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March 28, 2022

Natalia Foley, Esq.
Workers Defenders Law Group
8018 E. Santa Ana Canyon Road, Suite 100-215
Anaheim Hills, CA 92808

PATIENT:	Anisa Chaney
DOB:	September 6, 1973
OUR FILE #:	207853
SSN:	XXX-XX-6450
EMPLOYER:	Sunbridge Hallmark Health Services dba Playa Del Rey Center 7716 Manchester Avenue Playa del Rey, CA 90293
WCAB #:	ADJ13521045
CLAIM#:	2080381794-01
DATE OF INJURY:	CT January 6, 2020 to June 30, 2020; CT July 6, 2019 to July 5, 2020
DATE OF 1ST VISIT:	November 9, 2020
INSURER:	American Zurich Insurance Company P.O. Box 968005 Schaumburg, IL 60196
ADJUSTOR:	Eva Reale
PHONE #:	(818) 227-1725

Primary Treating Physician's Permanent and Stationary Report

Dear Ms. Foley,

Thank you for referring Ms. Chaney, to my Los Angeles office. I examined Ms. Chaney most recently on 3/28/22 in the capacity of primary treating physician for permanent and stationary status.

ML 201: This is a Permanent and Stationary Report. The total time spent on this report (including face to face time, record review, any prior reports, supplemental

reports, test results, and any other additional records provided), and the preparation of a narrative report and its review, was 4.25 hours.

*****This is a medical legal report and does not qualify for a PPO/network discount.**

Job Description:

The patient began working for Sunbridge Hallmark Health Services, a skilled nursing facility on April 1, 2020 and she continued working for the facility until July 6, 2020. She worked as a registered nurse supervisor. Her work hours were from 11:00 pm to 7:00 am, five to six days per week. Her job duties involved managing staff to ensure patient care, direct patient care, administrative duties and managing facility needs. Physically, the job required for her to stand, squat, bend, walk, stoop, kneel and twist. She was also required to lift 50 or more pounds weight.

History of the Injury as Related by the Patient:

The patient filed two continuous trauma claims between the dates of July 6, 2019 and July 5, 2020 and between January 6, 2020 and June 30, 2020, for injuries that she sustained during the course of her employment.

The patient relates that at the time of her injuries she was working for Sunbridge Hallmark Health Services at Playa del Rey Center, a skilled nursing facility. She states that the company had a license facilitating up to 99 patients. She states that she worked as the supervisor and would provide supervising duties for the entire staff including the CNA's, LVN's and other registered nurses. She also performed administrative duties.

The patient states that throughout the course of her work there was a very low amount of staff. She states that she began to notice that she was performing various job duties besides her administrative duties as the registered nurse supervisor. She would perform duties for CNA's, LVN's and other RN's. She states that overtime she began to have increased stress levels. When she reported her stress to her supervisors, she was advised that additional personnel would be hired for assisting her. She states that the company never hired additional personnel causing her stress levels to continue.

The patient states that she eventually presented to an urgent care center as she had the onset of a panic attack. She was provided various medications and she was referred to a psychiatrist for which she continued in treatment with. She states that she was prescribed various medications including Prozac and Buspar. She did have some relief with both of these medications. However, at this time,

the patient is on Tylenol and at times she takes Ativan. Her significant stress continues at the workplace.

The patient also has other symptoms including abdominal pain, nausea, vomiting, and diarrhea and weight loss. The patient also has difficulty with concentration and sleep. She also complains of headaches and dizziness.

The patient also complains of musculoskeletal pain that has progressed since leaving her workplace. She complains of pain in the cervical spine, left shoulder, left elbow and left hand. She also complains of numbness of the left hand, as well as dropping items with the left hand. The patient also complains of bilateral knee, left ankle and left foot pain.

Prior Treatment:

The patient has been in treatment with Dr. Valentine Hernandez prior to coming to this office.

Previous Work Descriptions:

Prior to working as a registered nurse, the patient worked in cosmetology.

Occupational Exposure:

The patient was exposed to chemicals, dust and vapors during the course of her work. The patient was exposed to excessive noise during the course of her work. She was exposed to excessive heat and cold.

Past Medical History:

The patient denies any history of previous medical or surgical conditions. She has no known allergies. There is no history of prior accidents or injuries. There is no other significant medical history.

Previous Workers' Compensation Injuries:

None

Social History:

The patient is married. She has two children. She does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's parents have died. Her mother died of a brain aneurysm with a known diagnosis of hypertension and depression. Her father died of liver disease secondary to alcoholism. She has one brother and one sister who are alive and well. There is no other significant family medical history.

Review of Systems:

The patient complains of headaches, dizziness, lightheadedness, chest pain, palpitations, and shortness of breath. She denies a complaint of eye pain, visual difficulty, ear pain, hearing problems, sinus problems, sinus congestion, cough, throat pain, postnasal drip, jaw pain, jaw clenching, dry mouth, wheezing, hemoptysis or expectoration. The patient complains of abdominal pain, nausea, vomiting, diarrhea, and weight loss. She denies a complaint of acid reflux or constipation. The patient denies any genitourinary complaints including dysuria, frequency, urgency or urinary tract infections. The patient's musculoskeletal complaints involve cervical spine pain 8/10, lumbar spine pain 7/10, left shoulder pain 8/10, left elbow pain 7/10, left wrist pain 7/10, bilateral hand pain 5/10, left hip pain 6-8/10, right knee pain 6/10, left knee pain 7/10, left ankle pain 6/10 and left foot pain 6/10. There is a complaint of peripheral edema and swelling of the ankles. The patient's psychosocial complaints include anxiety, depression, difficulty concentrating, difficulty sleeping, and difficulty making decisions. There is no hair loss or dermatologic complaints. There is no intolerance to excessive heat or cold. There is a complaint of diaphoresis, but denies a complaint of fever, chills or lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury:

The patient complains of difficulty sleeping due to her musculoskeletal pain. She wakes up several times a night because of the pain. She also has problems with dressing, self-grooming, climbing stairs and performing housework. She denies any problems with bathing, toileting, walking, shopping, cooking, or driving.

Current Medications:

The patient currently takes Tylenol 1,000 mg BID, Ativan 0.5 mg PRN, Prozac 10 mg BID, Buspar 10 mg BID, Flurbiprofen topical cream to apply BID, Gabapentin topical cream to apply BID, Lansoprazole 15 mg daily, Tramadol 50 mg BID

Physical Examination:

The patient is a left-handed 48-year-old alert, cooperative and oriented African/American female, in no acute distress. The following vital signs and

measurements are taken today on examination: Weight: 135 pounds. Blood Pressure: 104/38. Pulse: 69. Respiration: 16. Temperature: 97.6 degrees F.

Skin:

No abnormalities were detected.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination. There is left sided TMJ tenderness.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is flat, non-tender without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is tenderness of the left side of the cervical spine. There is tenderness of the lumbar paraspinal musculature. There is tenderness of the left shoulder. There is a tenderness of the left elbow. There is tenderness of the left wrist. Tinel's is positive at the left wrist. There is tenderness of the left hand. There is tenderness of the left knee.

Range of Motion Testing: (initial visit)

Cervical Spine:	Normal
Flexion	40/50
Extension	50/60
Right Rotation	70/80
Left Rotation	70/80
Right Lateral Flexion	35/45
Left Lateral Flexion	35/45

Thoracic Spine:	
Flexion	60/60
Right Rotation	30/30
Left Rotation	30/30

Lumbo-Sacral Spine:	
Flexion	50/60
Extension	20/25
Right Lateral Flexion	20/25
Left Lateral Flexion	20/25

Shoulder:	*Right*	*Left*
Flexion	180/180	150/180
Extension	50/50	40/50
Abduction	180/180	140/180
Adduction	50/50	40/50
Internal Rotation	90/90	70/90
External Rotation	90/90	70/90

Hips:	*Right*	*Left*
Flexion	130/140	110/140
Extension	0/0	0/0
Abduction	40/45	40/45
Adduction	25/30	25/30
Internal Rotation	40/45	40/45
External Rotation	40/45	40/45

Elbow:	*Right*	*Left*
Flexion	140/140	140/140

Forearm	*Right*	*Left:*
Pronation	80/80	70/80
Supination	80/80	70/80

Wrist:	*Right*	*Left*
Dorsiflexion	60/60	50/60
Palmar Flexion	60/60	50/60
Radial Deviation	20/20	15/20
Ulnar Deviation	30/30	25/30

Knee:	*Right*	*Left*
Flexion	130/130	130/130

Ankle/Foot:	*Right*	*Left*
Dorsiflexion	15/15	15/15
Plantar Flexion	40/40	40/40
Inversion	30/30	30/30
Eversion	20/20	20/20

Neurological Examination:

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL SPINE, LUMBAR SPINE, LEFT SHOULDER, LEFT ELBOW, LEFT WRIST, BILATERAL HANDS, LEFT HIP, BILATERAL KNEES, LEFT ANKLE AND LEFT FOOT
2. CERVICAL SPINE SPRAIN/STRAIN
3. LUMBAR SPINE SPRAIN/STRAIN
4. INTERNAL DERANGEMENT, LEFT SHOULDER
5. EPICONDYLITIS LEFT ELBOW
6. CARPAL TUNNEL SYNDROME LEFT WRIST
7. INTERNAL DERANGEMENT LEFT KNEE
8. INTERNAL DERANGEMENT OF RIGHT KNEE
9. INTERNAL DERANGEMENT BILATERAL ANKLES
10. MULTI LEVEL DISC DISEASE OF CERVICAL SPINE
11. MULTI LEVEL DISC DISEASE OF LUMBAR SPINE

12. CEPHALGIA
13. VERTIGO
14. CHEST PAIN
15. PALPITATIONS
16. GASTRITIS SECONDARY TO NSAID MEDICATIONS (IBUPROFEN)
17. NAUSEA/VOMITING
18. IRRITABLE BOWEL SYNDROME MANIFESTED BY DIARRHEA SECONDARY TO NSAID MEDICATIONS (IBUPROFEN)
19. WEIGHT LOSS
20. PERIPHERAL EDEMA/SWELLING OF ANKLES
21. ANXIETY DISORDER
22. DEPRESSIVE DISORDER
23. SLEEP DISORDER
24. DIAPHORESIS

Discussion/Causation:

Ms. Chaney was employed as a registered nurse supervisor with Sunbridge Hallmark Health Services. While working for Sunbridge Hallmark Health Services, Ms. Chaney sustained continuous trauma injuries affecting her **lumbar spine, left knee,** and **left feet**. Ms. Chaney relates these injuries to the frequent bending at the waistline, repetitive strain, heavy lifting and frequent use of the upper extremities at the waistline.

Ms. Chaney relates complaints of abdominal pain and diarrhea. Ms. Chaney was prescribed Ibuprofen for her orthopedic industrial injuries. As a consequence of taking Ibuprofen, an NSAID medication, Ms. Chaney developed **gastritis/GERD symptoms** and **irritable bowel syndrome**. The use of NSAID medications has been known to cause gastritis/GERD symptoms and irritable bowel syndrome. NSAIDs are a class of drugs that, although beneficial for pain management, can have deleterious effects on the gastrointestinal system. NSAIDs, such as Ibuprofen, work as non-selective inhibitors of the cyclooxygenase-1 and cyclooxygenase-2 (COX-1 and COX-2), enzymes responsible for the synthesis of prostaglandins, a group of lipid compounds. In addition to regulating inflammatory processes, prostaglandins are released from the gastrointestinal lining to prevent stomach acids from eroding the gastric mucosa. Chronic use of NSAIDs diminishes the level of prostaglandins, resulting in increased irritation of the gastric mucosa, leading to gastroesophageal reflux disease (GERD) in the upper digestive tract[1] and irritable bowel syndrome (IBS) in the lower digestive tract[2]. It is within a reasonable medical probability that the administration of

[1] Akarca, U. Gastrointestinal Effects of Selective and Non-selective Non-steroidal Anti-inflammatory Drugs. *Current Pharmaceutical Design*. 2005; 11(14): 1779-1793.
[2] Laine, L., Dubois, R., et al. Systemic Review: The Lower Gastrointestinal Adverse Effects of Non-steroidal Anti-inflammatory Drugs. *Ailment Pharmacology and Therapy*. 2006; 24(5): 757-767.

NSAID medications played a causative role in the development of Ms. Chaney's gastritis/GERD symptoms and irritable bowel syndrome.

As a result of the musculoskeletal pain from the orthopedic injuries and work-related psychological stress sustained, Ms. Chaney developed **cephalgia, vertigo symptomology,** and **sleep impairment**. The medical literature states there is a high prevalence of sleep disturbance in individuals with lower back pain. Both acute and persistent lower back pain patients equally experience poor sleep[3]. The medical literature states that elevated levels of stress and anxiety often accompany vestibular dysfunction, while conversely complaints of dizziness and loss of balance are common in patients with panic and other anxiety disorders. The interactions between stress and vestibular function have been investigated both in animal models and in clinical studies. Evidence from animal studies indicates that vestibular symptoms are effective in activating the stress axis, and that the acute stress response is important in promoting compensatory synaptic and neuronal plasticity in the vestibular system and cerebellum. Stress may influence central vestibular function in health and disease either directly through the actions of glucocorticoids (cortisol and corticosterone) on ion channels and neurotransmission in the brain, or indirectly through the effects of stress-related neuroactive substances (e.g., histamine, neurosteroids) on these structures. In the periphery stress hormones also regulate the function of ion transporters and ionic homeostasis in the inner ear, while in some conditions the anti-inflammatory actions of glucocorticoids may also come into play. Stress hormones may thus modulate peripheral vestibular end-organ and cochlear function through similar mechanisms of ionic homeostasis and modulate central processing in the vestibular and auditory pathways[4]. This is the case with Ms. Chaney.

In summary, I believe that Ms. Chaney has sustained compensable industrial injuries from activities during the course of or arising out of her work as a registered nurse supervisor with Sunbridge Hallmark Health Services. As of my final evaluation, Ms. Chaney's diagnoses include musculoskeletal and internal medicine disabilities as mentioned above. As detailed in the discussion above, I find Ms. Chaney's injuries to be industrial in causation. Ms. Chaney was most recently examined on 3/28/22 for permanent and stationary evaluation.

Disability Status:

Subjective Complaints:

1. Headaches
2. Dizziness

[3] Eur Spine J. 2012 Mar; 21(3): 554-560.
[4] Saman Y, Bamiou DE, Gleeson M, Dutia MB. Interactions between Stress and Vestibular Compensation - A Review. Front Neurol. 2012;3:116. Published 2012 Jul 27. doi:10.3389/fneur.2012.00116

3. Lightheadedness
4. Chest pain
5. Palpitations
6. Shortness of breath
7. Abdominal pain
8. Nausea
9. Vomiting
10. Diarrhea
11. Weight loss
12. Cervical spine pain
13. Lumbar spine pain
14. Left shoulder pain
15. Left elbow pain
16. Left wrist pain
17. Bilateral hand pain
18. Left hip pain
19. Right knee pain
20. Left knee pain
21. Left ankle pain
22. Left foot pain
23. Peripheral edema and swelling of the ankles
24. Anxiety
25. Depression
26. Difficulty concentrating
27. Difficulty sleeping
28. Difficulty making decisions
29. Diaphoresis

Objective Findings:

1. Left sided TMJ tenderness
2. Tenderness of the left side of the cervical spine
3. Tenderness of the lumbar paraspinal musculature
4. Tenderness of the left shoulder
5. Tenderness of the left elbow
6. Tenderness of the left wrist
7. Tinel's is positive at the left wrist
8. Tenderness of the left hand
9. Tenderness of the left knee
10. A pulmonary function test is performed revealing an FVC of 2.74 L (104.1%), an FEV 1 of 2.22 L (90.0%), and an FEF of 2.43 L/s (77.8%).
11. A 12-lead electrocardiogram is performed revealing normal sinus rhythm and a heart rate of 71 per minute.
12. A pulse oximetry test is recorded at 99%.

13. A random blood sugar is recorded at 67 mg/dL. The urinalysis performed by dipstick method was reported as 1+ protein.
14. A pulmonary function test is performed revealing an FVC of 2.70 L (82.5%), an FEV 1 of 2.18 L (81.7%), and an FEF of 2.20 L/s (75.3%).
15. A 12-lead electrocardiogram is performed revealing normal sinus rhythm and a heart rate of 70 per minute.
16. A pulmonary function test is performed revealing an FVC of 2.64 L (96.5%), an FEV 1 of 1.94 L (87.4%), and an FEF of 1.79 L/s (73.9%).
17. A 12-lead electrocardiogram is performed revealing sinus rhythm with sinus arrythmia and a heart rate of 73 per minute.
18. An x-ray of the chest (two views) reveals a normal study.
19. An x-ray of the cervical spine (two views) reveals mild arthritic changes noted of the C5 and C6. There is straightening of normal lordosis
20. An x-ray of the lumbar spine (two views) reveals straightening lumbar lordosis
21. An x-ray of the left shoulder (two views) reveals a normal study
22. An x-ray of the left elbow (two views) reveals a normal study
23. An x-ray of the left hand (two views) reveals a normal study
24. An x-ray of the left knee (two views) reveals mild arthritic changes.
25. An x-ray of the left foot (two views) reveals mild arthrosis of the calcaneus
26. A pulmonary function test is performed revealing an FVC of 1.71 L (62.6%), an FEV 1 of 1.29 L (58.1%), and an FEF of 1.21 L/s (50.0%).
27. A 12-lead electrocardiogram is performed revealing normal sinus rhythm and a heart rate of 68 per minute.
28. An MRI of the right knee without contrast is taken on 06/11/2021 at Pacific MRI and reveals moderate joint effusion. Intrameniscal hyperintensity within the posterior horn of medial meniscus, not extending to superior and inferior articular margins suggestive of Grade II meniscal signal changes. Mild laxity of lateral collateral ligament with intrasubstance hyperintensity suggestive of partial tear/contusion. Intrasubstance hyperintensity in anterior cruciate ligament suggestive of myxoid degeneration. Degenerative narrowing with thinning of articular carilates at patella femoral and tibio femoral joints.
29. An MRI of the lumbar spine performed on 06/11/2021 at Pacific MRI reveals mild disc desiccation at L4-L5. Discal deformity L4-L5: A disc bulge is identified. Transiting and exiting nerve roots are normal. Disc deformity measures 1.6 mm. Discal deformity L5-S1: A disc bulge is identified. Transiting and exiting nerve roots are normal. Disc deformity measures 1.8mm.
30. An MRI of the cervical spine performed on 06/12/2021 at Pacific MRI reveals small degenerative anterior osteophytes at C3 through T1. Disc desiccation involving the entire cervical spine. C4-C5: A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting

nerve root is seen. Disc measures 2.0 mm. C5-C6: A disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 1.9 mm. C6-C7: a disc bulge is identified. A disc osteophyte complex is identified. Also noted is bilateral facet joint arthrosis. Disc material and facet joint hypertrophy cause mild bilateral neural foraminal narrowing. Associated contact on bilateral exiting nerve root is seen. Disc measures 2.5 mm.

31. A 12-lead electrocardiogram is performed revealing normal sinus rhythm and a heart rate of 69 per minute.

It has been nearly two years since Ms. Chaney's sustained her industrial injuries; her status is not expected to improve significantly for the foreseeable future. Ms. Chaney has now reached a point of maximal medical improvement (MMI) and can **now be considered permanent and stationary (P&S) as of 3/28/22** for rating purposes.

Apportionment:

This is to certify that I have reviewed Labor Code sections 4663 and 4664 in rendering my opinion on apportionment or lack thereof.

Regarding the apportionment of Ms. Chaney's **lumbar spine, left knee,** and **left feet disabilities**, 80% is apportioned to industrial factors, and 20% is apportioned to the non-industrial natural degenerative changes. The basis for this decision is the frequency, intensity and duration of lumbar spine stress related by Ms. Chaney, the known natural underlying, degeneration of the spine, and the available medical evidence.

Regarding the apportionment of Ms. Chaney's **GERD and IBS**, 80% is apportioned to industrial factors, and 20% is apportioned to non-industrial factors. The basis for this decision is the orthopedic injuries that were caused by the industrial injuries sustained, the fact that Ms. Chaney was taking Ibuprofen (a type of NSAID medication), the known adverse gastrointestinal side effects of NSAIDs, and the absence of any medically significant gastrointestinal history.

Regarding the apportionment of Ms. Chaney's **cephalgia, vertigo symptomology,** and **sleep impairment**, 80% is apportioned to industrial factors, and 20% is apportioned to non-industrial factors. The basis for this decision is the duration, frequency, and intensity of the orthopedic injuries reported by Ms. Chaney, the known adverse side effects of psychological stress sustained, and the available medical evidence.

Permanent Impairment Ratings:

According to the AMA Guidelines 5th Edition, Table 15-3 Criteria for Rating Impairment Due to Lumbar Spine Injury on page 384, Ms. Chaney's **lumbar spine impairment** warrants a low DRE Class II rating of **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Ms. Chaney's **left knee impairment** is rated by analogy and is most consistent with a mild cruciate *or* collateral ligament laxity, equating to a **3% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments, Midfoot Deformity, Avascular Necrosis of the Talus without Collapse, on page 547, Ms. Chaney's **left foot impairment** warrants a **3% WPI.**

According to the AMA Guidelines 5th Edition, Table 6-3 Criteria for Rating Impairment Due to Upper Digestive Tract (Esophageal, Stomach and Duodenum, Small Intestine, and Pancreas) Disease on page 121, Ms. Chaney's **NSAID-induced gastritis** warrant a high Class I rating (symptoms of upper digestive tract disease, continuous treatment required), corresponding to a **9% WPI**.

According to the AMA Guidelines 5th Edition, Table 6-4 Criteria for Rating Impairment Due to Colonic and Rectal Disorders on page 128, Ms. Chaney's **Irritable Bowel Syndrome (IBS)** warrants a high Class I rating (symptoms of colonic or rectal disease, continuous treatment required, no evidence of anatomic alteration), corresponding to a **9% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-9 Criteria for Rating Impairment of Cranial Nerve V (Trigeminal Nerve) on page 331, Ms. Chaney's **cephalgia** qualifies for a low Class I rating (mild facial neuralgic pain, intermittent frequency, mild interference with activities of daily living), equating to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-4 Criteria for Rating Impairment Due to Sleep and Arousal Disorders on page 317, Ms. Chaney's **sleep impairment** warrants a low Class I rating (reduced daytime alertness, mild interference of activities of daily living), corresponding to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 11-4 Criteria for Rating Impairment Due to Vestibular Disorders on page 253, Ms. Chaney's **vertigo** warrants a Class II rating corresponding to a **4% WPI**.

According to the Combined Values Chart of The AMA Guides, page 604-605, Ms. Chaney's whole-body impairment is **36% = (9% + 9% + 5% + 5% + 5% + 4% + 3% + 3%).**

Work Restrictions:

For Ms. Chaney's complaints of lumbar spine pain, she should be precluded from work involving heavy lifting, repetitive pushing, pulling, stooping, or overhead work with the upper extremities.

For Ms. Chaney's complaints of left lower extremity pain, she should be precluded from work on girders, climbing ladders, rooftops, or unprotected heights, work on platforms greater than 5 feet, and work near dangerous moving machinery.

Vocational Rehabilitation:

If the above work restrictions cannot be met, then Ms. Chaney should be considered a Qualified Injured Worker (QIW) and should have access to vocational rehabilitation.

Future Medical Care:

Provisions for future medical care for Ms. Chaney's lumbar spine is indicated. She should be allowed office visits with her primary care physician in the event of future flare ups of her symptoms. Necessary and appropriate should include physical therapy sessions (as recommended by the California MTUS Guidelines) for the lumbar spine (twice per week, for 4 weeks), the use of NSAID medications, and follow up with a pain management specialist for epidural steroid injections. Surgical intervention is not anticipated at this time.

Future medical care for Ms. Chaney's GERD and IBS is indicated. Medically necessary and appropriate treatment should include follow ups with an internal medicine specialist (or her primary treating physician) for any flare-ups of her GERD and/or IBS symptoms, H_2 blockers or proton pump inhibitors (Omeprazole 20 mg QD), and selective opioid antagonists (Naloxegol) and suppositories (Dulcolax) on an industrial basis for life.

Attestation:

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 that 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.

I further declare under penalty of perjury that I, Marvin Pietruszka, M.D., or my associate, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA. X-rays, if taken, were administered by Jose Navarro, licensed x-ray technician #RHP 80136, and read by me. The chiropractic care and physical therapy treatments are provided under the direction of Ara Tepelekian, D.C.

The history was obtained from the patient and the dictated report was transcribed by Miguel Portillo, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of $64.50 per page for a total of 15 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.
Clinical Associate Professor of Pathology
University of Southern California
Keck School of Medicine
QME 008609

Sincerely,

Koruon Daldalyan, M.D.
Board Certified, Internal Medicine