Fund, pursuant to California Labor Code 4751 on June 28, 2021, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, CA 90048. The 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.

The evaluation is not intended to ascertain the applicant's current function as it relates to the above captioned industrial injury, but rather determine whether pre-existing disability in combination with impairments arising from the subsequent industrial injury meet the requirements that would qualify the injured worker for SIBTF benefits. The Subsequent Injury Benefits Trust Fund (SIBTF) liability deals with pre-existing impairment and/or pre-existing disability. In other words, disability which was present prior to the industrial injury noted above. In essence, we are looking into the past in order to determine to what extent the injured worker was disabled, at some time prior to the settled industrial injury noted above. In this report, we will discuss whether or not the injured worker had an industrial injury and whether or not there

was an evidentiary basis to determine pre-existing permanent disability. Finally, we will determine whether or not the applicant preliminarily meets the initial criteria for SIBTF eligibility of 35% permanent disability, or 5% permanent disability to an opposite corresponding member, and whether or not he/she will likely incur a total disability in excess of 70%, subject to additional medical evaluations in various medical specialties.

A request was made by Workers Defenders Law Group for me to evaluate Mr. Washington, to determine his qualification for the Subsequent Injury Benefits Trust Fund. This evaluation is being performed to address the applicant's pre-existing disability to various body parts, as well as outline additional impairment and disability arising from the injuries occurring on April 15, 2004, CT April 2, 2003 through April 2, 2004, September 7, 2017, CT March 6, 2018 through March 12, 2018, CT March 3, 2016, to March 20, 2018, CT March 3, 2016 to March 12, 2018. I have been authorized to evaluate the industrial injuries and any pre-existing problems. I have been advised to order further evaluations as necessary from other specialists.

This report is billed under ML-201 pursuant to California Code of Regulations 9793(h), and 9795(b)(c).

Explanation of circumstances and justifications for use of procedure codes:

ML-201 This is a Comprehensive Medical-Legal Evaluation.

- Total number of pages reviewed in preparation of this report = 190
- Subtract 200 pages at $3.00 per page = 0

Upon meeting Mr. Washington, I introduced myself and discussed with him my role as an evaluator in this SIBTF matter. He expressed no objection to proceeding with the evaluation.

JOB DESCRIPTION:

Mr. Alan Washington was employed by Albertsons as a truck driver-A at the time of the injury. He began working for this employer in March of 2003. He worked full time.

Job activities included driving a semi-truck, picking up and delivering food products, unloading boxes of food products and paperwork.

The physical requirements consisted of sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, climbing, and kneeling.

The patient is a right-hand dominant male, and he/she would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, writing, pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 60 pounds

The patient worked 10 hours per day and 6-7 days a week. His work hours varied. Lunch break was 30 minutes. Rest break was 15 minutes. The job involved working 50% indoors and 50% outdoor.

The last day the patient worked for Albertsons was November of 2019, at which time he retired.

There was no concurrent employment at the time of the injury. The patient denies working for any new employer.

PRIOR WORK HISTORY:

The patient worked for the above employer for 17 years.

HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:

SPECIFIC INJURY: April 15, 2004 – Both Knees

The patient states that while working at his usual and customary occupation as a class A driver for Albertsons, he sustained a work-related injury to his **left knee.** He was referred by medical care by his employer. He cannot recall initial medical care. This case was settled with compensation and future medical. From 2004 to the present, the patient relates he continued treating with Kaiser Permanente. Treatment included examination, cortisone injections, and physical therapy. The patient denied having surgery to the left knee. **He reports he favored his left knee and developed right knee pain with a meniscus tear per MRI performed at Kaiser.**

CUMULATIVE TRAUMA: April 02, 2003-April 2, 2004 – Back, hips, knees

The patient states that while working at his usual and customary occupation as a class A truck driver for Albertsons, he sustained a work-related injury to his **back, both hips, both knees (left knee worsened due to work duties following specific and he developed right knee pains), pelvic organs, tailbones, coccyx, and buttocks**, which he developed in the course of his employment due to continuous trauma April 02, 2003-April 2, 2004. He attributes the injuries due to the repetitive movements while gripping, grasping, forward bending, forceful pulling, pushing, lifting, and carrying and driving while performing his job duties. He relates he pulled pallets with boxes of the food product. He used a dolly and manual pallet jack. He worked with pain and discomfort. He reported the injury to his employer and was referred for medical care. Treatment included examination, prescribed medication, x-rays, MRI scans, orthopedic specialist evaluations, and acupuncture treatment. This case was settled with compensation and future medical. The applicant continued to have persistent pain. Patient denied surgery.

CUMULATIVE TRAUMA: 03/06/2018, to 03/12/2018 – Psych
CUMULATIVE TRAUMA: 11/12/2015 to 11/12/18 – Circulatory and Body Systems

The patient states that while working at his usual and customary occupation as a class A truck driver for Albertsons, he sustained a work-related injury to his body systems and circulatory heart, and psyche, which he developed in the course of his employment due to continuous trauma on 03/06/2018, to 03/12/2018. The patient explains he experienced pain and discomfort due to stress. The patient explains that he went into a warehouse facility where he was to deliver the product. He relates he had been there for several hours. He was denied use of the restroom. He asked to see the manager, who told him it was the policy. He was there three hours and did not deliver the product, and his dispatcher instructed him to leave. He experienced elevated blood pressure and discomfort. He reported the injury to his employer and was referred for medical care. The patient was evaluated, and medication was prescribed. This case was settled with compensation.

SPECIFIC INJURY: September 7, 2017 – Neck and Left Shoulder

The patient states that while working at his usual and customary occupation as a class A truck driver for Albertsons, he sustained a work-related injury to his **neck and left shoulder**. The patient explains that his trailer broke down, and while trying to guide the truck, he strained his neck and left shoulder while steering due to loss of power of vehicle and loss of power steering. Treatment included examination, x-rays, MRI scans, prescribed medication, physical therapy, and chiropractic treatment. This case was settled with compensation.

CUMULATIVE TRAUMA: March 3, 2016, to March 20, 2018
CUMULATIVE TRAUMA: March 3, 2016, to March 12, 2018 – Back and lower extremities.

The patient states that while working at his usual and customary occupation as a class A truck driver for Albertsons, he sustained a work-related injury to **back and lower extremities (hips & knees),** which he developed in the course of his employment due to prolonged sitting while driving and operating a truck as well as bending, twisting, pulling and pushing, climbing and lifting. The patient cannot recall the specific details including dates, and medical care of this injury.

The patient remains under the care of Kaiser for his injuries through the present time. Treatment included examinations, physical therapy, cortisone injections to his knees.

The patient relates he sees a chiropractor for several years to the present for these injuries.

The patient presents to this office for further evaluation.

CURRENT COMPLAINTS:

Neck:

The pain is moderate, and the symptoms occur intermittently, in the neck. There is cracking and grinding of the neck with range of motion and twisting and turning the head and neck. The pain is aggravated with flexing or extending the head and neck, turning his head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting, and carrying greater than 5-10 pounds, and working or reaching at or above shoulder level. The patent has difficulty falling asleep and is often awakened during the night by neck pain. There is occasional stiffness in his neck. His pain level varies throughout the day.

Pain medication, heating pads, ice packs, physical therapy, acupuncture treatments, and pain medication provide his pain improvement, but he remains symptomatic.

Left Shoulder:

The pain is moderate, and the symptoms occur intermittently. There is radiating pain. The numbness and tingling in the hands and fingers awaken him at night. He complains of stiffness and experiences increased pain with repetitive motion of the arms/shoulders, the pain is aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting and carrying greater than 3-5 pounds, and repetitive use of the left/right upper extremity. His pain level varies throughout the day depending on activities. He has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

Mid & Lower Back:

The pain is moderate, and the symptoms occur occasionally in the Mid and lower back, which increases becoming sharp and stabbing. The pain radiates down his buttocks and hips. The pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 pounds, going from a seated position to a standing position and twisting and turning at the torso. The patient denies experiencing bladder or bowel problems. He does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting his/her activities. He walks with a limp due to his/her low back symptoms. Pain medication, heating pads, ice packs, physical therapy, acupuncture treatments, and pain medication provide his pain improvement, but he remains symptomatic.

Bilateral Hips:

The pain is moderate, and the symptoms occur occasionally. His pain increases with moving his leg or getting up from a seated position. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities.

Bilateral Knees:

The pain is moderate, and the symptoms occur frequently, in both knees. The pain increases with flexing, extending, prolonged standing and walking, going up and downstairs, bending, stooping, squatting, and walking on uneven surfaces or slanted surfaces. There is popping and grinding in the left knee, and he experiences buckling episodes in his left knee. He has lost her balance as a result of the buckling. He has episodes of swelling in the knees. He is unable to kneel and squat. He has difficulty ascending and descending stairs and walks with an uneven gait.

Right Ankle/foot:

The pain is intermittent to frequent and slight to moderate increasing with prolonged walking, standing, forceful pushing/pulling, heavy squatting and repetitive climbing or walking up/down stairs.

Psyche:

The patient has continuous of anxiety, stress, and depression due to chronic pain and disability status. He denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. He feels fatigued through the day and finds himself lacking concentration and memory at times. He worries about his medical condition and the future.

The patient's condition has worsened due to continued work, lack of medical treatment, and activities of daily living.

PAST MEDICAL HISTORY:

Illnesses:

The patient has a history of high blood pressure of 17 years, high cholesterol of 5 years, congestive heart failure since 2019, kidney condition, sleep apnea.

In 2019, he was diagnosed with Kidney cancer.

Injuries:

The patient denied any prior work-related injuries other than as reported in "history of injury".

The patient reported that when he was 25 years old, he was being beaten up by 10 males and he suffered a concussion with a few days of hospitalization.

The patient denied any new injuries.

High School Injury to right hand 5th digit.

Right ankle fracture in about 1980 while playing football. He underwent surgery with internal fixation

1988 WC psych injury

Allergies:

The patient denied any known allergies.

Surgeries:

In 1980, the patient underwent right ankle surgery.

In 1985, the patient underwent hemorrhoid surgery.

In 2019, removal of cancerous mass and partial kidney surgery.

Hospitalization:

The patient denied any hospitalization.

REVIEW OF SYSTEMS:

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, and stress.

ACTIVITIES OF DAILY LIVING:

Physical Activities: As a result of the industrially related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 4/5.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., restful night sleep pattern, erectile dysfunction, and sexual function, with a rating of 4/5.

FAMILY HISTORY:

Mother is 85 years old and is in good health.

Father is deceased and passed away from natural causes.

The patient has two sisters. They are well and in good health.

There is no known history of colon cancer, prostate cancer, or heart problems.

SOCIAL HISTORY:

Mr. Washington is a 65-year-old divorced male with three children.

The patient completed high school.

The patient consumes no alcohol and does not smoke.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

Physical Evaluation June 28, 2021 – Positive Findings:

General Appearance:

The patient is a 65-year-old right-handed male who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

Vital Signs:

Pulse:	75
Blood Pressure:	150/100
Height:	6'2"
Weight:	240

Cervical Spine:

Examination revealed tenderness to palpation with myospasm of bilateral paracervical musculature and left upper trapezius musculature. Tenderness and hypomobility was noted at C5 through C7 vertebral regions, worse at left facet joints.

Left shoulder depression test was positive.

Ranges of motion for the cervical spine were decreased and painful. Please see formal ranges of motion study attached.

Shoulders & Upper Arms:

Examination revealed tenderness to palpation with muscle guarding of left supraspinatus and periscapular musculature. Tenderness at left subacromial bursa and left acromioclavicular joint and left subdeltoid bursa. Tenderness at biceps brachii insertion.

Apprehension test and Hawkins test was positive at the left shoulder.

Ranges of motion for the shoulders, right normal, left shoulder decreased and painful. Please see formal ranges of motion study attached.

Elbows & Forearms:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the elbow bilaterally.

Tenderness is not present over the lateral epicondyle, medial epicondyle and cubital tunnel bilaterally. Tenderness is not present over the flexor muscle group and extensor muscle group of the forearm bilaterally.

Valgus and Varus Stress Tests are negative. Cozens' (resisted wrist extension) and Golfers' (resisted wrist flexion) tests are negative bilaterally.

Tinel's sign at the right elbow and left elbow is negative.

Ranges of motion for the right and left elbows were accomplished without pain and spasm and were as follows:

Elbow Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the wrists and hands.

Tenderness is not present over the volar and dorsal crease of the wrist bilaterally. Tenderness is not present over the carpal tunnel and carpals bilaterally. There is no tenderness over the distal ulna and radius bilaterally. There is no tenderness noted over the anatomical snuff

box and triangular fibrocartilage complex bilaterally. There is no mechanical block noted during ranges of motion of the wrist. There is no tenderness over the thenar hand musculature, hypothenar hand musculature and intrinsic hand musculature bilaterally.

Tinel's sign, Finkelstein's test, Phalen's test and reverse Phalen's test are negative bilaterally.

Ranges of motion of the right wrist and left wrist were accomplished without pain, spasm and weakness.

Wrist Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

Fingers:

Right fifth digit exam showed flexion deformity at PIP secondary to blunt trauma in high school.

Ranges of motion of the fingers were grossly within normal limits.

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: 10/8/4
Right: 8/8/6

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid *(C5)*, Biceps *(C5)*, Triceps *(C7)*, Wrist Extensor *(C6)*, Wrist Flexor *(C7)*, Finger Flexor *(C8)* and Finger Abduction *(T1)* motor testing is normal and 5/5 bilaterally **with the exception of deltoid left 4/5, other myotomes 5/5.**

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps *(C5, C6)*, Brachioradial *(C5, C6)* and Triceps *(C6, C7)* deep tendon reflexes are normal and 2/2 bilaterally.

Sensory Testing:

C5 *(deltoid)*, C6 *(lateral forearm, thumb & index finger)*, C7 *(middle finger)*, C8 *(little finger & medial forearm)*, and T1 *(medial arm)* dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel **with the exception of dysesthesia at right C5, C6 dermatomal levels.**

Upper Extremity Measurements in Centimeters		
Measurements	Left	Right
Biceps	**30**	**30.5**
Forearms	**23**	**23.5**

Thoracic Spine:

Examination revealed tenderness to palpation with muscle guarding of bilateral parathoracic musculature. Tenderness and hypomobility was noted at T11 to T12 vertebral regions.

Kemp's test was positive.

Ranges of motion for thoracic spine were decreased and painful. Please see formal ranges of motion study attached.

Lumbar Spine:

Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at bilateral sacroiliac joints and sciatic notches. Tenderness and hypomobility at L3 through L5 vertebral regions.

Milgram's test, patient was unable to perform due to lower back pain.

Sacroiliac joint compression tests were positive bilaterally.

Straight Leg Raising Test (supine / seated) elicited increased lower back pain.

Right: 60 degrees.
Left: 60 degrees.

Ranges of motion for lumbar spine were decreased and painful. Please see formal ranges of motion study attached.

Hips & Thighs:

Examination of the hips and thighs revealed tenderness to palpation at bilateral greater trochanters.

Patrick Fabere tests were positive bilaterally.

Ranges of motion of both hips were decreased and painful, measured as follows.

Hip Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	120	**80**	**80**
Extension	30	**20**	**20**
Abduction	45	**25**	**25**
Adduction	30	**20**	**20**
External rotation	45	**30**	**30**
Internal rotation	45	**25**	**25**

Knees & Lower Legs:

Examination revealed swelling at right lateral and left medial joint lines.

Tenderness to palpation at bilateral medial and lateral joint lines.

McMurray's test is positive bilaterally. Apley's compression test is positive bilaterally.

Range of motion for both knees were decreased and painful measured as follows.

Knee Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	135	**105**	**110**
Extension	0	0	0

Ankles & Feet:

Left Ankle & Foot:

Examination of left ankle and foot did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons *(medial ankle-plantarflexion & inversion*).

Anterior drawer test, posterior drawer test and Tinel's sign are negative. The dorsalis pedis pulses are present and equal.

Right Ankle & Foot:

Examination revealed healed postsurgical scar at right lateral ankle along the lateral malleolus secondary to internal fixation in 1980.

Ranges of motion for the right ankle were decreased and painful, measured as follows.

Ankle Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	**15**
Ankle Plantar Flexion	50	50	**35**
Inversion (Subtalar joint)	35	35	**25**
Eversion (Subtalar joint)	15	15	**15**

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

Ankle Dorsiflexion *(L4)*, Great Toe Extension *(L5)*, Ankle Plantar Flexion *(L5/S1)*, Knee Extension *(L3, L4)*, Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5 **with the exception of knee flexion right 4/5, other myotomes 5/5.**

Squatting is positive for back pain and bilateral knee pain.

Heel and toe walking is positive for bilateral knee pain and difficult to perform.

Antalgic gait favoring right lower extremity.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle *(Achilles-S1)* and Knee *(Patellar Reflex-L4)* deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 *(anterior thigh)*, L4 *(medial leg, inner foot)*, L5 *(lateral leg and midfoot)* and S1 *(posterior leg and outer foot)* dermatomes are intact bilaterally upon testing with a pinwheel **with the exception of hypoesthesia at right S1 dermatomal level.**

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

Lower Extremity Measurements Circumferentially & Leg Length in Centimeters		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	**49.5**	**50**
Calf - at the thickest point	**38**	**38.5**
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	**105**	**105**

REVIEW OF RECORDS:

Please see Addendum 1 section of this report.

Diagnostic Impressions:

1. Closed head trauma, S09.90XA.
2. Cervical spine sprain/strain, S13.4XX.
3. Cervical facet-induced versus discogenic pain, M53.82.
4. Cervical radiculitis right, M54.12.
5. Thoracic spine myofasciitis, M79.1.
6. Thoracic facet-induced versus discogenic pain, M54.6.
7. Lumbar spine myofasciitis, M79.1.
8. Bilateral sacroiliac joint dysfunction, sprain/strain, M53.3.
9. Lumbar facet-induced versus discogenic pain, M47.816.
10. Lumbar radiculitis, M54.16.
11. Left shoulder tenosynovitis/bursitis, M75.52.
12. Left shoulder rotator cuff tear, rule out, M75.102.
13. Left shoulder impingement syndrome, M75.42.
14. Right hand fifth digit flexion deformity, M21.241.

15. Bilateral hip trochanteric bursitis, M70.62.

16. Bilateral knee internal derangement, M23.92.

17. Right ankle status post fracture, post-surgery in 1980, S82.91XA.

18. Hypertension, I10.

19. Congestive heart failure, I50.9.

20. Cholesterolemia.

21. Cancer of the kidneys

22. Multiple internal medical conditions.

SUMMARY, CONCLUSIONS & RECOMMENDATIONS:

The patient **needs to see:**

- **Internist for evaluation of internal medical issues.**
- **Neurologist for evaluation of closed head trauma.**
- **Oncologist for evaluation of kidney cancer**
- **Psychiatric vs Psychological evaluation.**

AMA Impairment , 5th Edition Analysis, Causation, Pre and Post Subsequent Injury Apportionment, Maximum Medical Improvement, Work Restrictions and Discussions:

Cervical Spine

With regards to cervical spine, there were injuries secondary to the September 2017 industrial injury.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation is secondary to the September 2017 industrial injury as discussed within this report and summarized in the "discussion section." I reserve the right to change my opinions should additional medical records come forward.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within a reasonable medical probability this patient has reached maximum medical improvement and is permanent and stationary with regards to Cervical Spine following the September 2017 pre-existing injury. This patient had issues with prior to the subsequent injury. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition/injury affected the patient's ability to work in a demonstrative way that included prolonged posturing.

B) **Following the subsequent Work Injury:** No worsening.

Patient qualifying DRE category II, 5% whole person impairment by referencing table 15-5 on page 392 due to asymmetric loss of range of motion.

Permanent Work Restrictions currently:

No prolonged posturing with head and neck.

Apportionment:

Based upon currently available information, I apportion causation for cervical spine 100% to the pre-existing September 2017 industrial injury as discussed within this report and summarized in the "discussion section". I reserve the right to change my opinions should additional medical records and diagnostic studies come forward.

Diagnostic Studies Recommended to further evaluate nature and extent of injury.

- MRI: Cervical spine MRI.

Thoracic and Lumbar Spine

With regards to Thoracic and Lumbar Spine, there were injuries secondary to CT 04/02/2003 through 04/02/2004 as well as the continuous traumas as listed from 03/03/2016 through 03/12/2018 & 03/03/2016 through 03/20/2018.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation is secondary to pre-existing conditions/injuries that were aggravated due to subsequent injury of continuous trauma of 03/03/2016 through 03/12/2018 & 03/03/2016 through 03/20/2018 as discussed within this report and summarized in the "discussion section." I reserve the right to change my opinions should additional medical records come forward.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within reasonable medical probability this patient's preexisting condition reached maximum medical improvement/permanent and stationary status with regards to thoracolumbar spine prior to the time of the subsequent injury of continuous trauma from 03/03/2016 through 03/12/2018 & 03/03/2016 through 03/20/2018. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition injury affected the patient's ability to work in a demonstrative way. This patient continued to have back pain and difficulty with heavy lifting and repetitive bending, twisting.

B) **Following the subsequent Work Injury:** It is within a reasonable medical probability this patient has reached maximum medical improvement and is permanent and stationary with regards to Thoracolumbar Spine following the subsequent injury of continuous trauma from 03/03/2016 through 03/12/2018 & 03/03/16 through 03/20/2018. It is within reasonable medical probability that the patient's subsequent injury is compensable and labor disabling with a permanent partial disability.

Thoracic spine: Patient qualifying for DRE category II, 5% whole person impairment by referencing table 15-4 on page 384 due to asymmetric loss of range of motion.

Lumbar Spine: Patient qualifies for DRE category II, 5% whole person impairment due to history and physical examination findings compatible with injury, muscle guarding on the exam, and asymmetric loss of motion by referencing Table 15-3 on page 384.

Spine total impairment 15% whole person impairment by combining cervical, thoracic and lumbar spine impairment.

Permanent Work Restrictions currently:

No heavy lifting, no repeated bending and twisting.

Apportionment:

Based upon currently available information, I apportion causation for thoracic and lumbar spine 50% due to preexisting conditions resulting from the 04/02/2003 through 04/02/2004 continuous trauma and 50% to the subsequent injury of continuous trauma from 03/03/2016 through 03/12/2018 and 03/03/12 through 03/20/2018 as discussed within this report and summarized in the "discussion section". I reserve the right to change my opinions should additional medical

records and diagnostic studies come forward. From what I see both continuous trauma claims from 03/03/2016 through 03/12/2018 and 03/03/12 through 03/20/2018 are for the same employer and same body parts and only 8 days difference in length of CT. In my opinion, they are both inextricably intertwined.

Diagnostic Studies Recommended to further evaluate nature and extent of injury.

- MRI: Lumbar spine.

Left Shoulder

With regards to Left Shoulder, there were injuries secondary to the September 2017 industrial injury.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation is secondary to pre-existing conditions/injuries from September 2017 as discussed within this report and summarized in the "discussion section." I reserve the right to change my opinions should additional medical records come forward.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within a reasonable medical probability this patient has reached maximum medical improvement and is permanent and stationary with regards to Left Shoulder following the injury dated September 2017. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition/injury affected the patient's ability to work in a demonstrative way that included using his left shoulder for above shoulder work.

B) **Following the subsequent Work Injury:** The patient didn't aggravate his shoulder due to the subsequent injury.

Left shoulder range of motion, 16% upper extremity impairment by referencing figures 16-40, 16-43 and 16-46 on pages 476-477 and 479 or 10% whole person impairment by referencing table 16-3 on page 439.

Permanent Work Restrictions currently:

No repeated overhead work with left arm.

Apportionment:

Based upon currently available information, I apportion causation for left shoulder 100% to the pre-existing injury of September 2017 as discussed within this report and summarized in the "discussion section". I reserve the right to change my opinions should additional medical records and diagnostic studies come forward.

Diagnostic Studies Recommended to further evaluate nature and extent of injury.

- X-rays: Left shoulder.

Right Hand Fifth Digit

With regards to right hand fifth digit, there were injuries as a result of the high school injury resulting in injury to right hand fifth digit.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation is secondary to the result of the high school injury as discussed within this report and summarized in the "discussion section." I reserve the right to change my opinions should additional medical records come forward.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within reasonable medical probability this patient's preexisting condition reached maximum medical improvement/permanent and stationary status with regards to the right hand fifth digit injury, patient had problems because of that injury from high school. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition/injury affected the patient's ability to work in a demonstrative way that included forceful grasping.

B) **Following the subsequent Work Injury:** The patient's right hand fifth digit was not worsened due to the patient's subsequent work injuries.

Permanent Work Restrictions currently:

No Forceful gripping, grasping, torquing.

Apportionment:

Based upon currently available information, I apportion causation for right hand fifth digit 100% to the pre-existing high school injury as discussed within this report and summarized in the

"discussion section". I reserve the right to change my opinions should additional medical records and diagnostic studies come forward.

Diagnostic Studies Recommended to further evaluate nature and extent of injury.

- X-rays: Right hand fifth digit.

Bilateral Hip

With regards to bilateral hips, there were injuries occurring due to continuous trauma from 04/02/2003 through 04/02/2004 as well as continuous trauma from 03/03/2016 through 03/12/2018 & 03/03/12 through 03/20/2018.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation is secondary to a pre-existing conditions/injuries of continuous trauma from 04/02/2003 through 4/2/2004 that were aggravated due to subsequent injury continuous trauma from 03/03/2016 through 3/12/2018, and 03/03/16 through 03/20/2018 as discussed within this report and summarized in the "discussion section." I reserve the right to change my opinions should additional medical records come forward.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within reasonable medical probability this patient's preexisting condition due to continuous trauma from 04/02/2003 through 04/02/2004 reached maximum medical improvement/permanent and stationary status with regards to Bilateral Hips prior to the time of the subsequent injury of CT 03/03/2016 through 3/12/2018 and 03/03/16 through 03/20/2018. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition(s)/injury(ies) affected the patient's ability to work in a demonstrative way of prolonged weightbearing or prolonged climbing.

B) **Following the subsequent Work Injury:** It is within a reasonable medical probability this patient has reached maximum medical improvement and is permanent and stationary with regards to bilateral hips following the subsequent injury of continuous trauma from 03/03/2016 through 03/12/2018 and 03/03/2016 through 03/20/2018. It is within reasonable medical probability that the patient's subsequent injury is compensable and labor disabling with a permanent partial disability.

Right hip range of motion, 10% lower extremity impairment by referencing table 17-9 on page 533 due to mild flexion, extension, internal and external rotation, abduction impairment or 4% whole person impairment by referencing table 17-3 on page 527.

Left hip ranges of motion, 10% lower extremity impairment by referencing table 17-9 on page 533 due to mild flexion, extension, internal and external rotation, abduction impairment or 4% whole person impairment by referencing table 17-3 on page 527.

Permanent Work Restrictions currently:

No prolonged standing or walking, climbing or heavy squatting.

Apportionment:

Based upon currently available information, I apportion causation for bilateral hips 50% due to preexisting continuous trauma from 04/02/2003 to 04/02/2004 and 50% to continuous trauma from 03/03/2016 through 03/12/2018 and 03/03/2016 through 03/20/2018 subsequent injury as discussed within this report and summarized in the "discussion section". I reserve the right to change my opinions should additional medical records and diagnostic studies come forward. From what I see both continuous trauma claims from 03/03/2016 through 03/12/2018 and 03/03/12 through 03/20/2018 are for the same employer and same body parts and only 8 days difference in length of CT. In my opinion, they are both inextricably intertwined.

Diagnostic Studies Recommended to further evaluate nature and extent of injury.

- X-rays: Bilateral hips.

Bilateral Knees

With regards to bilateral knees, there were injuries secondary to preexisting injuries of 4/15/2004 as well as continuous trauma from 04/02/2003 through 04/02/2004 as well as subsequent work injuries of continuous trauma from 03/03/2016 through 03/12/2018 and 03/03/2016 through 03/20/2018 industrial injury resulting in injury to bilateral knees.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation is secondary to pre-existing conditions/injuries 4/15/2004 as well as continuous trauma from 04/02/2003 through 04/02/2004 that were aggravated due to subsequent injury of continuous trauma 03/03/2016 through 3/12/2018 and 03/03/2016 through 03/20/2018 as discussed within this report and summarized in the "discussion section." I reserve the right to change my opinions should additional medical records come forward.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within reasonable medical probability this patient's preexisting condition reached maximum medical improvement/permanent and stationary status with regards to Bilateral Knees prior to the time of the subsequent

injury. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition(s)/injury(ies) affected the patient's ability to work in a demonstrative way that included repetitive squatting /climbing/kneeling and walking over uneven ground.

B) **Following the subsequent Work Injury:** It is within a reasonable medical probability this patient has reached maximum medical improvement and is permanent and stationary with regards to knees following the subsequent injury dated subsequent injury of continuous trauma 03/03/2016 through 3/12/2018 and 03/03/2016 through 03/20/2018. It is within reasonable medical probability that the patient's subsequent injury is compensable and labor disabling with a permanent partial disability.

Right knee muscle function deficit impairment is 12% lower extremity impairment by referencing table 17-7 and 17-8 on page 531-532 due to grade IV strength deficit of flexion of the knee or 5% whole person impairment by referencing table 17-3 on page 527.

Left knee 0% range of motion impairment.

Permanent Work Restrictions currently:

No repeated squatting, kneeling, or climbing.

Apportionment:

Based upon currently available information, I apportion causation for bilateral knees 50% due to preexisting 4/15/2004 and continuous trauma from 04/02/2003 to 04/02/2004 injuries and 50% to continuous trauma from0 3/03/2016 through 03/12/2018 and 03/03/2016 through 03/20/2018 subsequent injury as discussed within this report and summarized in the "discussion section". I reserve the right to change my opinions should additional medical records and diagnostic studies come forward. From what I see both continuous trauma claims from 03/03/2016 through 03/12/2018 and 03/03/12 through 03/20/2018 are for the same employer and same body parts and only 8 days difference in length of CT. In my opinion, they are both inextricably intertwined.

Diagnostic Studies Recommended to further evaluate nature and extent of injury.

- MRI: Bilateral knees

Right Ankle

With regards to right ankle, there were injuries as a result of a pre-existing injury around circa 1980. There were issues preexisting to subsequent injury, and after subsequent injury nothing worsened. It was not part of the subsequent injury.

Causation: As per currently available medical records and history as per the patient, it is within reasonable medical probability that causation for right ankle is secondary to a pre-existing conditions/injuries.

Impairment Rating/Permanent & Stationary Status:

A) **Preexisting the subsequent work injury:** It is within reasonable medical probability this patient's preexisting condition reached maximum medical improvement/permanent and stationary status with regards to right ankle prior to the time of the subsequent injury. It is within reasonable medical probability the patient's condition was labor disabling prior to subsequent injury with a permanent partial disability as the pre-existing condition(s)/injury(ies) affected the patient's ability to work in a demonstrative way that included walking over uneven ground.

B) **Following the subsequent Work Injury:** The right ankle wasn't affected by the subsequent injury.

Right ankle range of motion is 7% lower extremity impairment by referencing table 17-11 on page 537 due to mild impairment of plantar flexion and extension of the ankle or 3% whole person impairment by referencing table 17-3 on page 527.

Permanent Work Restrictions currently:

No running, jumping and no prolonged weight bearing, walking over uneven ground.

Apportionment:

Based upon currently available information, I apportion causation for right ankle 100% due to the right ankle fracture that occurred in 1980s as discussed within this report and summarized in the "discussion section". I reserve the right to change my opinions should additional medical records and diagnostic studies come forward.

Right lower extremity total impairment is 23% by combining 12% knee impairment with 10% hip impairment with 3% ankle impairment **or 9% whole person impairment** by referencing table 17.3 on page 527.

Left lower extremity, 10% lower extremity impairment due to hip impairment or 4**% whole person impairment** by conversion.

Bilateral lower extremity total impairment is 31% by combining 23% right lower extremity impairment with 4% left lower extremity impairment **or 12% whole person impairment** by referencing table 17-3 on page 527.

Total Calculated Whole Person Impairment Rating:

Please note, this AMA impairment analysis does not include specialists such as psych, internist, ophthalmologist, general surgeon, neurologist nor dermatologist nor any other medical specialists that may need to evaluate this patient in regards to their SIF case.

*** Total calculated whole person impairment is 35% by combining 15% spinal impairment with 10% upper extremity whole person impairment with 12% lower extremity whole person impairment with 3% pain add-on impairment.**

Permanent and Stationary Status:

The patient's condition is Permanent and Stationary.

Subjective Factors of Disability:

The subjective factors of disability consist of:

Neck:

The pain is moderate, and the symptoms occur intermittently, in the neck. There is cracking and grinding of the neck with range of motion and twisting and turning the head and neck. The pain is aggravated with flexing or extending the head and neck, turning his head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting, and carrying greater than 5-10 pounds, and working or reaching at or above shoulder level. The patent has difficulty falling asleep and is often awakened during the night by neck pain. There is occasional stiffness in his neck. His pain level varies throughout the day.

Pain medication, heating pads, ice packs, physical therapy, acupuncture treatments, and pain medication provide his pain improvement, but he remains symptomatic.

Left Shoulder:

The pain is moderate, and the symptoms occur intermittently. There is radiating pain. The numbness and tingling in the hands and fingers awaken him at night. He complains of stiffness and experiences increased pain with repetitive motion of the arms/shoulders, the pain is

aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting and carrying greater than 3-5 pounds, and repetitive use of the left/right upper extremity. His pain level varies throughout the day depending on activities. He has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

Mid & Lower Back:

The pain is moderate, and the symptoms occur occasionally in the Mid and lower back, which increases becoming sharp and stabbing. The pain radiates down his buttocks and hips. The pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 pounds, going from a seated position to a standing position and twisting and turning at the torso. The patient denies experiencing bladder or bowel problems. He does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting his/her activities. He walks with a limp due to his/her low back symptoms. Pain medication, heating pads, ice packs, physical therapy, acupuncture treatments, and pain medication provide his pain improvement, but he remains symptomatic.

Bilateral Hips:

The pain is moderate, and the symptoms occur occasionally. His pain increases with moving his leg or getting up from a seated position. He has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities.

Bilateral Knees:

The pain is moderate, and the symptoms occur frequently, in both knees. The pain increases with flexing, extending, prolonged standing and walking, going up and downstairs, bending, stooping, squatting, and walking on uneven surfaces or slanted surfaces. There is popping and grinding in the left knee, and he experiences buckling episodes in his left knee. He has lost her balance as a result of the buckling. He has episodes of swelling in the knees. He is unable to kneel and squat. He has difficulty ascending and descending stairs and walks with an uneven gait.

Right Ankle/foot:

The pain is intermittent to frequent and slight to moderate increasing with prolonged walking, standing, forceful pushing/pulling, heavy squatting and repetitive climbing or walking up/down stairs.

Psyche:

The patient has continuous of anxiety, stress, and depression due to chronic pain and disability status. He denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. He feels fatigued through the day and finds himself lacking concentration and memory at times. He worries about his medical condition and the future.

The patient's condition has worsened due to continued work, lack of medical treatment, and activities of daily living.

Objective Factors of Disability:

With regard to cervical spine, the objective factors of disability consist of:

1. **Palpatory tenderness.**
2. **Decreased and painful ranges of motion.**
3. **Muscle guarding on the exam.**

With regard to thoracic spine, the objective factors of disability consist of:

1. **Palpatory tenderness.**
2. **Muscle guarding on the exam.**
3. **Decreased and painful ranges of motion.**

With regard to lumbar spine, the objective factors of disability consist of:

1. **Palpatory tenderness.**
2. **Decreased and painful ranges of motion.**
3. **Muscle guarding on the exam.**

With regard to Right shoulder, the objective factors of disability consist of:

1. **Painful ranges of motion.**
2. **Abnormal orthopedic testing.**
3. **Decreased muscle function of the right shoulder.**

With regard to knee, the objective factors of disability consist of:

1. **Palpatory tenderness.**
2. **Decreased and painful ranges of motion.**
3. **Right lateral ankle lateral malleolus secondary to internal fixation in 1980.**

Vocational Rehabilitation Benefits:

Deferred at this time pending other medical evaluations as needed.

CONCLUSIONS:

I have reviewed Labor Code 4751 and there appears to be adequate evidence to conclude, with reasonable medical probability, that Mr. Washington meets initial SIBTF criteria.

1. There does appear to be adequate evidence to conclude with reasonable medical certainty that Mr. Washingtonhad previous partial disability as per the work restrictions outlined by the undersigned.

2. The combined effect of the preexisting impairment and the impairment due to the subsequent injury is likely to result in a permanent disability equal to, or greater than, 70%.

3. The permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or age of the employee, exceeds the 35% threshold for Labor Code 4751.

REASONS FOR OPINIONS:

1. The consistency of the mechanism of injury with the patient's complaints and the consistency of the patient's description of injuries in relation to the submitted medical records.

2. Review of available medical records.

3. Perceived credibility of Mr. Washington and his internally consistent statements and physical action.

4. My experience in treating similar patients and injuries over the past 20 years.

LC 4751 Compensation for specified additions to permanent partial disabilities

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.

DISCLOSURE STATEMENT

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 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628 (b)): I declare that the history was taken by Kim Smith and I personally reviewed the history with the patient (essentially the history was taken twice), I performed the physical examination, reviewed the document and reached a conclusion. The names and qualifications of each person who performed any services in connection with the report are Dr. Mayya Kravchenko, D.C., who assisted with assembly of components of this report which was transcribed by Acu Trans Solution, LLC, edited for formatting, grammar and spelling by Kim Smith, Medical Editor 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 subdivision (j) of Section 139.2.

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

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.

Sincerely,

Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 3 th day of ~~Month~~ August 2021, in Los Angeles, California.

ADDENDUM 1 - REVIEW OF RECORDS

Received medical records totaling 190 pages. The total length of time for review of these records was 4.75 hours.

1. I reviewed the entire medical file with all pertinent patient information. I have reviewed my initial history, examination and medical file.

2. January 04, 2021, Cover Letter for AME Evaluation in Chiropractic Specialty, Natalia Foley, Esq: Dr. Gofnung was in receipt of a letter dated January 04, 2021 from the Workers Defenders Law Group requesting him to evaluate the patient and to review the attached medical records. He was selected to act in the capacity of AME (Agreed Medical Evaluator) in regard to the patient's Subsequent Injury Benefit Trust Fund Claim in chiropractic specialty. He was specifically asked to provide a medical legal evaluation in his area of expertise as chiropractic doctor.

   He was requested to address the following issues in this case.

   a) Please provide a medical legal evaluation and address the issue of causation (AOE/COE) of any injury within your area specialty. Specifically, it is requested that a determination be made regarding any pre-existing medical issues and disability within your area of specialty that were present at the time of the subsequent industrial injury.

   b) Please provide a permanent impairment rating per the AMA guides 5th edition and address the issue of apportionment. Specifically, it is requested that you provide a determination as to the percentage of cause of disability to a pre-existing condition present at the time of the subsequent industrial injury, any contribution from the industrial injury(ies) and any further natural progression, which occurred after the industrial injury.

      Please cover in your report the following topics:

      - Subjective complaints
      - Objective factors or findings
      - Current diagnosis
      - Occupational history
      - Past medical history

- Prior injury
- Pre-existing labor disabling condition
- Prior injuries causation
- Rating of pre-existing labor disabling conditions
- Pre-existing work restrictions
- History of subsequent injuries
- Impairment rating of subsequent injuries
- Subsequent injuries causation
- Apportionment
- Disability status & permanent work restrictions
- Activities of daily living

a) Please answer within the scope of your specialty:

- Did the worker have an industrial injury?
- Did the industrial injury rate to a 35% disability without modification for age and occupation?
- Did the worker have a pre-existing labor-disabling permanent disability?
- Did the pre-existing disability affect an upper or lower extremity or eye?
- Did the industrial permanent disability affect the opposite or corresponding body part?
- Is the total disability equal to or greater than 70% after modification?
- Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?
- Is the employee 100% disabled from the industrial injury?

c) In order to facilitate your evaluation, we provide medical records for the patient in our possession according to the exhibit list attached. If you need any additional testing, please advise so. If you believe that the applicant has health issues outside of your specialty, please defer these issued to the medical doctors of appropriate specialty, please indicate what specialty is recommended.

3. December 27, 2020, Comprehensive Review of the Case: This SIF case was filed on behalf of the patient who had worked for Albertson as a Truck Driver from 2003 to 2019.

Industrial Injuries: During the course of the patient's employment, he was injured at several occasions. His first industrial injury was dated 04/15/2004 (specific injury) and orthopedic CT 04/02/2003 – 04/02/2004, where injured parts included knee, hip, and nervous system. These injuries were resolved by stipulation and award in 2005, which was reflected on EAMS as follows:

WCAB	DOI	Resolution	Body Parts
ADJ3150058	04/15/2004	STIP 08/02/2005	Knee (patella)
ADJ1064126	CT: 04/02/03-04/02/04	„	Hip(s), knee (patella)
ADJ6834302	05/08/2009	„	Neck, nervous system, other body systems

All of the above cases were resolved by STIP 08/02/2005

The patient continued to work for the same employer until he was injured again in 2017. EAMS has the following records of his industrial injury.

WCAB	DOI	Resolution	Body Parts
ADJ11701414	11/12/15-11/12/18	C&R 03/26/19	Body system; circulatory system; other body systems;
ADJ11233336	09/07/2017	„	Neck; shoulder(s)
ADJ11233298	03/03/16-03/12/18	„	Back; lower extremities; other body systems
ADJ11243148	03/03/16-03/20/18	„	Back; lower extremities; other body systems
ADJ11998479	03/06/18-03/12/18		Head, not specified; nervous system

In addition to his industrial injuries, he had the following pre-existing partially disabling conditions that pre-dated his industrial injury.

- Industrial injury to the psych in 1988, ADJ3815111, discrimination and harassment related
- Non-industrial congestive heart failure

- Non-industrial right ankle fracture that occurred while playing football when was a young adult
- High blood pressure
- Constant headaches
- Chest pain, difficulties in breathing
- Serious bodily inquiries and traumatic brain injury as a result of vicious attach and severe beating by ten people at the age of about 25
- Gout diagnosis
- Arthritis diagnosis
- Mental state psychopathology manifested in major depressive disorder, stress, anxiety, post-traumatic stress disorder, memory loss due to difficult personal life circumstances, divorce filing for bankruptcy twice, paying child support for three kids, due to persistent discriminatory treatment at many areas of his life
- Decreased vision issues
- Gastrointestinal hemorrhage
- Diverticulosis of colon
- Internal hemorrhoid
- Obesity
- Hyperlipidemia
- History of kidney cancer
- History of partial nephrectomy
- Irritable bowel syndrome
- Iron deficiency anemia
- Obstructive sleep apnea.

All of the above diseases, injuries and conditions resulted in significant pain, limiting the patient's ability to participate in the labor market. He was unable to find any other occupation that would allow him to earn living without working through pain thus he continued his regular duty suffering pain every day of his work. Specifically his internal medical conditions such as hemorrhoid, gout, arthritis, irritable bowel syndrome, sleep apnea were making his job as truck driver much more difficult, and the underlying pre-existing conditions were aggravated.

Debilitating Pre-existing Condition of Arthritis and Gout: The patient's arthritis was severe enough to prevent him from being able to do any other work on the labor market except the work of a driver, where his movements were limited. Yet even these limited movements were causing him agonizing pain. Taking in consideration, he was actually diagnosed with gout as pre-existing condition, it made his impairment even more significant, because gout is a complex and painful form of arthritis. Many people diagnosed with gout could get out of the bed when their symptom was at its worst. It was understood; however, that each

person experiences this differently. He appeared to be a strong man capable of handling his pain and continued with his job for as long as it was possible for him, being effectively precluded from any other segments of the labor market due to his pain related to arthritis.

Debilitating Internal Hemorrhoid and Irritable Bowel Syndrome Conditions: The patient had pre-existing condition of hemorrhoid that was never actually completely treated, and that continued to cause additional pain to him making him unable to fully participate in the labor market, and limiting his ability to earn living by doing the only trade he was capable of performing – being a truck driver. In addition to the pain related to his hemorrhoid, he was experiencing irritable bowel syndrome that was triggering the need to go to the restroom much more often than usual. This condition was labor disabling because there were not a lot of employers that would tolerate these constant trips to the restroom. In fact, his job as a truck driver was perhaps the only position where this particular physical disability was not so noticeable and he was able to manage his needs without disrupting his work process. Nonetheless, this specific disability was related to the significant psychological trigger of industrial stress injury, when he, during the course of his employment, was denied the ability to use a restroom.

Psychological Stress as Pre-existing Condition: The patient is a black man who was suffering from race discrimination though his life. He was always very an articulate man and when he faced any diminishing harassing and discriminatory treatment based on his race, he would always stand his ground and object. His first workers compensation case ADJ3815111 with date of injury 04/28/1988 was based on the racial discrimination mistreatment at work. All episodes of discrimination were hunting him for years to come causing depression, stress, and anxiety. His personal life situation was not really helpful to cure his depression either. He had three children from two different women, and was paying child support for three kids for the biggest part of this life. Even though he loved his kids and continued having good relationship with them, paying child support was not easy. He constantly experienced financial hardship during his life. He was forced to file for bankruptcy twice in his life. Considering physical disabilities of him, it was hard making a living for him especially when he was going through the kidney cancer treatment. As a result he was suffering from depression for years, yet due to stigma in his community attached to the psychological treatment, he was not seeking a therapy.

Pre-existing Traumatic Brain Injury: At the age of approximately 25 years the patient was a victim of severe beating by 10 people who attacked him at the public park. He received multiple body injuries, traumatic brain injury, and spent significant time in recovery. This brain injury resulted in a long-term consequence such as constantly feeling more tired, sad and anxious, getting frustrated or overwhelmed easily, often feeling irritated, having trouble concentrating, remembering, or focusing on tasks. Due to traumatic brain injury

that predated industrial injury, he suffered severe debilitating conditions including but not limited to persistent headache, repeated vomiting and nausea, weakness or numbness in fingers and toes, loss of coordination, profound confusion, agitation, and other disorders of consciousness. In addition, he developed significant cognitive (difficulties with attention, memory, communication, reasoning, and problem-solving), physical (weakness or lack of coordination in arms or legs, impaired vision, fatigue, sleep problems), emotional (vulnerability to depression, difficulty controlling anger or anxiety), and behavioral problems (being impulsive, difficulty initiating or sustaining behavior). His preexisting disability related to the traumatic brain injury was partially labor disabling as he was unable to participate in certain segments of a labor market.

Pre-existing Vision Disability: In addition to the industrial injury, the patient has had a vision disability resulted from degenerative causes and traumatic brain injury, high blood pressure, obesity, and congestive heart failure. He was experiencing blur vision that predated his industrial injury and was partially disabled because his vision blur disability was substantially limiting his major life activities such as driving, observing things clearly, working with the computer, and preparing reports.

Opposite and Corresponding Member Disability: Due to the sport accident at the age of 27, when the patient injured his right ankle on the football filed, he was limping and became partially disabled. This pre-existing condition was causing him pain and suffering that was limiting his normal functioning. Due to industrial injury at Albertson, he received his subsequent injury to his left lower extremity, including ankle and knee. Thus, the preexisting disability affected right lower extremity and the permanent disability from the subsequent injury that affected the opposite and corresponding member and was 5% or higher.

Industrial Conjunctive Heart Failure: Per the patient's request on 11/20/2018, an application for industrial CT in circulatory system was field to address his congestive heart failure based on his belief that his heart condition was aggravated by work due to his constant exposure to toxic chemicals at work, due to his significant stress related to the harassment and race discrimination, and due to lack of physical movement for many hours of work as a driver. He reported that he was experiencing for years the symptoms of shortness of breath, fatigue and weakness, swelling in his legs, rapid or irregular heartbeat, persistent cough or wheezing, weight gain from fluid retention, and lack of appetite and nausea. This industrial CT application was filed at the end of November, 2018. The defense made an offer that was accepted by him in March 2019, which prevented him to be fully examined and evaluated for the purposes of industrial nature of his congestive heart failure.

Industrial Discrimination and Related Depression, Anxiety and Post-traumatic stress disorder: The patient was subjected to race discrimination and harassing

work environment at Albertson, thus he filed application for cumulative injury in psych with date of injury 03/03/2016 - 03/12/2018. Due to frustration with the workers compensation process, serious reservations about going to a psychological treatment due to a stigma, he was not evaluated for this issue during his industrial workers compensation case and accepted an offer of settlement without determination of his psychological industrial impairment rating. However, it was his contention, that the combination of the psychological preexisting disability and the psychological disability from the subsequent industrial injury was greater than it would have resulted from the subsequent industrial injury alone.

Combined Effect: Based on the hereinabove, it was the patient's contention that the combined effects of the industrial injury and the prior disabilities and medical conditions resulted in an overall disability exceeding seventy percent (70%), and therefore additional benefits were payable by the Subsequent Injuries Benefit Trust Fund for the differential between the overall disability rating and the industrial disability rating.

Conclusion: Based on the hereinabove, the patient believed that he had qualified for SIP benefits under Labor Code 4751 (b) in that it was equal to or greater than a 35% standard rating before being adjusted for the occupation or age of the patient. He believed further that the combination of the preexisting disability and the disability from the subsequent industrial injury was greater than that which would have resulted from the subsequent industrial injury alone, and that his combined permanent disability rate was 70% or more. In addition, the subsequent injury qualified for SIF benefits under Labor Code 4751 (a) in that it affected an extremity and was equal to or greater than a 5% standard rating before being adjusted for the occupation or age of the patient and he had pre-existing disability in an equal and opposite extremity.

4. March 12, 2018, Workers' Compensation Claim Form (DWC-1): The patient alleged that he sustained a cumulative injury from 03/06/18 to 03/12/18. He was denied use of restroom in harassing and discriminatory way, was slandered, which caused hostile work environment.

5. March 12, 2018, Workers' Compensation Claim Form (DWC-1): The patient alleged that he sustained a cumulative injury from 03/03/16 to 03/20/18. He suffered stress due to repetitive movement over period of time.

6. March 12, 2018, Workers' Compensation Claim Form (DWC-1): The patient alleged that he sustained a specific injury on 09/07/17. He claimed that sudden movement at work caused sharp neck pain.

7. March 13, 2018, Application of Adjudication of Claim: Case No: ADJ11233336. DOI: 09/07/2017. Body Parts: Neck and shoulders – scapula. Job Title: Driver. Mechanism of Injury: Sudden movement at work caused sharp neck pain.

8. March 13, 2018, Application of Adjudication of Claim: Case No: ADJ11233336. DOI: CT: 03/06/2018 to 03/12/2018. Body Parts: Head – not specified; nervous system – not specified. Job Title: Driver. Mechanism of Injury: The patient was denied use of restroom in harassing and discriminatory way was slandered, which caused hostile work environment, severe stress, humiliation, anxiety and depression.

9. March 20, 2018, Application of Adjudication of Claim: Case No: ADJ11243148: DOI: CT: 03/03/2016 to 03/20/2018. Body Parts: Back; other body systems; lower extremities – not specified. Mechanism of Injury: Stress and strain due to repetitive movement over period of time.

10. May 15, 2018, Primary Treating Physician's Basic Medical Legal Report, Harold Iseke, D.C.: DOI: CT: 03/03/16 to 03/12/18; CT: 03/06/18 to 03/12/18; 09/07/17. Job Description: The patient worked for Green Field Steakhouse from 03/04/2003 till same day as a driver class A. He worked more than 30 hours per week. His job duties included driving 18-wheeled truck, making deliveries on time and unloading delivery on site. His job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, grasping, gripping, working overhead and lifting of approximately up to 60 pounds. History of Injury: He stated that while employed with above noted employer as a driver class A, he developed symptoms of stress from March 03, 2016 to March 12, 2018 as well as sustaining a specific injury on September 07, 2017. 1) CT: 03/03/18 to 03/12/18: He 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 use of restroom, the delivery was then declined, which caused him problems with his employer and possibly jeopardized his position. Since then, he has had problems with sleeping, headaches and symptoms of anxiety. 2) Specific injury – 09/07/17: On that day, while stepping out of his truck, he slipped, twisted awkwardly and felt pain in neck and left shoulder. He reported the incident and was referred to a chiropractor (he chose the provider from the given list). He was initially seen on September 07, 2017. He received 7 chiropractic therapy sessions and noted improvement of symptoms. He was last seen by the chiropractor on November 29, 2017. He denied seeing any doctor or receiving any medical treatments for his symptoms since then. He self-medicated with over-the-counter analgesics to relieve his pain.

    Current Work Status: Full duty. He was working 8-12 hours per day, 5 days per week. Present Complaints: 1) Cervical Spine: Moderate and frequent neck pain with stiffness, associated with sudden or repetitive movements, lifting 10 pounds, looking up, looking down, and twisting. 2) Thoracic Spine: Frequent achy, stabbing upper/mid back pain and stiffness associated with sudden or repetitive movements, standing, walking, bending, twisting and squatting. 3) Lumbar Spine: Frequent moderate sharp low back

pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting, and squatting. 4) Sleep: There was complaint of loss of sleep due to pain. Past Medical History: High blood pressure; cancerous mass on his left kidney. He underwent a surgery to remove a portion of his kidney, due to a cancerous growth. Current Medications: He was taking medications amlodipine, losartan and Tylenol as needed for pain. Hospitalization: He stated that he had a sports-related injury, fractured his right ankle. He underwent a surgery and had placement of hardware. He had a family history of high blood pressure and cancer. ROS: Genitourinary: He had history of frequent urination; under care for kidney problem. Musculoskeletal: Difficulty walking due to chronic pain. ADLs: ADLs were reviewed. **Page 7 missing**. Lumbar Spine: Range of motion of the lumbar spine was decreased and painful. There was tenderness to palpation of the bilateral gluteus, bilateral sacroiliac joints, lumbar paravertebral muscles, spinous processes, and thoracolumbar junction. There was muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's was positive. Functional Testing: There was increased lower back pain with standing on heels and squatting.

Diagnoses: 1) Sprain of ligaments of cervical spine, initial encounter. 2) Cervicalgia. 3) Pain in thoracic spine. 4) Low back pain. 5) Sprain of ligaments of lumbar spine, initial encounter. 6) Chronic pain due to trauma. 7) Sleep disorder, unspecified. Impairment Rating: Deferred. The patient had not reached maximum medical improvement. Dr. Iseke would perform a reevaluation after his recommended treatment was implemented and the patient had reached MMI or permanent & stationary status. Causation: Dr. Iseke opined that the patient's current symptomatology was a result of a work-related accident on CT 03/03/16 – 03/12/18; CT 03/06/18 – 03/12/18; and 09/07/17. Apportionment: Deferred. Work Status/Restriction: He was working full duty. Recommendations: Acupuncture and shockwave therapy, once a week for 6 weeks.

11. July 09, 2018, Primary Treating Physician's Permanent and Stationary Report, Harold Iseke, D.C.: DOI: CT: 03/03/16 to 03/12/18; 09/07/17. HPI: Remained unchanged. History of Treatment: Initially, Dr. Iseke had seen the patient on May 15, 2018 for evaluation of his specific injury on September 07, 2017 and cumulative trauma injury sustained March 03, 2016 to March 12, 2018 while working as a driver for Albertsons Distribution Center. At the time of evaluation, he complained of moderate pain in the neck, middle and lower back. He was recommended with physical therapy, chiropractic treatment, acupuncture, extracorporeal shockwave therapy, and medications. At that time, it was Dr. Iseke's opinion that the patient's current symptomatology was a result of the specific injury on 09/07/17 and cumulative work-related injuries that occurred from 03/03/16 to 03/12/18. During that evaluation, he remained symptomatic despite the treatments provided to him. He was provided with 3 sessions of extracorporeal shockwave therapy to the cervical spine on 05/18/18, 05/25/18 and 06/01/18 and 2 sessions for the lumbar spine on 06/08/18 and 06/22/18. He was placed on temporary totally disability. Present Complaints: 1) Cervical Spine: Frequent moderate achy neck pain and stiffness associated with sudden or repetitive movement, lifting 10 pounds, looking up/down, and twisting. 2) Thoracic Spine: Frequent achy, stabbing upper/mid

back pain and stiffness associated with sudden or repetitive movements, lifting 10 pounds, and standing, walking, bending, twisting and squatting. 3) Lumbar Spine: Frequent moderate sharp low back pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, standing, walking and bending, kneeling, twisting and squatting.

ADLs: ADLs were reviewed. Review of Systems: Eyes: The patient had history of right lower eyelid weakness. He had an appointment this week. Cardiovascular: He had history of hypertension. Endocrine: He had history of cancerous mass on the left kidney. Physical Examination: BP: 189/114 mmHg. Cervical Spine: Range of motion was decreased and painful. Positive Cervical Compression test. Thoracic Spine: Range of motion was decreased and painful. There was tenderness to palpation over the bilateral trapezii, spinous processes, thoracic paravertebral muscles, and thoracolumbar junction. There was muscle spasm of the bilateral levator scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii, and thoracic paravertebral muscles. Kemp's test was positive. Lumbar Spine: Range of motion of the lumbar spine was decreased and painful. There was tenderness to palpation over the bilateral gluteus, bilateral sacroiliac joints, lumbar paravertebral muscles, spinous processes, and thoracolumbar junction. There were muscle spasms of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's was positive. 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: He had reached maximum medical improvement on July 09, 2018. Impairment Rating: Cervical spine: 6% WPI. Thoracic spine: 6% WPI. Lumbar spine: 6% WPI. Total spinal impairment: 17% WPI. Pain: 2% WPI. Total WPI: 19%.

Causation: Dr. Iseke opined that the claimed neck, mid and lower back injuries had industrial causation and was secondary to the specific injury on 09/07/17 and cumulative trauma injury from 03/03/16 to 03/12/18. Apportionment: No apportionment was indicated for nonindustrial factors. Work Restrictions: He had reached maximum medical improvement (MMI) on July 09, 2018. He could return to his previous occupation as a driver duty on modified duty with the following permanent work restrictions. In regard to his neck, mid and lower back, he was restricted from heavy lifting, squatting, stooping prolonged standing, sitting, kneeling, climbing, twisting, walking on uneven grounds, or other activities involving comparable physical effort. Future Medical Care: 1) Additional treatment, which might involve up to 24 sessions of physical therapy per year for an acute flare-up. 2) Acupuncture treatment was recommended. Medications prescribed by physicians might also be included. 3) Due to his residual neck, mid, and low back pain, he might require periodic orthopedic specialty evaluation, as well as medications, bracing, injections, and even additional diagnostic studies (including x-rays, diagnostic ultrasound, MRI scans, EMG/NCV studies, etc.), in order to monitor for potential progression of his industrially related injury/pathology. Moreover, orthopedic specialty consultations should also be provided for consideration of possible surgery if his symptoms significantly worsen and if so deemed appropriate and

necessary by the specialist at the time of said specialty consultation. The issue of future medical care should be evaluated on an annual basis.

12. August 08, 2018, History and Physical Notes, Trung Buu Nguyen, M.D.: Chief Complaint: Bilateral blepharochalasis, bilateral lower eyelid ectropion. PMH: 1) Essential hypertension. 2) Obesity. 3) History of duodenal ulcer. 4) Chronic kidney disease stage 3. 5) Hyperlipidemia. PSH: 1) Nephrectomy, left, April 04, 2017. 2) Hemorrhoidectomy. 3) Right ankle surgery. Medications: 1) Cephalexin 500 mg. 2) Tylenol #3. 3) Losartan 50 mg. 4) Allopurinol 100 mg. 5) Spironolactone 50 mg. 6) Atenolol 25 mg. 7) Vitamin D2 50,000 units. 8) Potassium chloride 10 mEq. 9) Amlodipine 10 mg. 10) Atorvastatin 40 mg. Allergies: Lisinopril (cough), thiazides (electrolyte abnormalities). ROS: Gastrointestinal: History of hemorrhoidectomy. Genitourinary: History of partial nephrectomy. Musculoskeletal: History of joint pain. Physical Examination: BP: 171/96 mmHg. Eyes: Drooping eyelid/brows with peripheral obstructive vision. Everted bilateral lower eyelid. Diagnoses: Bilateral blepharochalasis and bilateral ectropion. Plan: Correction. He agreed to procedures and risks. He also agreed to blood product(s) transfusion if necessary; **GANN ACT** provisions discussed.

13. August 08, 2018, Nursing Notes, Diaz, Vanessa L, **RN**: Chief Complaint: The patient presented for pre-operative exam (surgery on 08/21/18 blepharoplasty and eyelid reconstruction). All medications and allergies were verified. Proactive care actions: He was due for Pneumovax vaccine. **Member** was informed. NPO (nothing by mouth) instructions given. Verbalized understanding.

14. August 21, 2018, Operative Report, Nguyen, Trung Buu M.D.: Pre & postoperative Diagnosis: Symptomatic blepharochalasis and ectropion. Postoperative Diagnosis: Same. Operation Performed: Bilateral upper blepharoplasty and correction of bilateral lower eyelid ectropion.

15. August 21, 2018, Discharge Summary, Nguyen, Trung Buu M, MD: Discharge Summary: Admission Date: August 21, 2018. Discharge Date: August 21, 2018. Diagnoses: 1) Right ectropion. 2) Bilateral blepharochalasis. Surgical Procedures: Blepharoplasty, bilateral upper eyelid reconstruction. Course of Hospital Stay: The patient underwent the above surgery. He did well post-operatively. Discharge Medications: Cephalexin and Tylenol #3. Disposition: He was discharged home in satisfactory condition. Wound Care: He was directed to not to remove the Steri-Strips. Activities: As tolerated. Follow up: One week in office.

16. August 26, 2018, ED Provider Notes, Joshua Scott Parnes, M.D.: HPI: The patient with chief complaint of left blepharoplasty repair with stitch rubbing on the eye. Swelling improving, no trauma. He was feeling it when he was blinking. Scheduled to have stitches removed next day. Review of Systems: Eyes: Positive for redness. Physical Exam: BP: 164/97. Weight: 249 lbs. Body Mass Index: 32.06 (obese). Eyes: Bilateral periorbital swelling with post-op swelling; he reported that the swelling had

significantly improved. ED Course: Patient with left eye pain due to suture overlying the cornea. Using sterile scissors, tail of sutures were cut and repositioned medially. He reported that eye pain had resolved. His BP was improved after medications were given in the am. Discharge Instructions: Followup as needed.

17. September 07, 2018, ED Provider Notes, Niva Patel, M.D.: Chief Complaints: 1) Shortness of breath and chest pain. HPI: The patient presented with constant moderate shortness of breath and chest pain. He reported that the symptoms had been worse over the last week. He did see his PCP who thought that he might have sleep apnea. They ordered some basic tests, which showed elevated Brain Natriuretic Peptide (BNP). He did have a history of hypertension and stated that his BP was higher than normal same day. Associated Symptom: Fatigue. PSH: 1) Robot assisted laparoscopic nephrectomy, left - April 04, 2017. 2) Hemorrhoidectomy. 3) Right ankle fracture status post repair, due to football injury - 1950. Allergies: 1) Lisinopril. 2) Thiazides. Review of Systems. Positive for leg swelling. Physical Exam: Pulmonary: Crackles bilaterally. Edema in bilateral lower extremities. ED Course: X-ray of the chest, EKG and labs were ordered. Administered Furosemide injection 40 mg, Labetalol injection 10 mg, and flu vaccine. Other Medication Administration: Potassium chloride oral pack 40 mEq. Assessment: 1) Congestive heart failure. 2) Hypokalemia. 3) Nontraumatic acute kidney injury. 4) Elevated troponin I. 5) Hypertensive urgency. Medical Decision Making: Patient with congestive heart failure: Labs showed mild hypokalemia of 3.1 as well as mild acute kidney injury. Troponin was elevated at 0.11; however, EKG showed no acute changes. Blood pressure was also severely elevated and thus a 10 mg of labetalol was given. Also given Lasix for his congestive heart failure as well as replaced his potassium with 40 mEq orally. He would be admitted to hospital for further care.

18. September 07 2018, Work Status Report, Niva Patel, M.D: Diagnoses: Congestive heart failure; hypertension, uncontrolled. Work Status: The patient was placed off work from 09/07/18 through 09/11/18. Full Duty: He was evaluated and deemed able to return to work at full capacity on 09/12/18. Patient Instructions: Followup as needed. He was recommended a low Sodium diet (2 gm Sodium) with 1500 ml fluid restriction per day. He should monitor and note weight daily morning.

19. September 09, 2018, Discharge Summary, Reuven Eli Kimmerling, M.D.: Admission Date: September 07, 2018. Discharge Date: September 09, 2018. Principal Problems: Chest pain; acute on chronic systolic congestive heart failure; essential hypertension. Other Problems: Iron deficiency anemia, chronic kidney disease stage 3 (GFR 30-59), hyperlipidemia, hypokalemia (K 2.6 on admission), history of kidney cancer, history of partial nephrectomy. Active Medications: Triamterene 50 mg oral, Furosemide 40 mg IV, Potassium Chloride 20 mEq oral, Atenolol 50 mg, Atorvastatin 40 mg, Losartan 50 mg, Spironolactone 50 mg, Allopurinol 100 mg, Sodium Chloride IV, Heparin 5,000 units, Aspirin 81 mg. Medications (taking as needed): Labetalol 10 mg IV, Hydralazine 10 mg IV, Carboxymethylcellulose 1 drop ophthalmic, Sodium Chloride IV, Ondansetron 4 mg IV, Lactulose 30 mL oral, Acetaminophen 325 mg oral, Clonidine HCL 0.1 mg oral, Nitroglycerin 0.4 mg sublingual, Potassium Chloride 20 mEq. Physical Exam: BP:

189-177/88-108 mmHg. Pulmonary: Diffuse crackles bilaterally. Extremities: 1+ pitting pretibial edema. Hospital Course Summary: Admitted with history of uncontrolled hypertension and hyperlipidemia. He was found to have chest pain and shortness of breath with elevated blood pressure of 190/100. Workup to include chest x-ray showing congestive heart failure and elevated BNP. Troponin showed likely strain. He was noncompliance medication, not taking Aldactone. He was admitted and given IV medications for blood pressure control, restarted on Aldactone, started on triamterene and IV Lasix. Potassium repleted. Symptoms improved and wanted to be discharged and would follow up with his PCP. Return precautions and advised compliance with medications.

Diagnostic Studies: 1) ECG revealed: Moderate increase in left ventricular wall thickness. 2) Chest x-ray revealed: Prominence and indistinctness of pulmonary vessels and interstitial lung markings suggested pulmonary edema. There was left basilar hazy and patchy opacity and small left greater right pleural effusions. Cardiac silhouette was enlarged. Assessments/Plan: 1) Chest pain. 2) Essential hypertension. 3) Acute on chronic systolic congestive heart failure -- a) Serial troponins. b) Aspirin, Atorvastatin. Beta-blocker, Angiotensin receptor blocker to be continued. c) Nitroglycerin SL as needed (last time he used Sildenafil several week prior). d) Continue IV Lasix for diuresis. e) Start Spironolactone for elevated blood pressure. f) Resume BP medicines (had a history of noncompliance). g) **Trend** BNP. h) Fluid restriction, I/Os, daily wts. i) Congestive heart failure teaching; 09/09/18 no further chest pain add triamterene to current atenolol, losartan, Aldactone, and Lasix. 4) Iron deficiency anemia – iron supplement. 5) Chronic kidney disease stage 3 (Glomerular Function Rate 30-59) - optimize hypertension control. 6) Hyperlipidemia – Atorvastatin/aspirin. 7) Hypokalemia - Potassium supplement. 8) History of kidney cancer. 9) History of partial nephrectomy. 10) Gout stable - continue home allopurinol (uric 9.7 - 09/09/18). **FEN**: fluid restricted cardiac diet. Prophylaxis: **Heparin** subcutaneously. Outpatient Tests/Referrals Ordered: Sleep study to rule out obstructive sleep apnea. Disposition: Home. Condition on Discharge: Doing well, asymptomatic. Followup Appointments: Primary Care Doctor, Kimmerling, Reuven Eli M.D. in 1 week. Return for BP check as scheduled. Diet: Low Fat, Low Cholesterol and 2 g sodium.

20. October 29, 2018, ED Provider Note, An Hoa Thi Nguyen, MD, Kaiser Downey Medical Center: Chief Complaint: Chest pain; on and off for weeks, exerted with walking same night. HPI: The patient presented with worsening shortness of breath, orthopnea and decreased exercise tolerance for the past week and same day also noted exertional brief sharp chest pain, which already resolved. He endorsed compliance with fluid restriction and Lasix and was also making good urine output. However, shortness of breath was still getting worse. He stated that he was unable to sleep for the past 3 days due to orthopnea. Furthermore, he was recently given a CPAP machine due to severe obstructive sleep apnea. However, no one in-serviced him on how to use it. He stated that he had tried several times to turn it on but it was not working. Outpatient Prescriptions: 1) Furosemide 40 mg. 2) Sildenafil 20 mg. 3) Amiloride 5 mg. 4) Losartan 50 mg. 5) Spironolactone 50 mg. 6) Aspirin 81 mg. 7) Potassium chloride 10 mEq. 8)

Atorvastatin 40 mg. Allergies: 1) Lisinopril gives cough. 2) Thiazides, electrolyte abnormalities. ROS: Leg swelling. Physical Exam: Chest: Mild scattered rales. Musculoskeletal: Trace pitting edema bilateral lower extremities. ED Course: Chest x-ray and labs were ordered. Administered Furosemide injection 40 mg (Lasix). Vitals checked for past 12 hours showed high blood pressure at 161/130. Assessment: Diastolic heart failure, acute-on-chronic. Disposition: Medicine consult.

21. November 12, 2018, Workers' Compensation Claim Form (DWC-1): The patient alleged that he sustained a cumulative injury from 11/12/17 to 11/12/18. Mechanism of Injury: 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.

22. November 20, 2018, Amended Application for Adjudication of Claim: DOI: CT: 11/12/2015 to 11/12/2018. Body Parts: Body system – not specified; circulatory system – heart; other body system. Job Title: Driver. Mechanism of Injury: Stress and strain due to repetitive movements and exposure to toxic environment resulting in congestive heart failure.

23. March 23, 2019, Resignation: The patient resigned from Albertsons Holdings on March 23, 2019.

24. **March 26, 2019**, Compromise & Release for ADJ11701414: 1) DOI: CT: 11/11/2015 to 11/12/2018. Injured Body Parts: Body system, circulatory system and body systems. 2) DOI: CT: 03/06/2018 to 03/12/2018. Injured Body Parts: Head and nervous system. The parties agreed to settle the above claim(s) on account of the injury(ies) by the payment of the sum of: 17,500$.

25. **March 26, 2019**, Compromise & Release for 1) ADJ11233298 and 2) ADJ11243148: 1) DOI: CT: 03/03/16 to 03/12/18. Injured Body Parts: Back, lower extremity and body systems. 2) DOI: CT: 03/03/2016 to 03/20/2018. Injured Body Parts: Back, lower extremity and body systems. The parties agreed to settle the above claim(s) on account of the injury(ies) by the payment of the sum of: 17,500$.

26. **March 26, 2019**, Compromise & Release for ADJ1123336: 1) DOI: 09/07/2017. Injured Body Parts: Neck, shoulder, back. The parties agreed to settle the above claim on account of the injury by the payment of the sum of: 15,000$.

Eric E. Gofnung Chiropractic Corp
6221 Wilshire Blvd Suite 604
Los Angeles, CA 90048
United states

Phone (323)933-2444
Fax (323)933-2909

Date

Evaluator

Summary/Discussion

Calibration Certificate

Device ID	Device Type	Date of Examination
19EE89	Muscle Tester	6/28/2021

Last Factory Calibration

Date
5/28/2014

Last Full Calibration

JTECH Recommended Drift Limits	Drift from Factory Calibration	Date & Time
±20%	2.0%	1/20/2021 3:59:10 PM

Last Zero Calibration

JTECH Recommended Drift Limits	Drift from Factory Calibration	Date & Time
±20%	2.0%	1/20/2021 3:59:10 PM

Patient Information

Name: Alan Washington
Gender: Male
Birth Date: 5/15/1956
Dominant Hand: Right

Primary Insurance

Secondary Insurance

Employer

Referral

Attorney

Care Providers

Range of Motion - Inclinometry

Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

% Norm	Difference	Result	Norm	Cervical ROM
84%	8°	42°	50°	Cervical Flexion
45%	33°	27°	60°	Cervical Extension
58%	19°	26°	45°	Cervical Lateral Left
60%	18°	27°	45°	Cervical Lateral Right
66%	27°	53°	80°	Cervical Rotation Left
65%	28°	52°	80°	Cervical Rotation Right

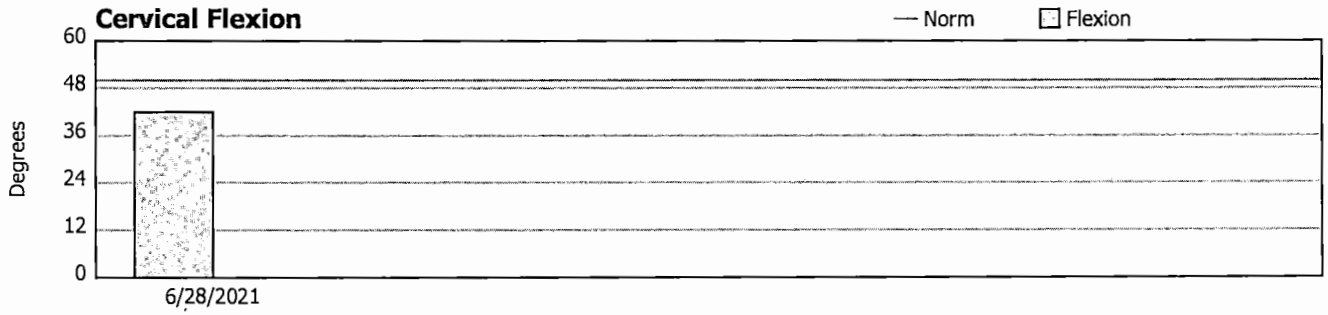
% Norm	Difference	Result	Norm	Thoracic ROM
–	–	0°	–	Thoracic Minimum Kyphosis
44%	25°	20°	45°	Thoracic Flexion
53%	14°	16°	30°	Thoracic Rotation Left
60%	12°	18°	30°	Thoracic Rotation Right

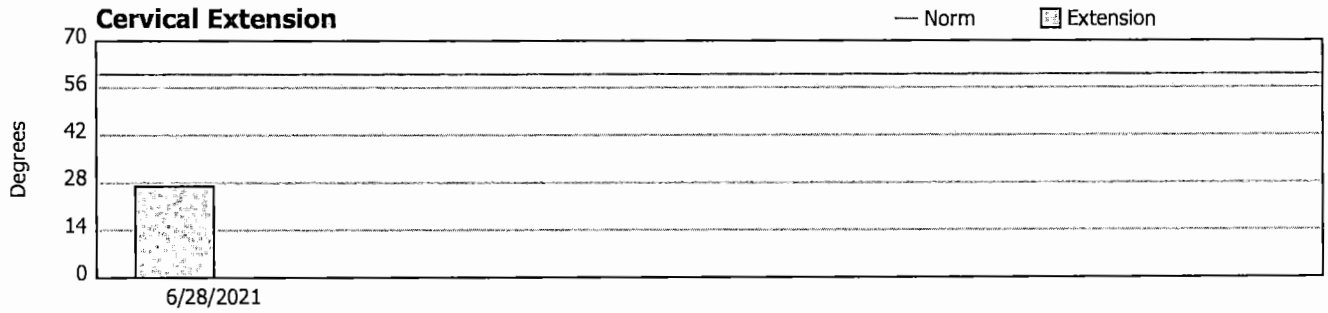
% Norm	Difference	Result	Norm	Lumbar ROM
67%	20°	40°	60°	Lumbar Flexion
48%	13°	12°	25°	Lumbar Extension
56%	11°	14°	25°	Lumbar Lateral Left
44%	14°	11°	25°	Lumbar Lateral Right

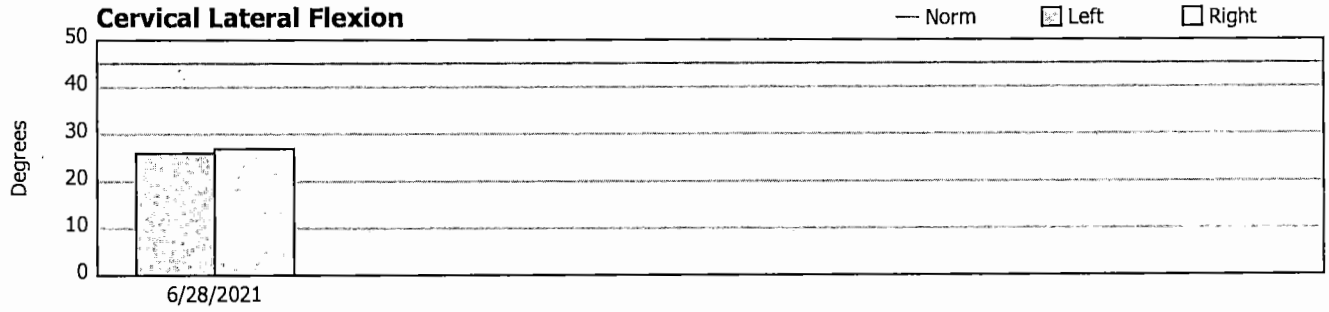
According to the AMA Guides, "An accessory validity test can be performed for lumbosacral flexion and extension... If the straight-leg-raising angle exceeds the sum of sacral flexion and extension angles by more than 15°, the lumbosacral flexion test is invalid. Normally, the straight-leg-raising angle is about the same as the sum of the sacral flexion-extension angle... If invalid, the examiner should either repeat the flexion-extension test or disallow impairment for lumbosacral spine flexion and extension."

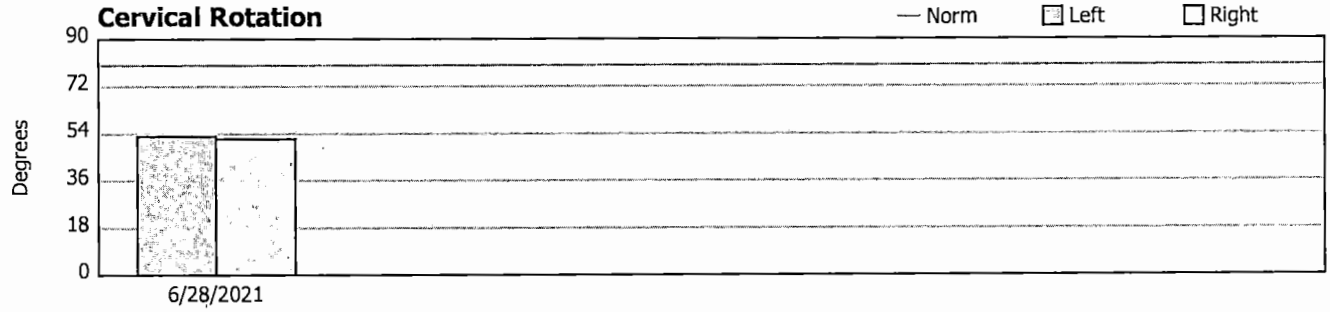
Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

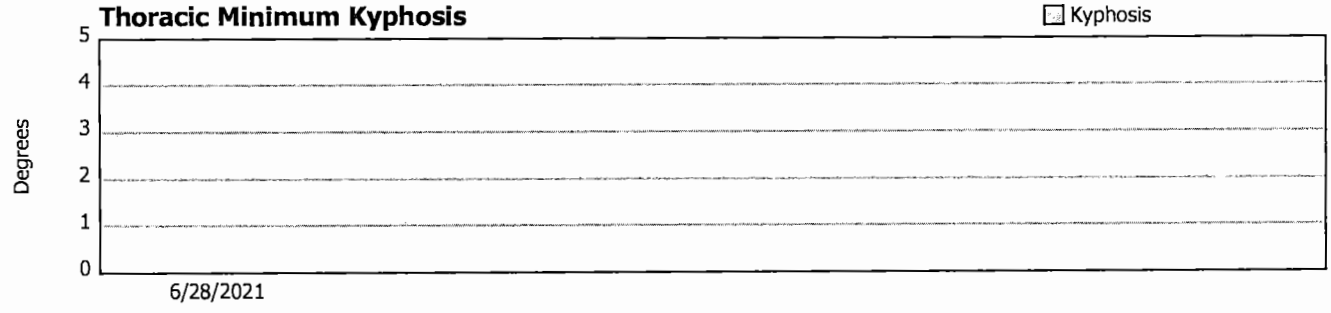
Spine Range of Motion Progress

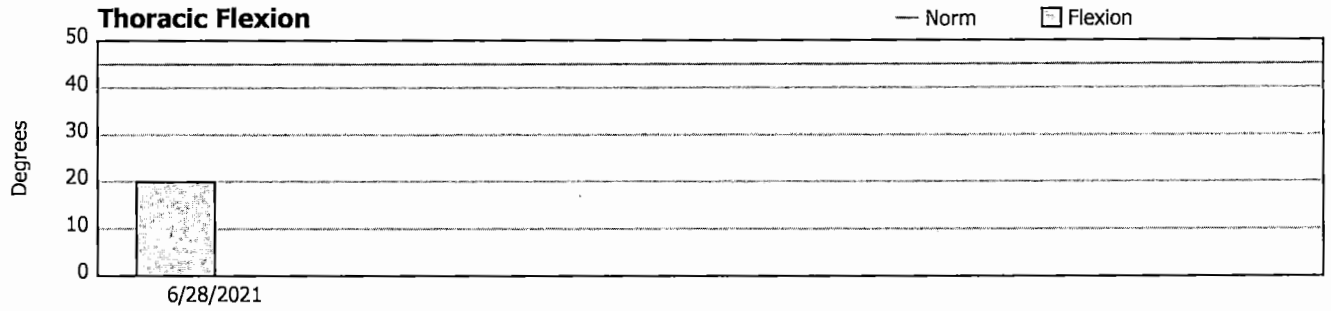

Cervical Flexion
Norm
Flexion
Degrees
60
48
36
24
12
0
6/28/2021

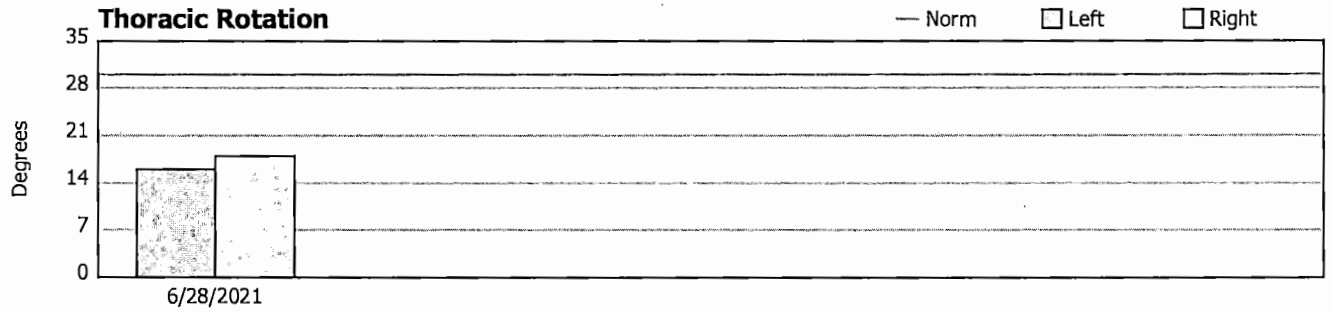

Cervical Extension
Norm
Extension
Degrees
70
56
42
28
14
0
6/28/2021

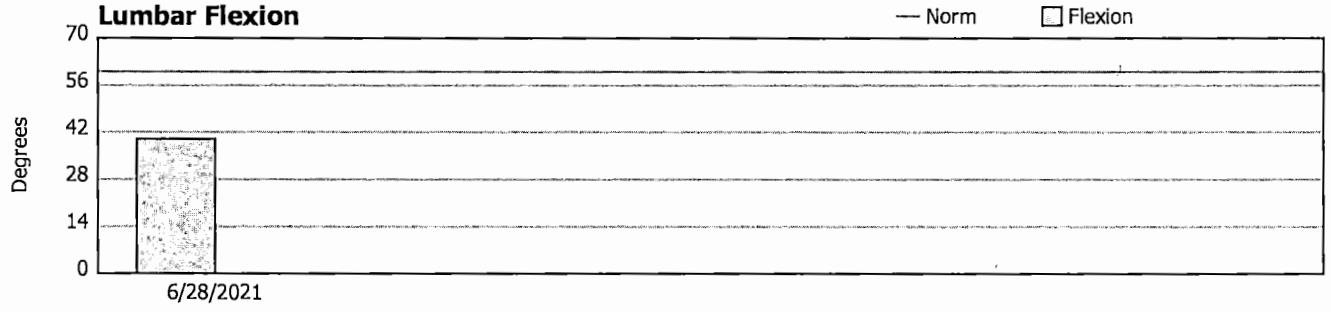

Cervical Lateral Flexion
Norm
Left
Right
Degrees
50
40
30
20
10
0
6/28/2021

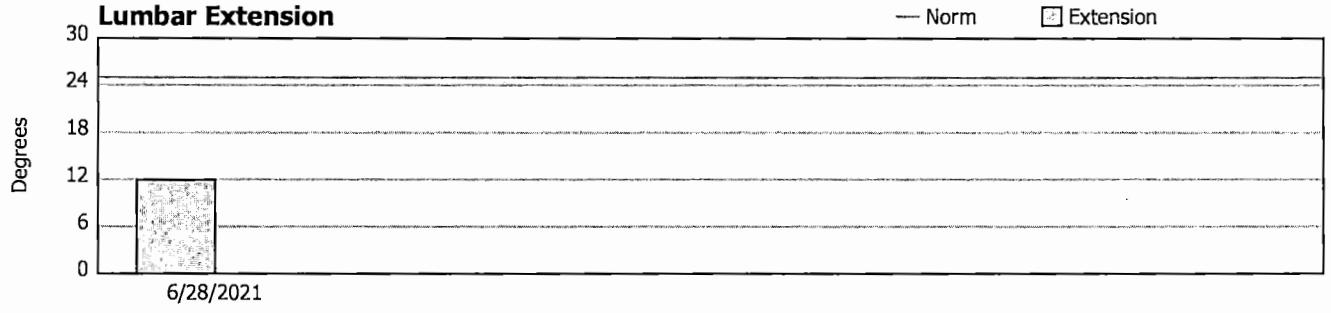

Cervical Rotation
Norm
Left
Right
Degrees
90
72
54
36
18
0
6/28/2021

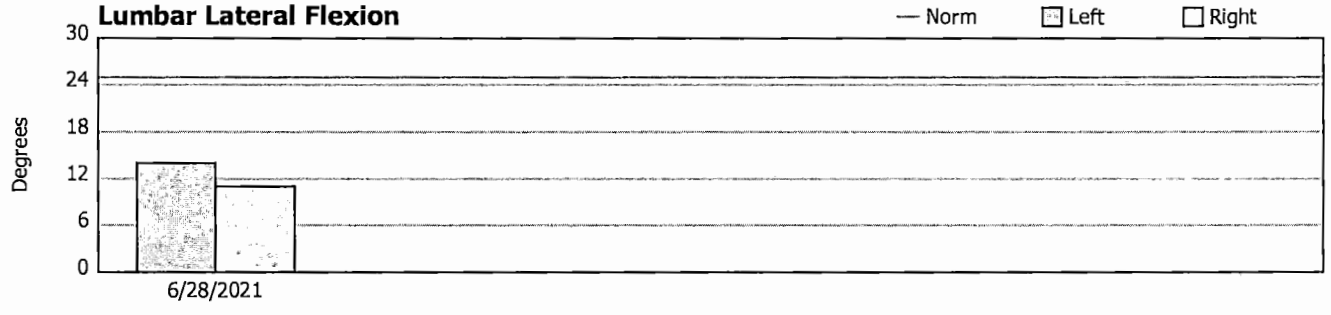

Thoracic Minimum Kyphosis
Kyphosis
Degrees
5
4
3
2
1
0
6/28/2021


Thoracic Flexion
Norm
Flexion
Degrees
50
40
30
20
10
0
6/28/2021


Thoracic Rotation
Norm
Left
Right
Degrees
35
28
21
14
7
0
6/28/2021


Lumbar Flexion
Norm
Flexion
Degrees
70
56
42
28
14
0
6/28/2021


Lumbar Extension
Norm
Extension
Degrees
30
24
18
12
6
0
6/28/2021


Lumbar Lateral Flexion
Norm
Left
Right
Degrees
30
24
18
12
6
0
6/28/2021

Custom Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using dual inclinometry protocols.

Custom Spine Range of Motion Progress

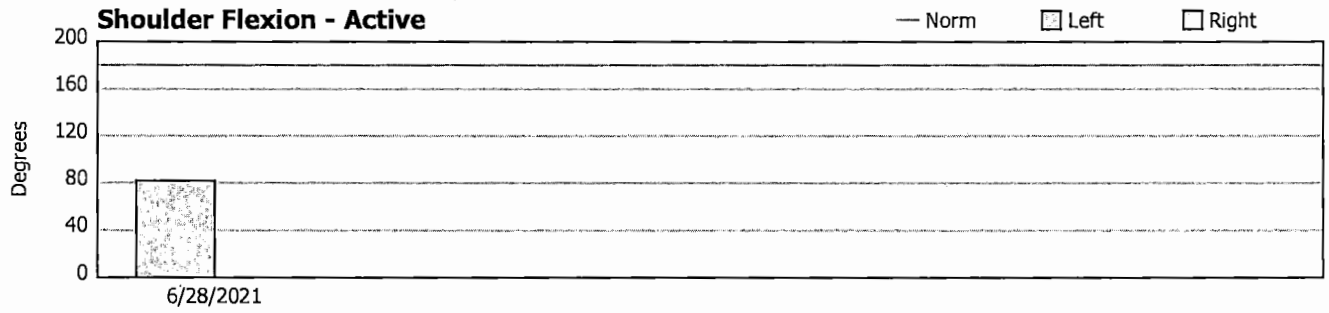
Extremity Range of Motion

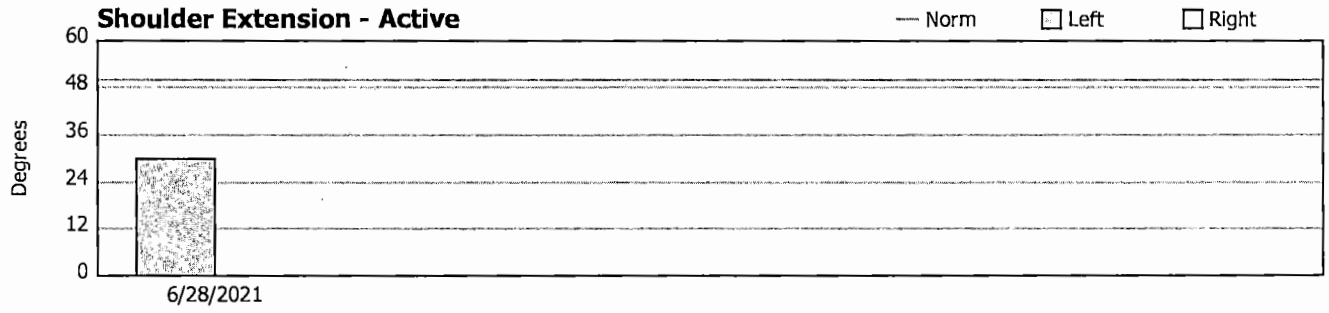
The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the single and dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

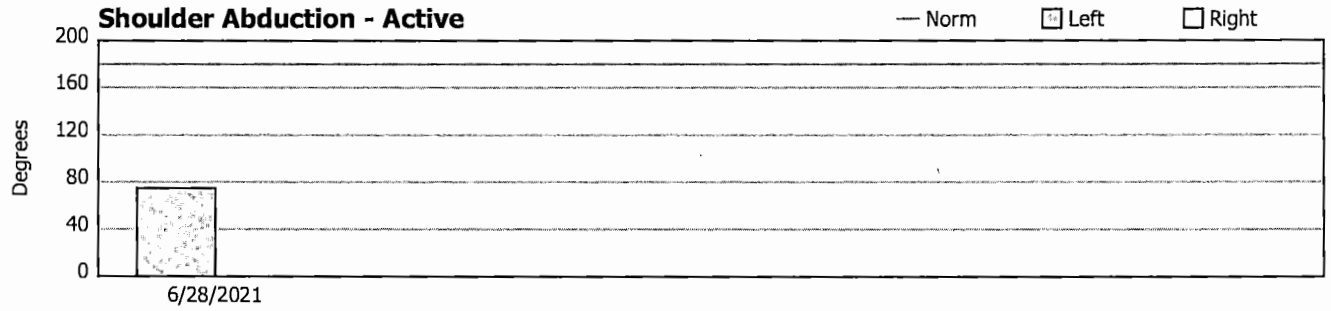
% Norm	Result	Norm	Upper Extremity ROM - Left Active
46%	82°	180°	Shoulder Flexion
60%	30°	50°	Shoulder Extension
42%	75°	180°	Shoulder Abduction
44%	22°	50°	Shoulder Adduction
74%	67°	90°	Shoulder Internal Rotation
63%	57°	90°	Shoulder External Rotation

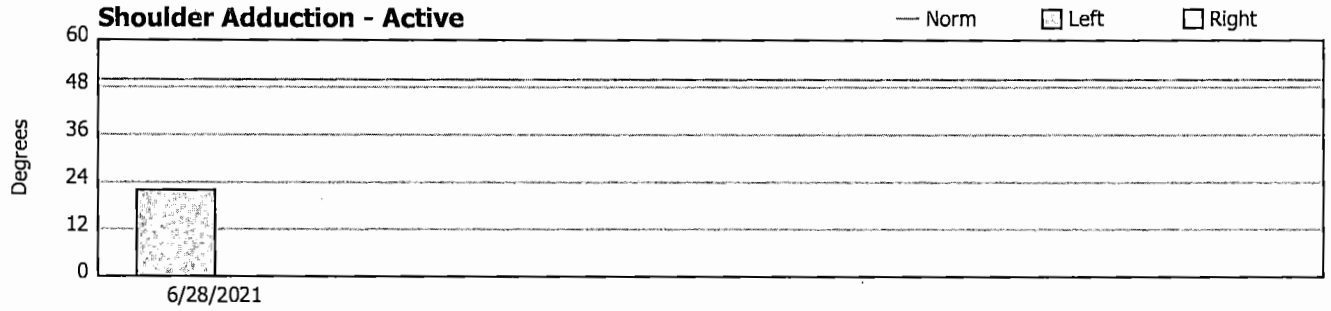
The table(s) above show current test results compared to American Medical Association normative values.

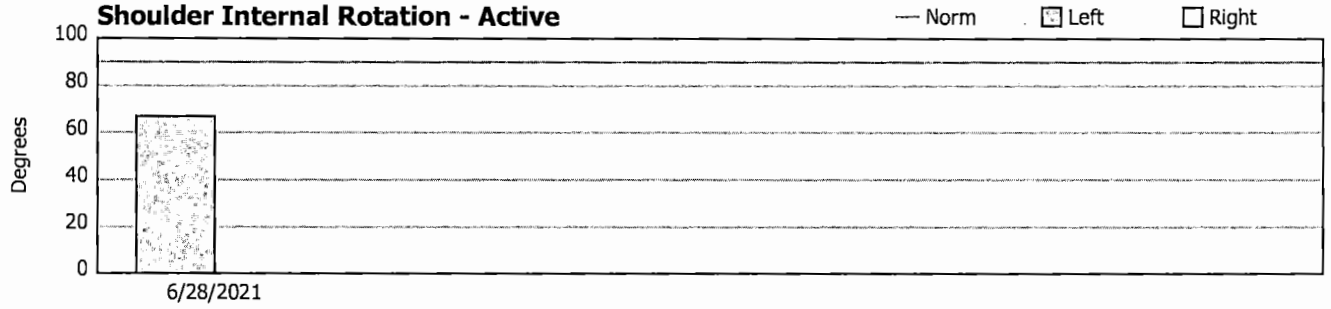
Extremity Range of Motion Progress

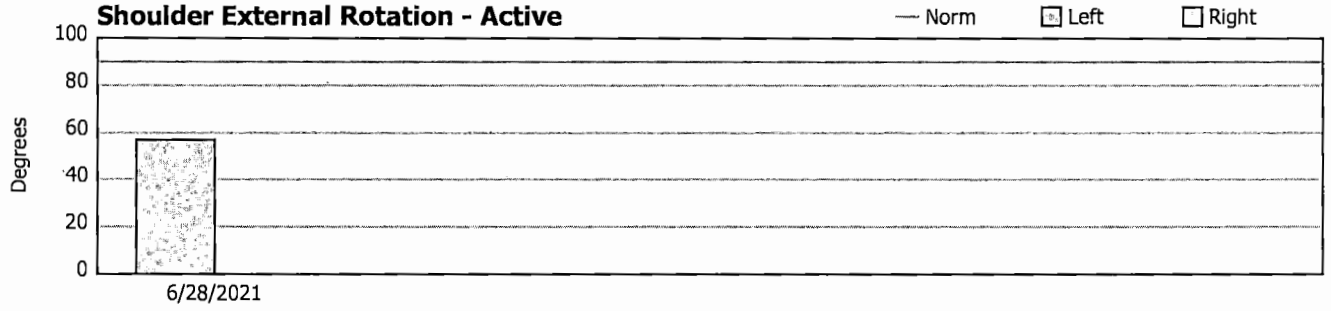












Custom Extremity Range of Motion

The patient's range of motion was objectively evaluated with Tracker ROM from JTECH Medical using single and/or dual inclinometry protocols.

Custom Extremity Range of Motion Progress

Muscle Strength Testing

Muscle Tests

The patient was tested using the JTECH Tracker system, a computerized muscle strength evaluation system. When compared to the opposite side, a strength difference greater than 15% is generally recognized as an indication of motor deficit.

Consistency of the patient's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

Muscle Test Progress

Custom Muscle Tests

The patient was tested using the JTECH Tracker system, a computerized muscle strength evaluation system. When compared to the opposite side, a strength difference greater than 15% is generally recognized as an indication of motor deficit.

Consistency of the patient's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

Custom Muscle Test Progress

The ratios displayed below can be used to quickly compare the maximum strength results of opposing muscle test motions. The notation A:B means the ratio of A to B and is equal to A divided by B.

WORKERS DEFENDERS LAW GROUP

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Fax: 310 626 9632
workerlegalinfo@gmail.com
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Natalia Foley, Esq
Managing Attorney
Tel: 310 707 8098
nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: ERIC E. GOFNUNG CHIROPRACTIC CORPORATION
6221 WILSHIRE BLVD., SUITE 604
LOS ANGELES, 90048
TEL 323-933-2444
Fax - 323 903 0301
SCHEDULING@GOFNUNG.COM

CC: Workers compensation Consultant
SIBTF
160 Promenade Circle, Suite 350
Sacramento CA 95834
Tel 916 928 4601
fax 916 928 4705

RE: ALAN WASHINGTON vs ALBERTSONS DISTRIBUTION CENTER, SIBTF
SIBTF: Pending

DATE:01/04/2021

COVER LETTER FOR AME EVALUATION IN CHIROPRACTIC SPECIALTY

DEAR DR. ERIC GOFNUNG, DC:

This office represents the above referenced applicant. You have been selected to act in the capacity of **AME (Agreed Medical Evaluator)** in regard to the applicant's Subsequent Injury Benefit Trust Fund Claim in chiropractic specialty.

You are specifically asked to provide a medical legal evaluation **in your area of expertise**.

Please provide a medical legal evaluation and address the issue of causation (AOE/COE) of any injury within your area specialty. Specifically it is requested that a determination be made regarding any pre-existing medical issues and disability within your area of specialty that were present at the time of the subsequent industrial injury.

Please provide a permanent impairment rating per the AMA guides 5th edition and address the issue of apportionment. Specifically, it is requested that you provide a determination as to the percentage of cause of disability to a pre-existing condition present at the time of the subsequent industrial injury, any contribution from the industrial injury(ies) and any further natural progression which occurred after the industrial injury.

Please cover in your report the following topics:

- Subjective complaints
- Objective factors or findings
- Current diagnosis
- Occupational history
- Past medical history
- Prior injuries

- Pre-existing labor disabling condition
- Prior injuries Causation
- Rating of pre-existing labor disabling conditions
- Pre- existing work restrictions
- History of subsequent injuries
- Impairment rating of subsequent injuries
- Subsequent injuries causation
- Apportionment
- Disability status & permanent work restrictions
- Activities of daily living

Please answer within the scope of your specialty:

- Did the worker have an industrial injury?
- Did the industrial injury rate to a 35% disability without modification for age and occupation?
- Did the worker have a pre-existing labor-disabling permanent disability?
- Did the pre-existing disability affect an upper or lower extremity or eye?
- Did the industrial permanent disability affect the opposite or corresponding body part?
- Is the total disability equal to or greater than 70% after modification?
- Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?
- Is the employee 100% disabled from the industrial injury?

In order to facilitate your evaluation, we provide medical records for the above applicant in our possession according to the exhibit list attached.

If you need any additional testing, please advise so.

If you believe that the applicant has health issues outside of your specialty, please defer these issued to the medical doctors of appropriate specialty, please indicate what specialty is recommended.

Thank you for your anticipated courtesy and cooperation herein.

Very truly yours,

By Natalia Foley, Esq
WORKERS DEFENDERS LAW GROUP

LIST OF EXHIBITS
Alan Washington Vs Albertsons Distribution Center, SIBTF
SIBTF case # is pending

All exhibits can be downloaded here:
https://www.dropbox.com/sh/f1tjym50gyuro48/AADWipPpscGLb6Nzo-Qf9OAWa?dl=0

01	Alan Washington Discovery	
02	Resignation	
03	Alan Washington Cr Adj1123336	
04	Alan Washington Cr Adj11233298 And Adj11243148	
05	Alan Washington Cr Adj11701414	
06	Full Application Ct Psych 3-20-18	
07	Full Ct Ortho Application 3-20-18	
08	Full Si Psych Application 3-20-18	
09	Dwc 1ab	
10	Dwc 1a	
11	Dwc 1	
12	Med Legal Report By Dr Iseke 6-15-2018	
13	P&S Med Rep-Iseke 07-09-18	
14	Rating	
15	Amended Application 11-20-2018	

PROOF OF SERVICE

1. I am over the age of 18 and not a party of this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is

8018 E SANTA ANA CYN RD STE 100-215
ANAHEIM HILLS CA 92808.

2. I served the following documents:

COVER LETTER FOR AME EVALUATION IN CHIROPRACTIC SPECIALTY

by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the US mail with the postage fully prepaid.

- Date of Mailing: 01/04/2021
- Place of Mailing: Los Angeles, CA

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

Date: 01/04/2021

By Irina Palees, Legal Assistant
to Attorney Natalia Foley

Name and Address of each Person to whom Notice was Mailed

WCAB (AHM)
1065 N PACIFIC CENTER DR
STE 170
ANAHEIM CA 92806

ERIC E. GOFNUNG CHIROPRACTIC CORPORATION
6221 WILSHIRE BLVD., SUITE 604
LOS ANGELES, 90048

SIBTF
160 Promenade Circle, Suite 350
Sacramento CA 95834

WORKERS DEFENDERS LAW GROUP

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Natalia Foley, Esq
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nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: SIBTF
160 PROMENADE CIRCLE, SUITE 350
SACRAMENTO CA 95834

TEL 916 928 4601
FAX 916 928 4705

RE: ALAN WASHINGTON vs ALBERTSONS DISTRIBUTION CENTER, SIBTF
WCAB: ADJ3150058; ADJ1064126; ADJ4001866; ADJ6834302
SIBTF: pending

DATE:12/27/2020

COMPREHENSIVE CASE REVIEW

Gentleperson(s):

We are filing this SIF case on behalf of ALAN WASHINGTON who has worked for ALBERTSON as a truck driver from 2003 to 2019.

INDUSTRIAL INJURIES

During the course of his employment Mr. Washington was injured at several occasions. His first industrial injury is dated 04/15/2004 (specific injury) and Orthopedic CT 04/02/2003 - 04/02/2004, where injured parts included knee, hip and nervous system. These injuries were resolved by stipulation and award in 2005 which was reflected on EAMS as follow:

WCAB	DATE OF INJURY	RESOLUTION	BODY PARTS
ADJ3150058 ADJ1064126	04/15/2004 04/02/2003 - 04/02/2004	STIP 08/02/2005	513 KNEE (PATELLA) 440 HIP(S) 513 KNEE (PATELLA)
ADJ6834302	05/08/2009		200 NECK 842 NERVOUS SYSTEM 880 OTHER BODY SYSTEMS

Mr. Washington continued to work for the same employer until he was injured again in 2017. EAMS has the following records of the industrial injury of Mr. Washington:

WCAB	DATE OF INJURY	RESOLUTION	BODY PARTS
ADJ11701414	11/12/2015 - 11/12/2018	C&R 03/26/2019	800 BODY SYSTEM 801 CIRCULATORY SYSTEM 880 OTHER BODY SYSTEMS
ADJ11233336	09/07/2017		200 NECK 450 SHOULDER(S)
ADJ11233298	03/03/2016 - 03/12/2018		420 BACK 598 LOWER EXTREMITIES 880 OTHER BODY SYSTEMS
ADJ11243148	03/03/2016 - 03/20/2018		
ADJ11998479	03/06/2018 - 03/12/2018		100 HEAD - NOT SPECIFIED 840 NERVOUS SYSTEM

In addition to his industrial injuries, Mr. Washington had the following pre-existing partially disabling conditions that pre-dated his industrial injury:

- Industrial injury to the psych in 1988, ADJ3815111, discrimination and harassment related;
- Non-industrial Congestive heart failure;
- Non-industrial right ankle fracture while to playing football as a young adult ;
- **HIGH BLOOD PRESSURE;**
- Constant headaches;
- Chest pain, difficulties in breathing;
- Serious bodily inquiries and traumatic brain injury as a result of vicious attach and severe beating by ten people at the age of about 25;
- Gout diagnosis;
- Arthritis diagnosis;
- Mental state psychopathology manifested in Major Depressive Disorder, stress, anxiety, PTSD, memory loss due to difficult personal life circumstances, divorce filing for bankruptcy twice, paying child support for three kids, due to persistent discriminatory treatment at many areas of his life;
- Decreased vision issues;
- GI HEMORRHAGE ;
- DIVERTICULOSIS OF COLOn ;
- INTERNAL HEMORRHOID;
- **OBESITY** ;
- HYPERLIPIDEMIA;
- HX OF KIDNEY CANCER;
- HX OF PARTIAL NEPHRECTOMY;
- IRRITABLE BOWEL SYNDROME ;
- IRON DEFICIENCY ANEMIA;
- OBSTRUCTIVE SLEEP APNEA.

All of the above diseases, injuries and conditions resulted in significant pain, limiting Mr. Washington ability to participate in the labor market. He was unable to find any other occupation that would allow him to earn living without working through pain thus he continued his regular

duty suffering pain every day of his work.

Specifically his internal medical conditions such as hemorrhoid, gout, arthritis, irritable bowel syndrome, sleep apnea were making his job as truck driver much more difficult, and the underlying pre-existing conditions were aggravated.

DEBILITATING PRE-EXISTING CONDITION OF ARTHRITIS AND GOUT

Applicant' arthritis was severe enough to prevent him from being able to do any other work on the labor market except the work of a driver, where his movements were limited. Yet even these limited movements were causing him agonizing pain. Taking in consideration that applicant was actually diagnosed with gout as pre-existing condition, it makes his impairment even more significant, because gout is a complex and painful from of arthritis.

Many people diagnosed with gout cannot get out of the bed when their symptom is at its worst. It is understood, however, that each person experiences this differently. Mr. Washington appears to be a strong man capable of handling his pain and continued with his job for as long as it was possible for him, being effectively precluded from any other segments of the labor market due to his pain related to arthritis.

DEBILITATING INTERNAL HEMORRHOID AND IRRITABLE BOWEL SYNDROME CONDITIONS

Applicant had pre-existing condition of hemorrhoid that was never actually completely treated, and that continued to cause additional pain to the applicant making his unable to fully participate in the labor market ,and limiting his ability to earl living by doing the only trade he was capable of performing – being a truck driver. In addition to the pain related to his hemorrhoid, Mr. Washington was experiencing IRRITABLE BOWEL SYNDROME that was triggering the need to go to the restroom much more often than usual.

This condition is labor disabling because there are not a lot of employers that would tolerate these constant trips to the restroom. In fact, Mr. Washington' job as a truck driver was perhaps the only position where this particular physical disability was not so noticeable and Mr. Washington was able to manage his needs without disrupting his work process.

Nonetheless, this specific disability was related to the significant psychological trigger of industrial stress injury, when Mr. Washington, during the course of his employment, was denied the ability to use a restroom.

PSYCHOLOGICAL STRESS AS PRE-EXISTING CONDITION

Mr. Washington is a black man who was suffering from a race discrimination though his life. He was always very an articulate man and when he faced any diminishing harassing and discriminatory treatment based on his race, he would always stand his ground and object. His first workers compensation case ADJ3815111 with date of injury 04/28/1988 was based on the racial discrimination mistreatment at work.

All episodes of discrimination were hunting Mr. Washington for years to come causing depression, stress, anxiety. His personal life situation was not really helpful to cure his depression either. Applicant has three children from two different women, and was paying child support for three kids for the biggest part of this life.

Even though he loves his kids and continues having good relationship with them, paying child support was not easy. Mr. Washington constantly experienced financial hardship during his life. . Mr. Washington was forced to file for bankruptcy twice in his life. Considering physical disabilities of Mr. Washington, it was hard making a living for him especially when he was going through the kidney cancer treatment As a result he was suffering from depression for years, yet due to stigma in his community attached to the psychological treatment, Mr. Washington was not seeking a therapy.

PRE-EXISTING TRAUMATIC BRAIN INJURY

At the age of approximately 25 years of Mr. Washington was a victim of severe beating by 10 people who attacked him at the public park. He received multiple body injuries, traumatic brain injury, and spend significant time in recovery. This brain injury resulted in a long term consequences such as constantly feeling more tired, sad and anxious, getting frustrated or overwhelmed easily, often feeling irritated, having trouble concentrating, remembering, or focusing on tasks.

Due to traumatic brain injury that predated industrial injury, Mr. Washington suffered severe debilitating conditions including but not limited to persistent headache, repeated vomiting and nausea, weakness or numbness in fingers and toes, loss of coordination, profound confusion, agitation, and other disorders of consciousness.

In addition, Mr. Washington developed significant **cognitive** (difficulties with attention, memory, communication, reasoning, and problem-solving), **physical** (weakness or lack of coordination in arms or legs, impaired vision, fatigue, sleep problems), **emotional** (vulnerability to depression, difficulty controlling anger or anxiety), and **behavioral** problems (being impulsive, difficulty initiating or sustaining behavior).

Preexisting disability of Mr. Washington related to the traumatic brain injury was partially labor disabling as he was unable to participate in certain segments of a labor market.

PRE-EXISTING VISION DISABILITY

In addition to the industrial injury, Mr. Washington has had a vision disability resulted from degenerative causes and traumatic brain injury, high blood pressure, obesity, congestive heart failure.

Mr. Washington was experiencing blur vision that predated his industrial injury, and was partially disabled because his vision blur disability was substantially limiting his major life activities such as driving, observing things clearly, working with the computer, preparing reports.

OPPOSITE AND CORRESPONDING MEMBER DISABILITY

Due to the sport accident at the age of 27, when Mr. Washington injured his **right ankle** on the football filed, the applicant was limping and became partially disabled. This pre-existing condition was causing Mr. Washington pain and suffering that was limiting his normal functioning.

Due to industrial injury at Albertson Mr. Washington received his subsequent injury to his left lower extremity, including ankle and knee. Thus the preexisting disability affected right lower extremity and the permanent disability from the subsequent injury that affected the

opposite and corresponding member and is 5% or higher.

INDUSTRIAL CONJUNCTIVE HEART FAILURE

Per applicant' request on 11/20/2018, an application for industrial CT in circulatory system was field to address his congestive heart failure based on his belief that his heart condition was aggravated by work due to his constant exposure to toxic chemicals at work, due to his significant stress related to the harassment and race discrimination, and due to lack of physical movement for many hours of work as a driver.

Mr. Washington reported that he was experiencing for years the symptoms of shortness of breath, fatigue and weakness, swelling in his legs, rapid or irregular heartbeat, persistent cough or wheezing, weight gain from fluid retention, lack of appetite and nausea.

This industrial CT application was filed at the end of November, 2018. The defense made an offer that was accepted by the applicant in March 2019, which prevented applicant to be fully examined and evaluated for the purposes of industrial nature of his congestive heart failure.

INDUSTRIAL DISCRIMINATION AND RELATED DEPRESSION, ANXIETY AND PTSD

Mr. Washington was subjected to race discrimination and harassing work environment at Albertson, thus he filed application for cumulative injury in psych with date of injury 03/03/2016 - 03/12/2018.

Due to frustration with the workers compensation process, serious reservations about going to a psychological treatment due to a stigma, Mr. Washington was not evaluated for this issue during his industrial workers compensation case, and accepted an offer of settlement without determination of his psychological industrial impairment rating.

However, it is the Applicant' contention, that the combination of the psychological preexisting disability and the psychological disability from the subsequent industrial injury was greater than it would have resulted from the subsequent industrial injury alone.

COMBINED EFFECT

Based on the hereinabove, it is Mr. Washington' contention that the combined effects of the industrial injury and the prior disabilities and medical conditions result in an overall disability exceeding seventy percent (70%), and therefore additional benefits are payable by the Subsequent Injuries Benefit Trust Fund for the differential between the overall disability rating and the industrial disability rating.

CONCLUSION

Based on the hereinabove, Applicant believes that he qualifies for SIBTF benefits under Labor Code 4751 (b) in that it is equal to or greater than a 35% standard rating before being adjusted for the occupation or age of the applicant.

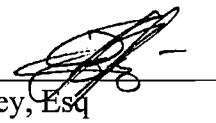
Applicant believes further that the combination of the preexisting disability and the disability from the subsequent industrial injury is greater than that which would have resulted from the subsequent industrial injury alone, and that his combined permanent disability rate is

70% or more.

In addition, the subsequent injury qualifies for SIF benefits under Labor Code 4751 (a) in that it affects an extremity and is equal to or greater than a 5% standard rating before being adjusted for the occupation or age of the applicant and the applicant has pre-existing disability in an equal and opposite extremity.

Very truly yours,
12/27/2020

WORKERS DEFENDERS LAW GROUP



By Natalia Foley, Esq

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SIBTF case # is pending

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PROOF OF SERVICE

1. I am over the age of 18 and not a party of this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is

8018 E SANTA ANA CYN RD STE 100-215
ANAHEIM HILLS CA 92808.

2. I served the following documents:

COMPREHENSIVE CASE REVIEW

by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the US mail with the postage fully prepaid.

- Date of Mailing: 12/27/2020
- Place of Mailing: Los Angeles, CA

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

Date: 12/27/2020

By Irina Palees, Legal Assistant
to Attorney Natalia Foley

Name and Address of each Person to whom Notice was Mailed

SUBSEQUENT INJURIES BENEFIT TRUST FUND
160 PROMENADE CIRCLE, STE. 350
SACRAMENTO, CA 95834

WCAB (AHM)
1065 N PACIFIC CENTER DR STE 170
ANAHEIM CA 92806

WORKERS DEFENDERS LAW GROUP

8018 E Santa Ana Cyn Ste 100-215
Anaheim Hills CA 92808
Tel: 714 948 5054
Fax: 310 626 9632
workerlegalinfo@gmail.com
www.workerlegal.com

Natalia Foley, Esq
Managing Attorney
Tel: 310 707 8098
nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: SIBTF
160 PROMENADE CIRCLE, SUITE 350
SACRAMENTO CA 95834

TEL 916 928 4601
FAX 916 928 4705

RE: ALAN WASHINGTON vs ALBERTSONS DISTRIBUTION CENTER, SIBTF
WCAB: ADJ3150058; ADJ1064126; ADJ4001866; ADJ6834302
SIBTF: pending

DATE:12/27/2020

NOMINATION OF AMEs

DEAR GENTLEPERSON:

To resolve disputed issues of industrial and pre-existing impairment and level of permanent disability as it relates to this claim, we nominate the following to serve as Agreed Medical Examiners and evaluators:

SPECIALTY	AME
CHIROPRACTIC	Eric Gofnung, DC
INTERNAL MEDICINE	Dr. Omar Tirmizi, MD
PSYCHOLOGY	Nhung Phan PsyD
OPHTHALMOLOGY	Dr. Babak Kamkar OD
NEUROLOGY	Lawrence Richman, MD
VOCATIONAL EXPERT	Madonna Garcia, MRC

Should you have any questions or concerns, please do not hesitate to contact our office at your earlier convenience.

Absent to any objections within 5 (five) days from the date of this notice, the appointments will be scheduled.

Thank you for your anticipated courtesy and cooperation herein

Very truly yours,

WORKERS DEFENDERS LAW GROUP

By Natalia Foley, Esq

PROOF OF SERVICE

1. I am over the age of 18 and not a party of this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is

8018 E SANTA ANA CYN RD STE 100-215
ANAHEIM HILLS CA 92808.

2. I served the following documents:

Nomination of AMEs

---

by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the US mail with the postage fully prepaid.

- Date of Mailing: 12/27/2020
- Place of Mailing: Los Angeles, CA

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

Date: 12/27/2020

By Irina Palees, Legal Assistant
to Attorney Natalia Foley

Name and Address of each Person to whom Notice was Mailed

SUBSEQUENT INJURIES BENEFIT TRUST FUND
160 PROMENADE CIRCLE, STE. 350
SACRAMENTO, CA 95834

WCAB (AHM)
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ANAHEIM CA 92806

WORKERS DEFENDERS LAW GROUP

5753 E Santa Ana Canyon Rd STE G616
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workerlegalinfo@gmail.com
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Natalia Foley, Esq
Managing Attorney
Tel: 310 707 8098
nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: ERIC E. GOFNUNG CHIROPRACTIC
CORPORATION
6221 WILSHIRE BLVD., SUITE 604
LOS ANGELES, 90048
TEL 323-933-2444
Fax - 323 903 0301
SCHEDULING@GOFNUNG.COM

RE: ALAN WASHINGTON vs ALBERTSONS DISTRIBUTION CENTER, SIBTF
SIBTF: ADJ11701414
SIF11701414

DATE:07/24/2021

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

I, Natalia Foley, hereby declare:

I am licensed to practice before all the courts in the state of California.

I am the attorney for Workers Defenders Law Group and attorney of record for the above applicant.

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 provide to the physician per attached list of Exhibits is 5268.

I declare under penalty of perjury under the laws of the States of California that the foregoing is true and correct to the best of my knowledge.

Executed this 24 day of June, 2021, at Anaheim, CA

By Natalia Foley, Esq (SBN 295923)
attorney for Applicant

LIST OF EXHIBITS

ADJ11701414
SIF11701414

Alan Washington Vs Albertsons Distribution Center, SIBTF

#	Name of the Document	Number of Pages
01	Alan Washington Discovery	35
02	Resignation	01
03	Alan Washington Cr Adj1123336	20
04	Alan Washington Cr Adj11233298 And Adj11243148	21
05	Alan Washington Cr Adj11701414	21
06	Full Application Ct Psych 3-20-18	15
07	Full Ct Ortho Application 3-20-18	13
08	Full Si Psych Application 3-20-18	15
09	Dwc 1ab	01
10	Dwc 1a	01
11	Dwc 1	01
12	Med Legal Report By Dr Iseke 6-15-2018	13
13	P&S Med Rep-Iseke 07-09-18	13
14	Rating	02
15	Amended Application 11-20-2018	14
16	Kaiser medical records	4311
17	List of injuries, diseases and symptoms	70
18	SIF Report by Madonna Garcia 02-21-2021	55
19	SIF med rep by OMAR TIRMIZI MD 2-17-2021	16
20	SIF Psych Dr Phan Report 2-28-2021	51
21	SIF Med Rep By Dr Babak Kankar 2-23-2021	22
22	Washington,Alan_Sedgwick_CLA	41
23	Washington,Alan_NewAlbertson's_Personnel file	516
	TOTAL PAGES:	5268

All exhibits can be downloaded here:

https://www.dropbox.com/sh/f1tjym50gyuro48/AADWipPpscGLb6Nzo-Qf9OAWa?dl=0

WORKERS DEFENDERS LAW GROUP

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UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: ERIC E. GOFNUNG CHIROPRACTIC CORPORATION
6221 WILSHIRE BLVD., SUITE 604
LOS ANGELES, 90048
TEL 323-933-2444
Fax - 323 903 0301
SCHEDULING@GOFNUNG.COM

OD Legal
355 S. Grand Ave Ste 1400
Los Angeles CA 90071
Telephone: 213 897 3200
Fax: (213) 8973260

RE: ALAN WASHINGTON vs ALBERTSONS DISTRIBUTION CENTER, SIBTF
SIBTF: ADJ11233298
SIF11233298

DATE:07/24/2021

NOTICE OF AMENDED RECORDS

Dear Dr.Gofnung:

Please be advised that we amended records for your review in the above case. Please incorporate these amended records into your SIBTF evaluation report.

Please note that even though the C&R resolving all workers compensation claims with the last employer of Mr. Washington included several ADJ claims, the underlying case for the purposes of SIBTF is CT ADJ11233298 with DOI: 03/03/2016 - 03/12/2018. The following body parts were claimed for this CT:

Body Part 1	420 BACK - INCLUDING BACK MUSCLES, SPINE AND SPINAL CORD
Body Part 2	598 LOWER EXTREMITIES - MULTIPLE PARTS (ANY COMBINATION OF ABOVE PARTS)
Body Part 3	880 OTHER BODY SYSTEMS

If you determine that other body parts within your specialty were affected but this CT during the applicable period of time, please address this in your report.

Respectfully submitted,

By Natalia Foley, Esq
WORKERS DEFENDERS LAW GROUP

PROOF OF SERVICE

State Of California
County of Los Angeles

I am employed in the county of Los Angeles, State of California.
I am over the age of 18 years and not a party to the within action; my business address is:
751 S WEIR CANYON RD STE 157-455
ANAHEIM CA 92808

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing as listed.
On 7/27/2021 I served the foregoing documents described as:

NOTICE OF CHANGE OF APPLICANT ATTORNEY MAILING ADDRESS

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

WCAB (AHM)
1065 N PACIFIC CENTER DR STE 170
ANAHEIM CA 92806

OD Legal
355 S. Grand Ave Ste 1400
Los Angeles CA 90071

SIBTF
1750 Howe Avenue, Suite 370
Sacramento, CA 95825-3367

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on: 7/27/2021 at Los Angeles, CA

By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq