



# EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



- Certified, American Board of Orthopedic Surgery

AAOS American Academy of Orthopedic Surgeons

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Patient Name : Alberto Hernandez  
Date of Service : February 6, 2023  
Claim # : 22RH009775  
Employer : Reyes Coca Cola Bottling/91730  
Date of Birth : October 10, 1964  
Date of Injury : 10/19/2022  
File # : 20080597

## INITIAL ORTHOPEDIC EVALUATION OF A PRIMARY TREATING PHYSICIAN AND REQUEST FOR AUTHORIZATION

The above captioned patient, a 58-year-old right-hand dominant male, presented in my Pomona office, located at 724 Corporate Center Dr., Pomona, CA 91768, on February 6, 2023, for an orthopedic evaluation.

The following is a presentation of my initial evaluation and over all recommendations. The evaluation took place with the assistance of a Spanish-speaking interpreter. The history was obtained by my medical historian, Mr. Antonio Salazar. I then reviewed the history in detail with patient.

### HISTORY OF INJURY:

Mr. Hernandez is a 58-year old, right hand dominant male, who sustained a specific injury to his shoulders, upper and lower back on October 19, 2022 during the course of his employment as a loader for Reyes Coca Cola Bottling LLC.

He indicated that on October 19, 2022, he was hyperextending his body to pull a case which weighed about thirty-five pounds when he felt the onset of pain in his shoulders, upper and lower back. He reported the injury to his supervisor however he was not offered medical referral. He stated that he continued to work through October 31, 2022 at which point the employer sent him home and advised him not to come back to work until

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he was 100% cleared back to work by a doctor. He has not been evaluated any doctors for this injury.

He presents to my office today for a comprehensive orthopedic evaluation.

**JOB DESCRIPTION:**

The patient began employment as a loader for Reyes Coca Cola Bottling LLC since August of 2008. The patient worked for 14 years.

He worked eight hours per day, five days per week. His job duties at the time of injury included: driving trucks and forklifts, loading and unloading trucks, assembling pallets of cases of beverages, wrapping pallets, operating an electric pallet jack, lifting and carrying cases.

The precise activities required entailed prolonged standing and walking, as well as continuous fine maneuvering of his hands and fingers, and repetitive bending, stooping, squatting, kneeling, twisting, turning, forceful pulling and pushing, forceful gripping and grasping, lifting and carrying 60 pounds, reaching to all levels.

**CURRENT WORK STATUS:**

The patient is currently not working. He last worked on October 31, 2022.

**CONCURRENT EMPLOYMENT:**

The patient denies concurrent employment.

**EMPLOYMENT HISTORY:**

The patient states that prior to working for the employer at the time of the injury, he worked for Foamex as a machine operator for twenty years.

**PRESENT COMPLAINTS:**

**Bilateral Shoulders:**

The patient has complaints of constant pain in his shoulders. He complains of stiffness to his shoulders. His pain increases with reaching, pushing, pulling, and with any lifting. Lifting his upper extremity above shoulder level also increases his pain. His pain level varies throughout the day depending on activities. He has difficulty sleeping and awakens with pain and discomfort. Pain medications and rest provide temporary pain relief.

**Upper and Lower Back:**

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The patient has complaints of constant upper and lower back pain with pain, numbness and tingling radiating into his bilateral lower extremities. He states coughing and sneezing aggravate his lower back. His pain increases with prolonged standing, walking and sitting activities. He is unable to sit for more than 30 minutes, before his pain symptoms increase. He has difficulty bending forward, backwards, sideways, and driving for a prolonged period of time. He also has difficulty sleeping and awakens with pain and discomfort. His pain level varies throughout the day depending on activities. Pain medications and rest provide temporary pain relief.

Internal Symptoms:

The patient denied internal symptoms.

Psyche Symptoms:

The patient denied psychological symptoms.

**MEDICAL HISTORY:**

The patient has a history of a heart attack in 2021.

The patient has no known history of high blood pressure, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

**SURGERIES:**

The patient underwent surgery to install a stent in his heart in 2021, cholecystectomy in 2022.

**INJURIES:**

The patient stated that he injured his back with the same employer approximately in 2018. He underwent treatment conservatively and recuperated with residual lower back pain. His case was settled in 2022.

**MEDICATIONS:**

The patient is currently taking medication for his heart, atorvastatin, Aspirin, Metoprolol and Losartan.

**ALLERGIES:**

The patient has no known allergies to any medications.

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**SOCIAL HISTORY:**

The patient is married and has three children. He does not drink and does not smoke.

**FAMILY HISTORY:**

Noncontributory.

**HOBBIES:**

The patient stated that he does not have any hobbies.

**ACTIVITIES OF DAILY LIVING:**

The patient states prior to the above noted injury he had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury noted above he has difficulty taking out the trash, cleaning, driving for prolonged distances, bending forward to pick up items from the floor and lace his shoes, climbing stairs, kneeling, getting in and out of his car.

**PHYSICAL EXAMINATION:**

HEIGHT: 5' 5"

WEIGHT: 143lbs

**Cervical Spine Examination:**

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

There is no spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, cervical spinous processes or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	50°	50°
Extension	60°	60°
Lateral Flex (rt.)	45°	45°
Lateral Flex (lt.)	45°	45°
Rotation (rt.)	80°	80°
Rotation (lt.)	80°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

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Reflexes and test	Right	Left	Normal
Triceps reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	5	5	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Intact	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

**Shoulder Examination:**

Shoulder Range of Motion	Right	Left	Normal
Flexion	<b>145°</b>	<b>145°</b>	180°
Abduction	<b>145°</b>	<b>145°</b>	180°
Extension	<b>40°</b>	<b>40°</b>	50°
Ext Rotation	<b>70°</b>	<b>70°</b>	90°
Ext Internal Rotation	<b>70°</b>	<b>70°</b>	90°
Adduction	<b>40°</b>	<b>40°</b>	50°

**Tenderness was noted over the anterior deltoid bilaterally not the supraspinatus insertion,**

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biceps tendon or acromioclavicular joint.

**Impingement and Hawkins signs were positive bilaterally.** Job's sign was negative.

Apprehension test and re-location test were negative. No sulcus were present. Yergason test was negative. No deformity or incision was noted around the shoulder area.

### **Lumbar Examination:**

Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

**There is tenderness and spasm in the paravertebral muscle,** but not the spinous processes and the flank. **The sciatic notch area was tender on the right. The patient toe and heel walks with pain. The patient squats with pain.**

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	<b>40°</b>	60° finger to ankle	<b>Present</b>	<b>Present</b>
Extension	<b>20°</b>	25°	<b>Present</b>	<b>Present</b>
Lateral Flex (rt.)	<b>20°</b>	25°	<b>Present</b>	<b>Present</b>
Lateral Flex (lt.)	<b>20°</b>	25°	<b>Present</b>	<b>Present</b>
Rotation (rt.)	<b>20°</b>	25°	<b>Present</b>	<b>Present</b>
Rotation (lt.)	<b>20°</b>	25°	<b>Present</b>	<b>Present</b>

**Supine straight leg raising: Right 40, Left 90 with right leg pain.**

Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

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Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	<b>Decreased with pain</b>	Intact	Intact
S1 Post. Leg, Outer Foot	<b>Decreased with pain</b>	Intact	Intact

**REVIEW OF RADIOGRAPHIC EXAMINATION:**

Two views of the right shoulder were obtained. AP shows no fractures or dislocations. No osseous lesions were noted. Scapular Y-view shows a type II acromion.

Two views of the left shoulder were obtained. AP shows no fractures or dislocations. No osseous lesions were noted. Scapular Y views shows type II acromion.

Four views of the lumbar spine were obtained. AP shows no fractures or dislocations. Slight scoliotic curvature was noted. Vascular clips were noted in the right upper quadrant.

Lateral view shows a loss of lordotic curvature with decreased disc height noted at multiple levels, most prominent at L3-L4 and L4-L5 as well complete disc collapse noted at the L5-S1. Possible sacralization is noted at the L5 as well as grade I anterolisthesis of the L5 on S1. Flexion and extension shows no additional findings.

**REVIEW OF MEDICAL RECORDS:**

The patient's demographics were available for review as well as 4600 letter designating our office as the primary treating physician.

**DIAGNOSES:**

Lumbosacral radiculopathy with spondylosis.

Bilateral shoulder impingement.

**DISCUSSION:**

The patient is a 58-year-old male who sustained specific injury to his shoulders, upper and low back pain on October 19, 2022, during the course of employment as a Loader for Reyes Coca Cola. The patient states that on October 19, 2022, he was hyperextending his body to pull a case which weighed about 35 pounds, when he fell a sudden onset of pain in the shoulders and upper and lower back. He states that he did report the injuries, however, no treatment was offered. He states that he did continue to work until October 30, 2022, at which point, the employer sent him home and advised to not take him back to work until he

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was 100% cleared by his doctor. He states that he has not been evaluated by any other physicians.

The patient presents to my attention today for a comprehensive orthopedic evaluation. He does continue to describe pain in multiple body parts including the lumbar spine and bilateral shoulders with radiating pain in the right lower extremities as well as occasional left lower extremity. He states that he has difficulty lifting, pushing, pulling, bending, twisting, turning, and stooping as well as difficulty with standing for prolonged periods of time. His overall pain level notes to be a 7/10. He does again have radiating pain to the lower extremities.

Physical examination today shows bilateral impingement over the shoulders and pain over the anterior deltoid radiating to the trapezius. Range of motion is limited. The lumbar spine has spasm, tenderness, and guarding noted in the paravertebral muscles as well as tenderness noted at the spinous process at level L5. Range of motion was limited and there was decreased dermatomal sensation down the right L5-S1 dermatomal distribution with positive straight leg raise at 40 degrees.

In regards to causation, it is within medical probability that the patient did sustain industrial injury during the course of employment where on October 19, 2022. He did sustain a lifting injury to his lumbar spine and bilateral shoulders.

**At this point, the patient is yet to undergo any treatment and therefore I am requesting authorization for 12 sessions of physical therapy and six sessions of acupuncture to the lumbar spine and bilateral shoulders as the patient does require additional conservative care to help reduce the pain and increase his functional capacity.**

**I am also requesting authorization for neurodiagnostic studies of the lower extremities to rule out radiculopathy versus peripheral nerve entrapment.**

Medications will be provided today including naproxen, Prevacid, as well as topical ibuprofen gel. He will also be provided with the low back support as well as neuromuscular electrical stimulator, which he may use on a daily basis.

The patient will remain on temporary total disability and he will be reevaluated again in four weeks' time. He is agreeable to this plan. All questions were answered during today's clinical visit.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.



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*We are requesting that all the patient medical records, related or unrelated to this case be sent to our attention for review which will be incorporated in accessing the treatment and medical legal issues.*

*We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".*

*Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.*

*To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Marlen Sanchez, Jason Perez and Emily Shemwell. Sherry Leoni, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.*

*In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in*

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*accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.*



Jared Toller PA-C

March 1, 2023

Date



Edwin Haronian, M.D.  
Certified Diplomate American  
Board of Orthopedic Surgery  
California License #A71385

County where executed: Los Angeles County

\*Sedgwick  
P O Box 14450  
Lexington, KY 40512  
Attn: Luc Snodgrass

\*Natalia Foley, Esq  
751 E. Weir Canyon Rd  
Anaheim, CA 92808

**PROOF OF SERVICE**  
**STATE OF CALIFORNIA**

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

**5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

On 3/1/2023 served the foregoing document described as:

EDWIN HARONIAN, M.D.

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EVALUATION REPORT

**Patient Name: Alberto Hernandez**  
**File Number:** 20080597  
**Claim #:** 22RH009775  
**DOS:** 2/6/2023

On all interested parties in this action by electronic transmission a true copy of this narrative report from 5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

Addressed as follows:

Luc Snodgrass  
Sedgwick  
P O Box 14450  
Lexington, KY 40512

Natalia Foley, Esq  
751 E. Weir Canyon Rd  
Anaheim, CA 92808

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 3/1/2023 at



---

Emily Shemwell