



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

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POMONA, CA 91768
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Patient Name : Alberto Hernandez
Date of Service : November 27, 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

The patient is presenting to my attention and continues to complain of pain to his neck, shoulders, and low back. He was seen by the QME who ordered multiple diagnostic studies. I am awaiting the supplemental QME report at this time. He has difficulty with overhead and over the shoulder activities. Authorization was requested for bilateral shoulder corticosteroid injections along with neurodiagnostic studies.

Spasm, tenderness, and guarding is noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Impingement is noted to be positive over the shoulders bilaterally with decreased range of motion as well. There is tenderness over the paraspinal musculature of the lumbar spine as well.

The conditions, risks, benefits, and alternatives have been discussed with the patient, and the patient has verbalized understanding.

The option for corticosteroid injection to the right shoulder was discussed with the patient on today's visit. He wishes to proceed with the above. Based on the above, the right shoulder was injected in a sterile fashion. He tolerated the procedure well and found some relief with the injection. There is indication of positive impingement test.

His medications will be refilled today.

I will re-evaluate the patient back in four weeks and assess his

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condition at that time.

DIAGNOSIS:

R20.2 Paresthesia of skin
M79.609 Pain in unspecified limb
S63.509D Sprain of wrist
M54.17 Radiculopathy lumbosacral region
S43.409D Shoulder Sprain/Strain
M75.40 Impingement syndrome shoulder
M54.12 Radiculopathy cervical region

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, Marlen Sanchez, Jason Perez and Emily Shemwell. Sherry Leoni, DC and Grace Chang, DC and and Grace Chang, 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 Southern California Medical Group.



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

November 29,

2023

Date

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

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November 27, 2023
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*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 12/4/2023 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Alberto Hernandez

File Number: 20080597

Claim #: 22RH009775

DOS: 11/27/2023

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 12/4/2023 at



Emily Shemwell