

Jack H. Akmakjian, M.D.

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February 13, 2020

WORKERS' COMPENSATION APPEALS BOARD

Disability Evaluation Unit
464 West 4th Street, Suite 239
San Bernardino, California 92401

EMPLOYEE	:	ALBERTO HERNANDEZ
EMPLOYER	:	Reyes Coca Cola Bottling
D/INJURY	:	CT December 1, 2008 to July 16, 2018; November 15, 2019
CLAIM NO.	:	18R11004183; 18RH004185
EAMS NO.	:	ADJ11396739; ADJ112956944
EXAM DATE	:	February 13, 2020

ORTHOPEDIC PANEL QUALIFIED MEDICAL RE-EVALUATION

Gentlepersons:

This is an **ORTHOPEDIC PANEL QUALIFIED MEDICAL RE-EVALUATION**, performed in the County of Riverside at 13800 Heacock Street, #C114, Moreno Valley, California 92553 on February 13, 2020. Since my last evaluation on June 23, 2019 his situation has changed. He seems to have more subjective complaints than objective complaints. He reported that he had a new injury on November 15, 2019.

This shall be billed at the ML-101 level, noting the following:

- A) Face to face time with the applicant: .50 hours
- B) Record review time: 2.5 hours
- C) Report Preparation time: 2.5 hours

CURRENT COMPLAINTS:

HEAD: The applicant complains of aching pain in the head that comes and goes and varies with activity. The applicant rates the pain as 7 to 10 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lateral head rotation. The symptoms are alleviated with rest and ibuprofen 200 mg as needed.

Since the time of his last evaluation on July 23, 2019, his head symptoms have been the same.

NECK: The applicant complains of stabbing, popping, locking, and aching pain in the neck that comes and goes and varies with activity. He notes pins and needles sensation and weakness in the neck. The symptoms are aggravated with extreme neck movement, driving, and prolonged sitting. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his neck symptoms have been the same.

RIGHT SHOULDER: The applicant complains of burning, stabbing, and aching pain in the right shoulder that is constant and varies with activity. He notes pins and needles sensation, weakness, and numbness in the right shoulder. The applicant rates the pain as 7 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right shoulder symptoms have been the same.

LEFT SHOULDER: The applicant complains of burning, stabbing, and aching pain in the left shoulder that is constant and varies with activity. He notes pins and needles sensation, weakness, and numbness in the left shoulder. The applicant rates the pain as 4 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his left shoulder symptoms have been the same.

RIGHT ARM: The applicant complains of burning, stabbing, and aching pain in the right arm that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the right arm. The applicant rates the pain as 6 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right arm symptoms have been the same.

LEFT ARM: The applicant complains of burning, stabbing, and aching pain in the left arm that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the left arm. The applicant rates the pain as 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with lifting, carrying objects, pushing, pulling, driving, and

reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his left arm symptoms have been the same.

RIGHT WRIST: The applicant complains of burning, stabbing, and aching pain in the right wrist that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the right wrist. The applicant rates the pain as 6 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right wrist symptoms have been the same.

LEFT WRIST: The applicant complains of burning, stabbing, and aching pain in the left wrist that comes and goes and varies with activity. He notes pins and needles sensation, weakness, and numbness in the left wrist. The applicant rates the pain as 3 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with gripping, grasping, lifting, carrying objects, pushing, pulling, driving, and reaching overhead. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his left wrist symptoms have been the same.

RIGHT FIFTH FINGER: The applicant notes numbness in the right fifth finger but denies pain. The numbness radiates to his right first to fourth fingers. The symptoms are aggravated with forceful movement and constant use of the right hand. The symptoms are alleviated with stretching exercises.

Since the time of his last evaluation on July 23, 2019, his right finger symptoms have been the same.

LEFT FIFTH FINGER: The applicant notes numbness in the left fifth finger but denies pain. The symptoms are aggravated with constant use of the left hand. The symptoms are alleviated with stretching exercises.

Since the time of his last evaluation on July 23, 2019, his left fifth finger symptoms have been the same.

BACK: The applicant complains of burning and aching pain in the back that is constant and varies with activity. He notes pins and needles sensation, weakness, and numbness in the back. The applicant rates the pain as 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with bending, forceful back movement, and prolonged sitting and standing. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his back symptoms have been the same.

RIGHT KNEE: The applicant complains of stabbing, locking, and aching pain in the right knee that comes and goes and varies with activity. The applicant rates the pain as 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with forceful right knee movement and prolonged sitting and standing. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right knee symptoms have been the same.

RIGHT LEG: The applicant complains of stabbing and aching pain in the right leg that comes and goes and varies with activity. He notes weakness in the right leg. The applicant rates the pain as 8 out of 10 on a pain scale of 1 to 10. The symptoms are aggravated with forceful right leg movement and prolonged sitting and standing. The symptoms are alleviated with hot baths, rest, topical pain cream, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

Since the time of his last evaluation on July 23, 2019, his right leg symptoms have been the same.

ACTIVITIES OF DAILY LIVING: The applicant is independent with grooming, oral care, toileting, transferring position from sitting to standing, eating, managing medications, using the phone, and managing money. The applicant has some difficulty with bathing, dressing, walking, climbing stairs, and cooking.

INTERVAL HISTORY:

Mr. Hernandez was last evaluated on July 23, 2019; at which time, he complained of pain in the head, neck, shoulders, arms, wrists, fifth fingers, back, right knee, and right leg. The applicant was diagnosed with:

1. Cervical HNP at C5-6 of 2.8 mm with mild bilateral neuroforaminal narrowing.
2. Cervical radiculopathy.

3. Lumbar spondylolisthesis L5-S1, 7 mm; 3.6 mm L5-S1 disc bulge with bilateral protrusion with mild foraminal stenosis bilaterally.
4. Lumbar radiculopathy.
5. Right carpal tunnel syndrome.

In October 2019, the applicant underwent an MRI of the neck and head (exact results unknown). He also underwent an MRI of the back which revealed an injury. The applicant was recommended stretching exercises and walking.

The applicant is presently not working. The applicant reports he had a new injury on November 15, 2019 and has been off work since November 15, 2019.

The applicant is currently taking medications of lansoprazole 15 mg once a day for stomach prophylaxis, ibuprofen 200 mg as needed, naproxen 500 mg twice a day, and Metaxalone 800 mg twice a day.

The applicant has a scheduled follow-up visit with Dr. Haronian in Pomona, California on February 24, 2020.

PHYSICAL EXAMINATION:

Height	:	5 feet 5 inches
Weight	:	145 pounds
Blood Pressure	:	141/94
Pulse	:	86

On examination today he has a multitude of orthopedic complaints but he appears to be relatively functional. He reported today that the main problems were his neck and lower back. It is difficult to tell what he felt was the worst.

NECK

On examination of his neck he reported that he had tightness across his neck. He reported pain across the neck. I was not able to clinically feel any spasm. He demonstrated good range of motion of the neck. On range of motion he mostly noted pain subjectively across the right shoulder and he reports he has intermittent symptoms of upper extremity pain particularly on the right.

RANGE OF MOTION IN DEGREES:

Cervical Spine:

Flexion	:	50
Extension	:	50
Right Rotation	:	70
Left Rotation	:	70

Right Lateral Bend : 40
Left Lateral Bend : 40

DORSAL SPINE

He reports some mild pain across the lower back but demonstrated a normal range of motion of the thoracic spine with flexion to the floor, extension of 40 degrees and lateral rotation of 30 degrees. Rotational activities were noted to be at 30 degrees. I did not identify any muscle spasm.

LUMBAR SPINE

I could feel the step off at L5 and somewhere he has spondylolisthesis. I could feel spasm in the lower back.

RANGE OF MOTION IN DEGREES:

Lumbar Spine:

Flexion : He can touch the floor
Extension : 20
Right Lateral Bend : 20
Left Lateral Bend : 20

Straight leg raising was positive on the right at 70 degrees with a positive Lasegue's and a negative on the left at 90 degrees with a negative Lasegue's. Faber and Gaenslen's were negative.

SHOULDERS

There is no tenderness or swelling in either shoulder.

RANGE OF MOTION IN DEGREES:

Shoulders:

	RIGHT	LEFT
Forward Flexion :	180	180
Abduction :	180	180
Internal Rotation :	90	90
External Rotation :	90	90
Extension :	50	50
Adduction :	50	50

Impingement sign was negative and he had excellent range of motion in both shoulders.

Upper arm circumference measurements

RIGHT (cm)	LEFT (cm)
25	25

ELBOW AND FOREARM

The applicant has no tenderness in either elbow, including the area of the extensor carpi radialis brevis tendon. There is full unrestricted passive and active range of motion bilaterally. There is no laxity or instability.

RANGE OF MOTION IN DEGREES:	RIGHT	LEFT
Elbows:		
Flexion :	135	135
Extension :	0	0
Pronation :	90	90
Supination :	90	90

There is no swelling, erythema or other skin lesions. Tinel's sign is negative over the ulnar nerve groove at the elbows.

Forearm circumference measurements:

RIGHT (cm)	LEFT (cm)
24	24

WRIST AND HAND

He had a positive Tinel's and Phalen's across the right wrist. Wrist range of motion was measured using goniometer times three. Passive and active range of motion is unrestricted and 100% of normal.

RANGE OF MOTION IN DEGREES	RIGHT	LEFT
Wrists:		
Dorsiflexion :	45	45
Palmar Flexion :	50	50
Ulnar Deviation :	35	35
Radial Deviation :	25	25

He was able to make a full fist and good thumb opposition to all fingers was noted.

MOTOR EXAMINATION OF THE UPPER EXTREMITIES

The muscle strength was checked in both upper extremities. The results are as follows:

	RIGHT	LEFT	MAJOR NERVE DISTRIBUTION
Shoulder Abduction	5/5	5/5	C4
Elbow Flexion	5/5	5/5	C5
Wrist Extension	5/5	5/5	C6
Elbow Extension	5/5	5/5	C7
Finger Abduction	5/5	5/5	C8, T1

Grip Strength (kg)

Right - 30/28/26 Left - 28/26/26

Thigh circumference measurements:

RIGHT (cm)	LEFT (cm)
38	38

KNEES

The applicant has no tenderness in either knee. There is full unrestricted range of motion in both knees. No crepitus or clicking is noted with flexion/extension. There is no mediolateral laxity or instability.

Both patellae track in the midline. No effusion is noted in either knee.

TESTS:	RIGHT	LEFT
Lachman	Negative	Negative
McMurray	Negative	Negative
Anterior drawer	Negative	Negative
Pivot shift	Negative	Negative
Apley	Negative	Negative

Calf circumference measurements:

RIGHT (cm)	LEFT (cm)
29	29

MUSCLE STRENGTH OF THE LOWER EXTREMITIES

The muscle strength was checked in both lower extremities. The results are as follows:

	RIGHT	LEFT	MAJOR NERVE DISTRIBUTION
Hip Flexion	5/5	5/5	L2, L3
Knee Flexion	5/5	5/5	L4, L5
Knee Extension	5/5	5/5	L3, L4
Ankle Dorsiflexion	5/5	5/5	L4, L5
Big Toe Extension	5/5	5/5	L5
Ankle Plantar Flexion	5/5	5/5	L5, S1

DIAGNOSIS:

1. Cervical disc protrusion of 3.2 mm with annular fissure noted at C5-6 with left greater than right neuroforaminal narrowing, abutment of the left exiting nerve root on the most recent MRI study dated October 25, 2019. The prior MRI study shows cervical HNP at C5-6 of 2.8 mm with mild bilateral neuroforaminal narrowing.
2. Cervical radiculopathy.
3. Lumbar spondylolisthesis L5-S1, 7 mm; 3.6 mm L5-S1 disc bulge with bilateral protrusion with mild foraminal stenosis bilaterally.
4. Lumbar radiculopathy.
5. Right carpal tunnel syndrome.

DISCUSSION:

This is somewhat of a complex case. The applicant has had cumulative trauma type injuries and has reported a new injury on November 15, 2019. As I noted before I am not going to address anything related to non-orthopedic issues. As I mentioned in my last evaluation I want him to see a pain doctor for cervical and lumbar epidural injections. He reports he had just been seen by a pain doctor, Dr. Cohen, and these injections are also being recommended. From a treatment perspective, at this point I don't see much else to offer this patient.

On my examination today the findings were mostly normal. He had more subjective complaints than objective complaints. He complained that axial contraction in his neck caused pain which he does not have. He also had pain to the lower back with light touch, trunk rotation and axial compression which all can be consistent with nonorganic findings. Therefore, in my opinion I feel that the best option for this applicant is to be declared permanent and stationary. Based on the nonorganic behavior that has been demonstrated he would not be a good surgical candidate and probably would not improve.

DISABILITY STATUS:

The applicant is permanent and stationary and maximally medically improved.

WORK RESTRICTIONS:

He should have limitations of no heavy lifting and repetitive overhead work for his neck, no heavy work for the lumbar spine, and no repetitive gripping or grasping with the right wrist.

VOCATIONAL REHABILITATION:

Vocational rehabilitation is indicated if his work restrictions cannot be accommodated.

CAUSATION:

Based on the mechanism of injury I feel the applicant was injured while working for Reyes Coca Cola Bottling Company for the cervical spine, lumbar spine and the right wrist. He has significant other subjective complaints but none of those body parts show objective findings on examination and I cannot support any injury to those body parts.

APPORTIONMENT:

He claimed a cumulative trauma injury from January 1, 2018 to July 1, 2018 which was related to stress. He claimed a cumulative trauma injury from December 1, 2008 to July 16, 2018 which included multiple body parts, but the only body parts I would accept is the neck, lower back and right wrist. In addition, he is now reporting that he sustained a specific injury on November 15, 2019. He reports that he was working light duty and was helping at the dock loading a truck. When he pulled the door down he felt pain in his neck and also pain in the lower back. I asked him if this was an exacerbation or if it made the pain worse and he reports that it made the pain worse. He is currently off work and treating for this. I believe that injury hurt his neck more than it hurt his lower back according to what he is reporting. The applicant therefore should have apportionment in regards to this.

For the cervical spine and right carpal tunnel syndrome, 80% of his complaints are apportionable to the cumulative trauma from December 1, 2008 to July 16, 2018 and 20% is apportioned to the new specific injury of November 15, 2019.

For the lumbar spine, he has underlying spondylolisthesis which was asymptomatic previously. He will be given 15% apportionment to preexisting disease, 70% is apportioned to the cumulative trauma injury from December 1, 2008 to July 16, 2018, and 15% to the specific injury of November 15, 2019.

FUTURE MEDICAL TREATMENT:

I have no problem with this applicant receiving future treatment in the form of pain management. I would be cautious about performing surgery on this applicant at this point based on his physical

exam today and questions that have arisen regarding the possibility of nonorganic behavior. I told him that I don't think that he would be a good candidate for surgical intervention. Although he does have underlying findings and pathology that would warrant surgical intervention in some people, I do not believe he is as symptomatic as he is alluding to.

PERMANENT IMPAIRMENT RATING PER AMA FIFTH EDITION GUIDES:

For his cervical spine, based on EMG studies he has nonverifiable pain in his upper extremities, therefore he is DRE Cervical Category II with 8% whole person impairment.

For the lumbar spine, no significant radicular pain was identified and he would receive a DRE Lumbar Category II with 8% whole person impairment.

For the right carpal tunnel symptomology, Table 16-15 on page 492 was utilized. He would receive a 39% impairment for median involvement below the forearm. Combined with Table 16-10 on page 482 this gives him a grade 4 classification with 25% impairment. This would provide the applicant with a 10% upper extremity impairment which converts using Table 16-3 on page 439 to 6% whole person impairment.

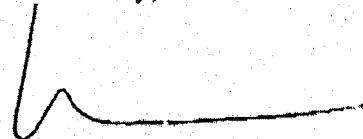
Thank you for referring this applicant for my evaluation and, if there are any further questions, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the applicant. I personally interviewed the applicant, performed the physical examination, reviewed the history with the applicant, reviewed the medical records, if any, provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC guidelines. 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 the information that I have indicated and received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Michelle Ilaida, Historian, Rapid Care, Record Summarizer, and Sylvia Zimmerman, Assistant, all of whom were trained by Arrowhead Evaluation Services, Inc. Please note that all times listed reflect physician time spent, not staff time.

Date of Report: February 13, 2020. Signed this 9th day of March, 2020 at San Bernardino County, California.

Yours truly,



Jack H. Akmakjian, M.D.
Diplomate, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopedic Surgeons
JHA/db

HERNANDEZ, Alberto
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Date of Exam: February 13, 2020

cc: Law Offices of Natalia Foley
8018 E. Santa Ana Cyn, Suite 100-215
Anaheim, California 92808

Law Offices of Morgan & Leahy, LLP
21031 Ventura Boulevard, Suite 2010
Woodland Hills, California 91364
Attention: Timothy Morgan, Esquire

Sedgwick CMS
P.O. Box 14450
Lexington, Kentucky 40512
Attention: Charles Han, Claims Examiner

Attached: Review of medical records

REVIEW OF MEDICAL RECORDS:

Hernandez, Alberto

DOB: 10/10/1964

08/10/18 - Dr's 1st Rpt by Rafael Rios, DC.

08/13/18 - 08/29/18 (6 visits) - Chiro Progress Notes by Rafael Rios DC.

09/04/18 - 09/13/18 (4 visits) - Chiro Progress Notes by Rafael Rios DC.

11/18/18 - Initial Orthopedic Panel Qualified Med Eval by Peter Sofia, MD. DOI: CT 12/01/08-07/16/18, 01/01/18-07/01/18. Employed with Coca Cola for 9 years and employer switched to Reyes Bottling. Pt had to lift about 50 pounds along with standing and walking pallet jacks, forklifts, bending, lifting, making pallets, etc. He was not able to meet the production standards and had to do overtime. So he changed jobs from a daytime picker to nighttime forklift where he was some picking very little. Developed diffuse pains around September 2017 and was not treated. Had lot of sleep trouble and pain complaints. Chiro did not help. Had neck pain radiating to arms, mid back pain and LBP. Also had R shoulder, R hand and wrist pain with N/T. Reported lower back pain radiating to leg and medial knee and ankle. Had some discomfort and giving way of the knee and ankle. Rated all pains at 7/10. Not under any tx and only has OTC med. Prior to this job, he has worked as a machine operator for a phone production company called Foanex. Pt says 5 to 7 years ago, he was trying to move a stuck pallet pushing with his leg and hurt his entire R leg. Had x-rays, PT, and was on light duty for few months. No difficulty with ADLs. Lumbar MRI showed mild neural foramen at L4-L5, L5-S1 and some degenerative. Mild neural foramen at two levels. PSH: Herniorrhaphy. PE: C/S: Mild diffuse tenderness in paraspinous and trapezial muscles, neck pain. Spurling's and compression test cause LBP. Upper Ext: Decreased sensation of R thumb to other fingers of the R hand. R Shoulder: Rather mild anterior tenderness and slight pain on ROM. Minimal crepitus and slight pain on strength testing. B/L Hands and Wrists: Slight muscle wasting at the thenar eminence bilaterally. Positive Tinel's sign. Mid Back: Diffuse tenderness everywhere touched of T/S. L/S: Diffuse tenderness including central, right-to-right buttock and left-to-left buttock. R knee: Primarily medial tenderness. Lower Ext: Does complain of radiating positive R leg pain. Dx: 1) Cervical strain w/o complaints or findings of radiculopathy. 2) R shoulder rotator cuff tendinitis, bursitis, mild. 3) Probable b/l CTS. 4) Thoracic strain, benign MRI. 5) Lumbosacral strain superimposed on two-level degenerative changes, possible R leg radiculopathy. 6) Probable early R knee arthritis. 7) Unexplained discomfort R ankle. Tx: Lumbar epidural. Plan: Recommended PT, acu, chiro, EMG/NCV of b/l upper and lower extremities. Causation: Neck, mid back, low back, R shoulder, and b/l hands are related to industrial injury. R knee, R ankle are not related to industrial. Apportionment: Will address apportionment when reached MMI and is P&S. Work Status: Continue to do current assignment. Need further treatment.

02/14/19 - Supplemental Orthopedic Panel Qualified Med Eval Rpt by Peter Sofia, MD. Multiple body parts accepted and entitled to have treatment. Pt is not P&S, MMI. Has not had tx. Does have mild carpal tunnel. Does have neck and back pain. Pt would benefit from tx and discussed treatment at length. Other treatments including but not limited to meds, PT, acupuncture, chiro, R shoulder injection, possibly epidural. Does have leg pain, still use epidurals.

11/11/19 - Initial Comprehensive Orthopedic Eval and Request for Authorization of a PTP by Edwin Haronian, MD. CT: 01/01/18-07/01/18, 12/01/08-07/16/18. Pt sustained injury while working as a loader/unloader with Reyes Coca Cola Bottling, worked 8 hrs/day, 5 days/wk up to 20-30 hrs of overtime/wk. Over the course of his employment, he gradually developed pain to his neck, shoulders, elbows, wrists/hands, fingers in both hands, upper and lower back, knees and feet, with weakness in the R leg, which he attributed to work duties entailing pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, shrink wrapping, and moving the pallets to different areas in the warehouse, and operating a stand up electrical pallet-jack. Precise activities required entailed prolonged standing and walking as well as continuous maneuvering of his arms and hands, repetitive bending, stopping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torquing, lifting and carrying up to 50 pounds. Continued working and pain progressively worsened. Developed anxiety and stress as a result of his pain and working in a hostile environment indicating discriminated. C/o constant aching in neck, shoulders, elbows, wrist/hands, upper and lower back, knees, ankles and feet often becoming sharp and shooting pain which travelled to his arms and hands with episodes of N/T. Had frequent headaches associated with his neck pain. Had stiffness in the neck. Pain increased with prolonged sitting and driving. Had popping and clicking sensation in shoulders increased with reaching, pushing, pulling, and with any lifting. Had episodes of swelling, N/T in his elbows, forearms, and hands. C/o cramping and weakness in his hands and fingers. Knees gave out causing him to lose balance. Difficulty standing and walking for a prolonged period of time. Had difficulty ascending and descending stairs and at times walks with altered gait. Had difficulty sleeping and awakens with pain and discomfort. Pain level varies throughout the day depending on activities. OTC painkillers with temporary pain relief. C/o anxiety and stress due to pain and he is not able to function at his fullest capacity. On October 2018, began med care and treatment. Chiro, x-rays, MRI of neck, upper and lower back gave temporary relief. States has not received any med care or treatment for his anxiety and stress. Lateral view L/S showed grade I spondylolisthesis with greater than 5 mm transition of L5 on S1 with disc collapse at L5-S1 level and degenerative changes. PSH: In 2010, underwent R inguinal hernia repair. PE: C/S: Spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area and decreased ROM. Shoulder: Tenderness was noted at the acromioclavicular joint bilaterally. Positive impingement sign. Lumbar: Tenderness and spasm in the paravertebral muscles. Sciatic notch are was tender bilaterally. Toe and heel walks and squats with pain. Dx: 1) Cervical radiculopathy. 2) Lumbar radiculopathy, lumbar grade I spondylolisthesis at the L5-S1 level. 3) B/L shoulder impingement. Rx: Ibuprofen gel. Tx: Cervical and lumbar epidural injections. Plan: Requested authorization for cervical and lumbar epidural injections, cervical traction device. Work Status: Modified work duty with restrictions including lifting, pushing, and pulling greater than 10 pounds. Precluded from bending and twisting completely, squatting and kneeling completely, changing positions as needed. He may not drive a commercial vehicle. If work modifications are not accommodated, the patient can remain on TTD.

01/13/20 - F/U Rpt and Request for Authorization of PTP by Edwin Haronian, MD. DOI: CT 01/01/18-07/01/18. Claim denied, so confined to conservative management. PE: Spasm, tenderness, and guarding in the paravertebral musculature of the C/S and L/S with loss of ROM in

both. Decreased sensation bilaterally in the C6, and S1 dermatomes. B/l shoulders have impingement, and Hawkins signs with ROM in flexion and abduction over 120 degrees. Dx: 1) Cervical radiculopathy. 2) Radiculopathy lumbosacral region. 3) Shoulder S/S. Plan: Meds to be refilled. Work Status: Modified duty with same restrictions.

01/15/20 - STP's Pain Management Initial Rpt by Jonathan Kohan, MD. Pt sustained an industrial injury while performing usual duties while working for Reyes Coca Cola Bottling as a loader/unloader. During the course of employment, he began to experience a gradual onset of pain in his neck, shoulders, elbows, hands, wrists, fingers upper and lower back, knees and feet due to the nature of his work duties which entailed pulling orders consisting of coca cola product/drinks, lifting and carrying cases of soda, palletizing, using shrink wrap, moving the pallets to different areas in the warehouse, operating a stand up electrical pallet-jack, constantly standing, walking, bending, stooping, squatting, twisting, turning, pushing, pulling, gripping, grasping, reaching, lifting and carrying. Also developed anxiety and stress due to the hostile environment. Chiro with temporary relief. Neck pain rated at 7/10, pain radiated to both shoulders, arms to the hands with N/T. Had occasional headaches. Pain increased with prolonged sitting and standing. Had difficulty sleeping and awakens with pain rated at 10 being the worst. Experienced 6-7/10 pain in both shoulders R greater than L with popping. Increased pain with above shoulder reaching and lifting. C/o 5-6/10 pain in both elbows with movement and pain extends to forearm, hand, and fingers with N/T. Had difficulty with lifting and carrying objects and with rotating arm. Experienced ongoing 5-6/10 pain in both hands/wrist with N/T extends to forearm and radiates to hand and fingers. Noted grip weakness and difficulty with holding objects with fine motor coordination. Pain increased with gripping, grasping, pushing, pulling, rotating, and repetitive hand and finger movements. Had ongoing 7/10 pain in his upper back between the shoulder blades with pain and stiffness in low back radiates to both hips, buttocks and lower extremities to the feet with N/T and weakness. LBP increased with prolonged standing, walking and sitting, as well as lifting and twisting. Unable to sit or stand for more than 15 minutes. Had difficulty bending forward, backwards and side-to-side. Experienced ongoing 5-6/10 pain in both knees with popping, locking, and giving way. Difficulty standing, walking, squatting, kneeling for a prolonged period of time. C/o 5-6/10 pain in both feet/ankles. Walks with an uneven gait. Had continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. PSH: R inguinal hernia repair in 2010. PE: C/S: Tenderness to palpation over paravertebral, trapezius, deltoid, and rhomboids area with moderate spasm. Tenderness over paraspinous muscles. Shoulder: Tenderness over the shoulder joint bilaterally. L/S: Tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. Tenderness over paraspinous muscles over lower lumbar spine. Dx: 1) Cervical disc protrusions with radiculopathy, mainly on the R. 2) Lumbar disc protrusion with radiculopathy, mainly on the R. 3) Lumbar anterolisthesis (grade I at L5-S1). Tx: Cervical epidural injection. Work Status: Off duty.

NOTE: Remainder of the record includes those previously reviewed, review of medical records, AME or OME declaration of service of medical - legal report, note, proof of service.

JHA/rpc

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: ALBERTO HERNANDEZ v Reyes Coca Cola Bottling
(employee name) (claims administrator name, or if none employer)

Claim No.: 18R11004183; 18RH004185 **EAMS or WCAB Case No. (if any):** ADJ11396739; ADJ112956944

I, Briseida Chavez, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:
(For each addressee, enter A - E as appropriate)

Date Served:

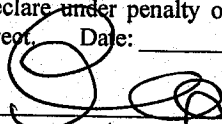
Addressee and Address Shown on Envelope:

A
A
A

3/11/20
3/11/20
3/11/20

Law Offices of Natalia Foley 8018 E. Santa Ana Cyn, Suite 100-215 Anaheim, California 92808
Law Offices of Morgan & Leahy, LLP 21031 Ventura Boulevard, Suite 2010 Woodland Hills, California 91364
Sedgwick CMS-SENT ELECTRONICALLY

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 03/11/20


(signature of declarant)

Briseida Chavez
(print name)