



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 ORTHOPAEDIC SURGEONS

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

AMERICAN COLLEGE OF SPINE SURGERY

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

5651 SEPULVEDA BLVD., STE 201
SHERMAN OAKS, CA 91411
PH: (818) 788-2400
FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
SECOND FLOOR
POMONA, CA 91768
PH. (909) 622-6222
FX (909) 622-6220

WWW • Haronian • COM

Patient Name : Alberto Hernandez
Date of Service : May 1, 2023
Claim # : 22RH009775
Employer : Reyes Coca Cola Bottling/91730
Date of Birth : October 10, 1964
Date of Injury : 10/19/2022
File # : 20080597

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN AND REQUEST FOR AUTHORIZATION

The patient is presenting to my attention and continues to complain of pain to his low back and shoulders. He also states that on his date of injury, he injured his knees and wrist also bilaterally. It is reasonable to indicate that the patient also sustained injuries to his wrist and knees as a result of his industrial accident on October 19, 2022. He has had physical therapy. He does however continue to be symptomatic.

At this time, I am requesting authorization for MRI study of the lumbar spine along with neurodiagnostic studies of the bilateral lower extremities in order to further assess his condition. Twelve sessions of physical therapy was also requested for the wrist and knees to cure and relieve the effects of an industrial injury.

He will remain on temporary total disability.

His medications will be refilled today. Ibuprofen gel will also be provided to the patient, so that he could use locally to help reduce his pain and help reduce the need for taking oral pain medications.

I will re-evaluate the patient back in four weeks. He is also scheduled to be seen by a QME on May 4, 2023.

DIAGNOSIS:

M54.17 Radiculopathy lumbosacral region
S43.409D Shoulder Sprain/Strain
M75.40 Impingement syndrome shoulder

Hernandez, Alberto

May 1, 2023

Page 2 of 3

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.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

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, Natasha Yokum, 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.

Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



May 5, 2023

Date

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

*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 5/8/2023 served the foregoing document described as:

Hernandez, Alberto

May 1, 2023

Page 3 of 3

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20080597

Claim #: 22RH009775

DOS: 5/1/2023

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 5/8/2023 at



Emily Shemwell