

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 Los Angeles, California 90048 / Tel. (323) 933-2444 / Fax (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd, Suite 604 Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On **July 16, 2021**, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd, Suite 604 Los Angeles, CA 90048.

On **16** day of **July**, 2021, I served the within concerning:

Patient's Name: CHANEY, ANISA
Claim Number: 2080381794

- MPN Notice
- Designation of Primary Treating Physician & Authorization for Release of Medical Records
- Financial Disclosure
- Request for Authorization -
- Itemized - (Billing) / HFCA - **4/30/2021**
- QME Appointment Notification
- Primary Treating Physician's Referral
- Initial Consultation Report -
- Re-Evaluation Report / Progress Report (PR-2)
- Permanent & Stationary Evaluation Report - **4/30/2021**
- Post P&S Follow Up - _____
- Review of Records - _____
- PQME / Med Legal Report - _____
- Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____

List all parties to whom documents were mailed to:

Cc: Workers Defenders Law Group
5753 E. Santa Ana Canyon Rd Ste G No.616
Anaheim, CA 92807

Zurich
PO Box 968005
Schaumburg, IL 60196

AIG
PO Box 25977
Shawnee Mission, KS 66225

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on **16** day of **July**, 2021.


ILSE PONCE

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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April 30, 2021

Workers Defenders Law Group
8018 E. Santa Ana Canyon, Suite 100-215
Anaheim Hills, California 92808

Re: Patient: Chaney, Anisa
SSN: 561-39-6450
EMP: Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr
INS: American Zurich Insurance Company
Claim #: 2080381794
WCAB #: ADJ13521436
DOI: CT: 07/06/2019 – 07/05/2020
D.O.E./Consultation: April 30, 2021

Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation Report

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation on April 30, 2021, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **Dr. Gofnung is the PTP and the patient was examined by Dr. Gofnung.** The patient was examined with the aid of a chaperone by name Jossue Lucas.

This report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager. This report serves as a written request for written authorization for today's evaluation/consultation and all additional appropriate treatment. This request is in compliance per AB 775 and with the mandates contained in Reg. 9792.6. Please pay within 60 days to avoid interest and penalties per Labor Code §§4603.2 and 5814.

My history and physical examination are as follows.

Re: Patient: Chaney, Anisa
DOI: CT: 07/06/2019 – 07/05/2020
Date of Exam: April 30, 2021

Job Description:

Ms. Cheney was employed by Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr as a registered nurse at the time of the injury. She began working for this employer in April 2010. She worked full time.

Job activities included working with patients, medication, pushed a very heavy medi-cart, supervising the floor for what assistance the other employees required, computer work, carried out medication orders constantly, assisting patient with mobility including transfers.

During the course of work, the patient was required to perform sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, and kneeling.

Her physical activities included using the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding, writing, pushing and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 50 pounds and carry these objects up to 40 feet.

The patient was not exposed to dust, fumes, vapors; the patient was required to wear scrubs, goggles and gloves.

The patient worked 8 - 12 hours per day and 5 - 6 days a week. Normal work hours were eight. Lunch break was 30 minutes. Rest break was 10 minutes, which she rarely took due to her work schedule. The job involved working 100% indoors.

The last day the patient worked for Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr was July 5, 2020, stopped working due to injuries and inability to continue performing job duties.

There was concurrent employment at the time of the injury with My Life Foundation, she began working for them in January 2010, home health care, driving to patient's homes, she worked 15 – 20 hours a week. In April 2020, she was exposed to Covid-19 and had to stop working.

The patient denies working for any new employer.

Prior Work History:

Regarding prior employment, the patient worked for IHSS, she worked off and on for 10 years, home health aide and is a cosmetologist working only part-time for 25 years.

Re: Patient: Chaney, Anisa
DOI: CT: 07/06/2019 – 07/05/2020
Date of Exam: April 30, 2021

History of Injury and Treatment as Presented by Patient:

The patient was asymptomatic and without any disability or impairment prior to the continuous trauma injury from 07/05/2019 to 07/05/2020 as related to the neck, bilateral shoulder, greater in the left shoulder, left arm, wrist/hand and finger, low back, left hip, bilateral knees, ankles and bilateral feet.

Cumulative Trauma:

The patient states that while working at her usual and customary occupation as a registered nurse for Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr, she sustained a work-related injury to her neck, bilateral shoulder, greater in the left shoulder, left arm, wrist/hand and fingers, low back, left hip, bilateral knees, ankles and bilateral feet, which she developed in the course of her employment due to continuous trauma dated from 07/06/2019 to 07/05/2020. She attributes the injuries due to the repetitive movements while pushing the med-cart, and assisting patient with lifting or mobility and transfers.

The patient explains that she began having symptoms in her neck and bilateral shoulders, greater in the left in 2019. She had difficulty performing her work duties; the pain was causing interruption of sleep. She self-treated her symptom with massages and over-the-counter medications. She reported the injuries to her supervisor, and did advise her that the physical therapy was available, and they offered to reduce her work duties, but it never happened. She continued working with pain and discomfort. She states progressively with the same workload, she began experiencing pain in her left arm, wrist/hand and finger, low back, left side hip, bilateral knees and bilateral feet. She reported these injuries, to her supervisor and all they would say they are working on it, and she never received medical attention. She continued to self-treat.

Around 2019, she visited her primary care physician Dr. Valentin Hernandez about some discomfort in her neck and back, she was given medication. She was advised to try and reduce her work load. She occasionally had follow-up visits and was complaining of anxiety, stress and depression, due to her work environment. She was prescribed pain medication, anti-inflammatory, and anti-depressants. She was referred to a psychiatrist.

May 2020, she was seen by a psychiatrist, he prescribed medication anti-anxiety and anti-depression, she continues under his treatment every month, one on one basis. He may implement a psychologist and group therapy, which is pending.

The patient reports she is not working. She denies any new accidents or injuries. She was last seen in our office on 03/12/21. The patient reports she attended her scheduled acupuncture evaluation; however, the doctor would not see her as the patient reports she was late and the patient does not wish right now to get rescheduled. The patient reports she has been feeling better overall with the exercise she has been doing at home as instructed by my office of range of motion and stretching. The patient reports she is scheduled to undergo MRI and x-rays next month.

Re: Patient: Chaney, Anisa
DOI: CT: 07/06/2019 – 07/05/2020
Date of Exam: April 30, 2021

Current Complaints (April 30, 2021):

1. Neck pain, intermittent and slight to moderate, worse with prolonged posturing and turning the head from side-to-side.
2. Left shoulder pain, intermittent and slight, occasionally increasing to moderate with overhead reach.
3. Left elbow pain, occasional and minimal.
4. Left wrist, hand and thumb pain, occasional and slight.
5. Low back pain, intermittent and slight to moderate.
6. Left knee pain, occasional and minimal.
7. Right knee pain, frequent and slight, associated with occasional spasming.
8. Left ankle and foot pain, resolved.
9. Sleeping problems, anxiety, stress.
10. At this time the patient does not have abdominal pain.

Past Medical History:

Illnesses:

The patient denies any major medical illnesses.

Injuries:

The patient denied any prior work-related injuries.

2003 – She was the driver, she sustained a whiplash type injury to her neck and back and received chiropractic treatment, her symptoms resolved.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

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Medications:

Ativan 0.5 mg p.r.n.
Prozac 10 mg 1 tablet daily.
Tylenol or Motrin over-the-counter.

Surgeries:

The patient denied any surgical procedures.

Hospitalization:

The patient denied any hospitalization.

Review of Systems:

Review of systems is remarkable for trouble sleeping, muscle and joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress.

Activities of Daily Living:

Communication: As a result of the industrially-related injury, the patient states: Difficulty with writing, typing, with a rating of 4/5.

Physical Activities: As a result of the industrially-related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3/5.

Hand Activities: As a result of the industrially-related injury, the patient states: Difficulty with grasping or gripping, lifting, and manipulating small items with a rating of 3/5.

Travel: As a result of the industrially-related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, restful night sleep pattern, and sexual function, with a rating of 3/5.

Family History:

Mother is deceased from brain aneurism.

Father is deceased. He had liver disease.

The patient has one brother and one sister. They are well and in good health.

There is no known history of colon cancer, and breast cancer or heart problems.

Re: Patient: Chaney, Anisa
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Social History:

She is separated and she has two children.

The patient completed the four years of college, is a registered nurse.

The patient consumes alcohol socially and does not smoke.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies

Physical Evaluation (April 30, 2021) – Positive Findings:

General Appearance:

The patient is a 47-year-old left-handed female who appeared reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3.

Vital Signs:

| | |
|-----------------|--------|
| Pulse: | 70 |
| Blood Pressure: | 139/85 |
| Height: | 5'2" |
| Weight: | 135 |

Cervical Spine:

Examination revealed tenderness to palpation of bilateral paracervical and left upper trapezius musculature. Tenderness and hypomobility were noted at C3 through C7 vertebral regions.

Shoulder depression test is positive on the left.

Ranges of motion for the cervical spine were restricted and painful. Please see attached formal ranges of motion study done utilizing dual inclinometers.

Re: Patient: Chaney, Anisa
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Shoulders & Upper Arms:

Right Shoulder & Upper Arm:

Deformity, dislocation, edema, swelling, erythema, surgical scars and lacerations are not present upon visual examination of the right shoulder. The shoulder is held in a nonantalgic position.

Tenderness and spasm are not present over the supraspinatus musculature, infraspinatus musculature, teres (minor/major) musculature, subscapularis musculature, periscapular musculature and deltoid musculature. There is no tenderness over the subacromial bursa and subdeltoid bursa. The acromioclavicular joint, glenohumeral joint and clavicle are not tender. The triceps and biceps brachii muscles are without tenderness and spasm and appear intact and without evidence of rupture.

Apprehension, Dugas, Hawkins and Impingement Sign orthopedic tests are negative.

Left Shoulder:

Examination revealed tenderness over the left supraspinatus near insertion as well as over the subacromial and subdeltoid bursa.

Hawkins test was positive at the left shoulder.

Left shoulder ranges of motion were normal with pain at extremes, particularly with flexion and abduction.

| <i>Shoulder Ranges Of Motion Testing</i> | | | |
|--|--------|-------------|--------------|
| Movement | Normal | Left Actual | Right Actual |
| Flexion | 180 | 180 | 180 |
| Extension | 50 | 50 | 50 |
| Abduction | 180 | 180 | 180 |
| Adduction | 50 | 50 | 50 |
| Internal Rotation | 90 | 90 | 90 |
| External Rotation | 90 | 90 | 90 |

Elbows & Forearms:

Right Elbow:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the right elbow.

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Tenderness is not present over the lateral epicondyle, medial epicondyle and cubital tunnel. Tenderness is not present over the flexor muscle group and extensor muscle group of the forearm.

Valgus and Varus Stress Tests are negative. Cozens' (resisted wrist extension) and Golfers' (resisted wrist flexion) tests are negative.

Tinel's sign at the right elbow is negative.

Left Elbow:

Tenderness was not present on today's examination at the left lateral epicondyle or left forearm.

Left Cozen's test was unremarkable on today's visit.

Ranges of motion for the elbows were within normal limits without pain at bilateral elbow.

| <i>Elbow Range of Motion Testing</i> | | | |
|--------------------------------------|--------|-------------|--------------|
| Movement | Normal | Left Actual | Right Actual |
| Flexion | 140 | 140 | 140 |
| Extension | 0 | 0 | 0 |
| Supination | 80 | 80 | 80 |
| Pronation | 80 | 80 | 80 |

Wrists & Hands:

Right Wrist & Hand:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the right wrist and hand.

Tenderness is not present over the volar and dorsal crease of the wrist. Tenderness is not present over the carpal tunnel and carpals. There is no tenderness over the distal ulna and radius. There is no tenderness noted over the anatomical snuff box and triangular fibrocartilage complex. There is no mechanical block noted during ranges of motion of the wrist. There is no tenderness over the thenar hand musculature, hypothenar hand musculature and intrinsic hand musculature.

Tinel's sign, Finkelstein's test, Phalen's test and reverse Phalen's test are negative.

Re: Patient: Chaney, Anisa
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Left Wrist & Hand:

Tenderness was present over the left thumb over the first carpometacarpal joint and metacarpophalangeal joint.

Finkelstein's test was positive. Left Phalen's test was negative.

Ranges of motion of the right wrist and left wrist were accomplished without pain, spasm and weakness.

| <i>Wrist Range of Motion Testing</i> | | | |
|--------------------------------------|--------|-------------|--------------|
| Movement | Normal | Left Actual | Right Actual |
| Flexion | 60 | 60 | 60 |
| Extension | 60 | 60 | 60 |
| Ulnar Deviation | 30 | 30 | 30 |
| Radial Deviation | 20 | 20 | 20 |

Ranges of motion of the left hand digits were within normal limits **with tenderness at the left thumb at extremes of range of motion.**

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results: .

Left: 20/20/20

Right: 25/20/20

Left dominant upper extremity is exhibiting 20 kilograms average grip strength. For an individual of the same age, sex and body habitus, dominant upper extremity should exhibit 23.4 kilogram strength, thus rendering left upper extremity having 14% strength loss index.

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally **with the exception of left deltoid 4/5; all other myotomes appear to be within normal limits at 5/5.**

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

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Sensory Testing:

C5 (*deltoid*), C6 (*lateral forearm, thumb & index finger*), C7 (*middle finger*), C8 (*little finger & medial forearm*), and T1 (*medial arm*) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel.

| <i>Upper Extremity Measurements in Centimeters</i> | | |
|--|------|-------|
| Measurements | Left | Right |
| Biceps | 27 | 27.5 |
| Forearms | 18 | 17.5 |

Thoracic Spine:

Examination revealed tenderness to palpation of left parathoracic and left trapezius musculature. Tenderness and hypomobility were noted at T4 through T6 vertebral regions.

Kemp's test is positive on the left.

Ranges of motion for thoracic spine were decreased and painful. Please see attached formal ranges of motion study performed utilizing dual inclinometers.

Lumbosacral Spine:

Examination revealed tenderness to palpation of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility at L3 through L5 vertebral regions.

Milgram's test is positive. Sacroiliac joint compression test is positive on the left.

Straight Leg Raising Test (supine) was performed on today's visit and was positive for increased back discomfort.

Right: 75 degrees.

Left: 75 degrees.

Lumbar spine ranges of motion were decreased and painful. Please see attached formal ranges of motion study performed utilizing dual inclinometers.

Knees & Lower Legs:

Left Knee:

Tenderness to palpation was not present on today's visit of the left knee.

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Tenderness was not present at left lower leg musculature today.

Murray's test was unremarkable.

Patient left knee did not hurt during the squatting.

Right Knee:

Examination revealed tenderness to palpation was noted at the medial joint line with pain and difficulty rising from squatting position.

Right knee McMurray's test elicited increased pain at the right knee.

Ranges of motion for the knees were within normal limits.

| <i>Knee Range of Motion Testing</i> | | | |
|-------------------------------------|--------|-------------|--------------|
| Movement | Normal | Left Actual | Right Actual |
| Flexion | 135 | 135 | 135 |
| Extension | 0 | 0 | 0 |

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

Ankle Dorsiflexion (*L4*), Great Toe Extension (*L5*), Ankle Plantar Flexion (*L5/S1*), Knee Extension (*L3, L4*), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5.

Squatting is performed with/without pain.

Heel and toe walking is performed with/without difficulty.

The patient's gait does/does not demonstrate antalgia and compensation with/without. The patient ambulates with/without assistive devices, including crutches, cane, walker or a wheelchair.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 (anterior thigh), L4 (medial leg, inner foot), L5 (lateral leg and midfoot) and S1 (posterior leg and outer foot) dermatomes are intact bilaterally upon testing with a pinwheel.

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Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

| <i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i> | | |
|---|------|-------|
| Measurements (in cm) | Left | Right |
| Thigh - 10 cm above patella with knee extended | 55 | 55.5 |
| Calf - at the thickest point | 35.5 | 36 |
| Leg Length - Anterior Superior Iliac Spine To Medial Malleolus | 97 | 97 |

Review of Records:

- 1) I reviewed the entire medical file with all pertinent patient's information.
- 2) Review of MRI of right knee performed on June 11, 2021, interpreted by Amjad Safvi, MD, Radiologist revealed the following: Moderate joint effusion. Intrameniscal hyperintensity in posterior horn of medial meniscus, grade II signal. Mild laxity of lateral collateral ligament suggestive of partial tear/contusion. Intrasubstance hyperintensity in anterior cruciate ligament. Degenerative narrowing with thinning of articular cartilages at patellofemoral and tibiofemoral joints.
- 3) Review of MRI of lumbar spine performed June 11, 2021, interpreted by Nicholas Dzebolo, MD, Radiologist revealed the following: At L4-L5, 1.6 mm disc bulge. At L5-S1, 1.8 mm disc bulge.
- 4) Review of MRI of cervical spine performed June 11, 2021, interpreted by Nicholas Dzebolo, MD, Radiologist revealed the following: At C4-C5, 2 mm disc bulge and osteophyte complex with mild bilateral foraminal narrowing and contact on bilateral exiting nerve root. At C5-C6, 1.9 mm disc bulge with osteophyte complex with bilateral foraminal narrowing and contact on bilateral exiting nerve root. At C6-C7, 2.5 mm disc bulge with osteophyte complex with bilateral foraminal narrowing and contact on bilateral exiting nerve root.

Diagnostic Impressions:

1. Cervical spine myofasciitis, M79.1.
2. Cervical spine facet-induced versus discogenic pain. At C4-C5, 2 mm disc bulge and osteophyte complex with mild bilateral foraminal narrowing and contact on bilateral exiting nerve root. At C5-C6, 1.9 mm disc bulge with osteophyte complex with bilateral foraminal narrowing and contact on bilateral exiting nerve root. At C6-C7, 2.5 mm disc bulge with osteophyte complex with bilateral foraminal narrowing and contact on bilateral exiting nerve root, M53.82.

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3. Thoracic spine myofasciitis, M79.1
4. Thoracic facet-induced versus discogenic pain, M54.6.
5. Lumbar spine myofasciitis, M79.1.
6. Left sacroiliac joint dysfunction, sprain/strain, M53.3.
7. Lumbar facet-induced versus discogenic pain, M46.1.
8. Lumbar radiculitis left, rule out. At L4-L5, 1.6 mm disc bulge. At L5-S1, 1.8 mm disc bulge, M54.16
9. Left shoulder tenosynovitis/bursitis, M75.52.
10. Left shoulder impingement syndrome, rule out, M75.42.
11. Left elbow medial epicondylitis, resolving, M77.02.
12. Left brachioradialis tendinitis, resolving, M75.22.
13. Left wrist tenosynovitis, resolving, M65.849.
14. Left carpal tunnel syndrome, rule out, G56. 02.
15. Triangular fibrocartilage complex tear, left, rule out S63.592A.
16. Left knee pain, resolving.
17. Right knee sprain, rule out internal derangement, moderate joint effusion. Intrameniscal hyperintensity in posterior horn of medial meniscus, grade II signal. Mild laxity of lateral collateral ligament suggestive of partial tear/contusion. Intrasubstance hyperintensity in anterior cruciate ligament. Degenerative narrowing with thinning of articular cartilages at patellofemoral and tibiofemoral joints, S83.8X1A.
18. Tenosynovitis of left lower leg, resolved, M65.869.
19. Tenosynovitis of left ankle and foot, resolved, M65. 872.
20. Left Achilles tendinitis, resolved, M76.62.
21. Anxiety and depression, sleeping difficulty, F41.9, F34.1.

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22. Abdominal pain, resolved, R10.9.

Discussion and Treatment Recommendations:

The patient was declared permanent and stationary.

The patient is **recommended to proceed with x-rays for cervical, thoracic and lumbar spine, left shoulder, left elbow, left wrist, right knee and left ankle.**

The patient is **recommended MRI of the cervical spine, lumbar spine, left shoulder and right knee.**

The patient is **recommended home exercises to include range of motion and stretching, McKenzie exercises, wall squats, core strengthening utilizing a gym ball as well as resistance band training to improve function and strength. The patient is encouraged to go to gym and perform strength training with light weight to tolerance to include free weights as well as machines as well as swimming and walking to tolerance to maintain her current level of condition in an effort to further improve.**

The patient underwent above MRIs, which were reviewed. Based on the review of the MRI reports and our examination findings, the patient requires orthopedic surgical consultation.

Medical Causation regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to cervical, thoracic and lumbar spine, left upper extremity and left lower extremity are industrially related and secondary to continuous trauma from 07/06/2019 to 07/05/2020 while working for Sunbridge Hallmark Health Serv. DBA: Playa Del Rey Ctr as a registered nurse.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

The patient's condition is now permanent and stationary.

Re: Patient: Chaney, Anisa
DOI: CT: 07/06/2019 – 07/05/2020
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Subjective Factors of Disability:

The subjective factors of disability consist of:

1. Neck pain, intermittent and slight to moderate, worse with prolonged posturing and turning the head from side-to-side.
2. Left shoulder pain, intermittent and slight, occasionally increasing to moderate with overhead reach.
3. Left elbow pain, occasional and minimal.
4. Left wrist, hand and thumb pain, occasional and slight.
5. Low back pain, intermittent and slight to moderate.
6. Left knee pain, occasional and minimal.
7. Right knee pain, frequent and slight, associated with occasional spasming.
8. Left ankle and foot pain, resolved.
9. Sleeping problems, anxiety, stress.
10. At this time the patient does not have abdominal pain.

Objective Factors of Disability:

With regards to cervical spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Abnormal orthopedic testing.
4. Abnormal MRI results.

With regards to thoracic spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.

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With regards to lumbar spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Abnormal orthopedic testing.
4. Abnormal MRI results.

With regards to right knee, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Abnormal orthopedic testing.
3. Abnormal MRI results.

With regards to left knee, the objective factors of disability consist of:

None at this time.

Work Status:

Based upon all the information available to me, including the results of diagnostic testing and my physical examination findings, as well as the patient's subjective complaints and the opinions of the secondary treating physicians, I recommend the following prophylactic work restrictions for the patient:

No lifting in excess of over 20 pounds and furthermore restricted to occasional basis. The patient should be able to sit and stand as needed based on pain levels. If the patient's abdominal pain returns, she should be seen by an internist for further work.

Vocational Rehabilitation Benefits:

In my opinion, the patient is a qualified injured worker if work restrictions cannot be accommodated.

AMA Impairment Analysis:

1. Spine: Cervical, thoracic and lumbar spine.
 2. Upper Extremity: Left shoulder, left wrist.
 3. Lower Extremity: Left knee.
- A. Cervical Spine: Patient qualifying for range of motion method due to three levels of disc protrusion/HNP as confirmed by 06/11/21 MRI and correlated clinically.
1. Cervical spine ranges of motion, 7% whole person impairment by referencing Tables 15-12, 15-13 and 15-14 on pages 414-415.

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2. Cervical spine specific disorders, 8% whole person impairment by referencing Table 15-7 on page 404 and the patient qualifying for Category IIC, 6% due to disc protrusion/HNP plus Category IIF, 2% due to two additional levels.
 3. Cervical spine total impairment is 14% whole person impairment by combining range of motion with specific disorders impairment.
- B. Cervical spine using DRE method, the patient qualifies for DRE Category II, 8% whole person impairment by referencing Table 15-5 on page 392 due to asymmetrical loss of range of motion and disc protrusion/HNP.
- Cervical spine is best represented by range of motion method.
- C. Thoracic Spine: The patient qualifies for DRE Category II, 5% whole person impairment by referencing Table 15-4 on page 389 due to asymmetrical loss of range of motion.
- D. Lumbar spine: Patient qualifies for DRE Category III and is given 12% whole person impairment by referencing Table 15-3 on page 384 due to asymmetrical loss of range of motion, disc protrusion/HNP.
- E. Spine total impairment is 28% whole person impairment by combining 14% cervical spine impairment with 12% lumbar spine impairment with 5% thoracic spine impairment.

Upper Extremity: .

1. Left shoulder range of motion, 0% upper extremity impairment.
2. Left wrist/hand major grip strength impairment is 10% upper extremity impairment by referring table 16-32 and 16-34 on page 509 due to 14% SLI.
3. Left upper extremity 10% impairment converts to 6% whole person impairment by referencing Table 16-3 on page 439.

Lower Extremity:

Left knee range of motion, 0% lower extremity impairment.

Total Calculated Whole Person Impairment Rating:

Total calculated whole person impairment is 32% by combining 28% spinal impairment with 6% upper extremity whole person impairment.

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Apportionment to Causation:

Based on the patient's past medical history, she had a prior injury to neck and back in a motor vehicle accident in 2003, for which she received treatment and her symptoms resolved. She denied any other prior injuries. She denied any symptoms, disability or impairment with regards to cervical, thoracic or lumbar spine, left upper extremity and bilateral lower extremities prior to above-described continuous trauma. Review of the diagnostic studies revealed traumatic disc herniations at cervical and lumbar spine. With regards to right knee, there were degenerative changes as well as traumatic changes noted on the MRI. However, the preexisting degenerative changes were dormant and asymptomatic and lit up as a result of the above-described continuous trauma injuries. Based upon currently available information, I apportion causation with regards to cervical, thoracic and lumbar spine 95% to continuous trauma and 5% to preexisting degenerative changes. With regards to left shoulder and left wrist, 100% to continuous trauma and 0% to non-industrial causes. With regards to bilateral knees, 95% to continuous trauma and 5% to preexisting degenerative changes.

Please note, I reserve the right to change my opinions should additional medical records come forward.

Future Medical Care:

Provisions should be made for further chiropractic, physiotherapy, acupuncture, orthopedic, interventional pain management, internal medicine and repeat imaging studies of X-rays, MRIs to include diagnostic testing of NCV/EMG studies if needed.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "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 I have indicated I have 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."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers

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experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

Time spent on reviewing the records and preparation of this report, including dictation and editing, was 60 minutes. **Reviewing the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition in preparing this report, 30 minutes were spent.**

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Should you have any questions with regard to this consultation please contact me at my office.

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Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 2 day of July, 2021, in Los Angeles, California.

EEG:

Eric E. Gofnung Chiropractic Corp

6221 Wilshire Blvd Suite 604
Los Angeles, CA 90048
United states

Phone (323)933-2444
Fax (323)933-2909

Important Notice: This report contains protected health information that may not be used or disclosed unless authorized by the patient or specifically permitted by the Health Insurance Portability and Accountability Act (HIPAA).

Date

Evaluator

Summary/Discussion

Calibration Certificate

| Device ID | Device Type | Date of Examination |
|-----------|---------------|---------------------|
| 19EE89 | Muscle Tester | 4/30/2021 |

Last Factory Calibration

| Date |
|-----------|
| 5/28/2014 |

Last Full Calibration

| JTECH Recommended Drift Limits | Drift from Factory Calibration | Date & Time |
|--------------------------------|--------------------------------|----------------------|
| ±20% | 2.0% | 1/20/2021 3:59:10 PM |

Last Zero Calibration

| JTECH Recommended Drift Limits | Drift from Factory Calibration | Date & Time |
|--------------------------------|--------------------------------|----------------------|
| ±20% | 2.0% | 1/20/2021 3:59:10 PM |

Patient Information

Name: Anisa Chaney
Gender: Female
Dominant Hand: Right

Primary Insurance

Secondary Insurance

Employer

Referral

Attorney

Care Providers

Range of Motion - Inclinometry

Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

| % Norm | Difference | Result | Norm | Cervical ROM |
|--------|------------|--------|------|-------------------------|
| 68% | 16° | 34° | 50° | Cervical Flexion |
| 62% | 23° | 37° | 60° | Cervical Extension |
| 64% | 16° | 29° | 45° | Cervical Lateral Left |
| 64% | 16° | 29° | 45° | Cervical Lateral Right |
| 65% | 28° | 52° | 80° | Cervical Rotation Left |
| 66% | 27° | 53° | 80° | Cervical Rotation Right |

70%

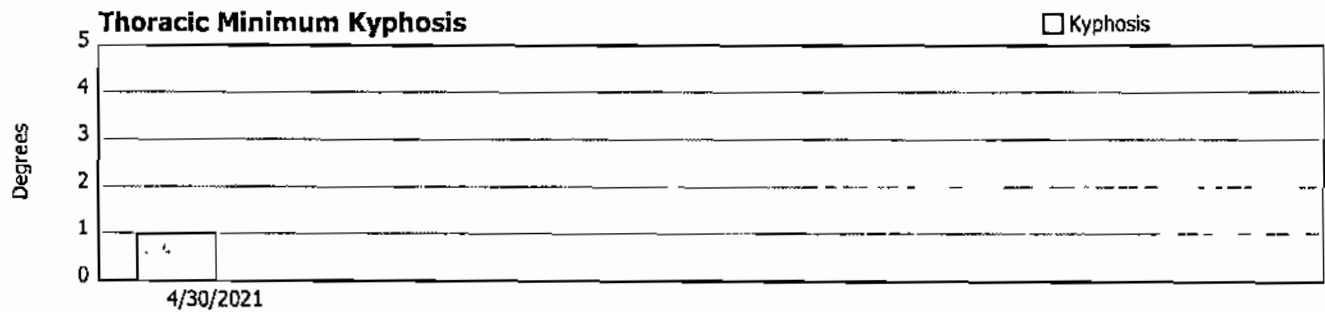
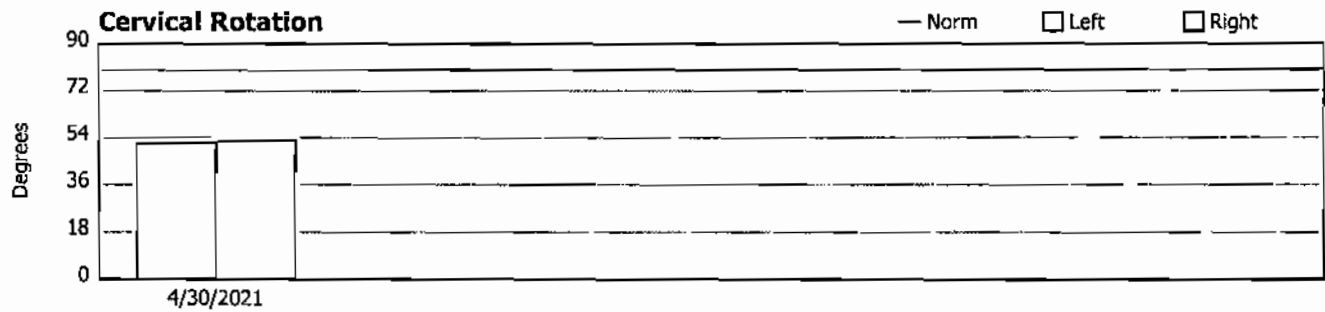
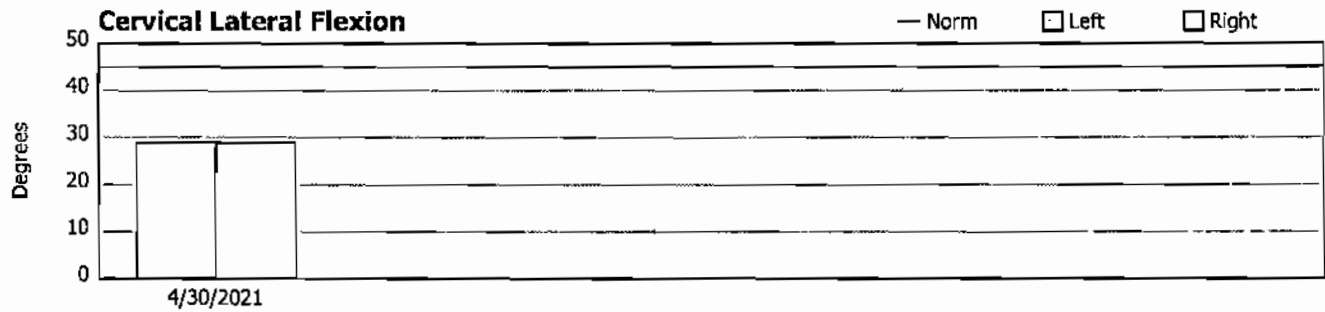
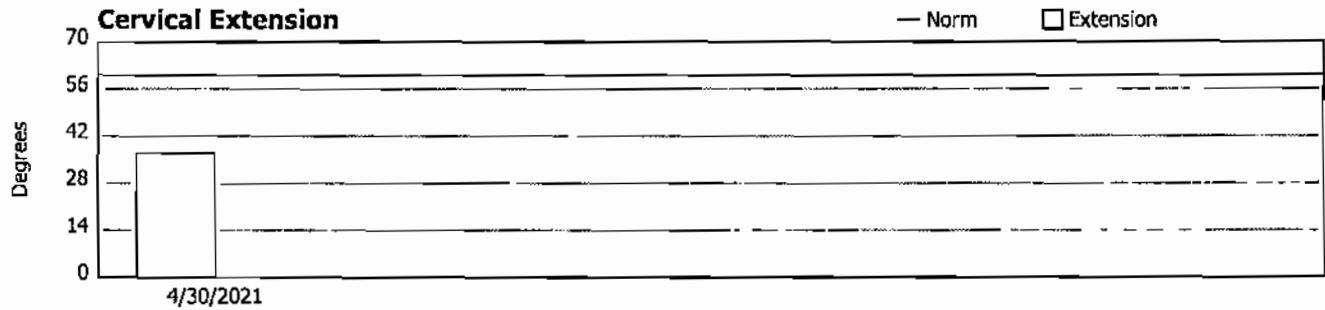
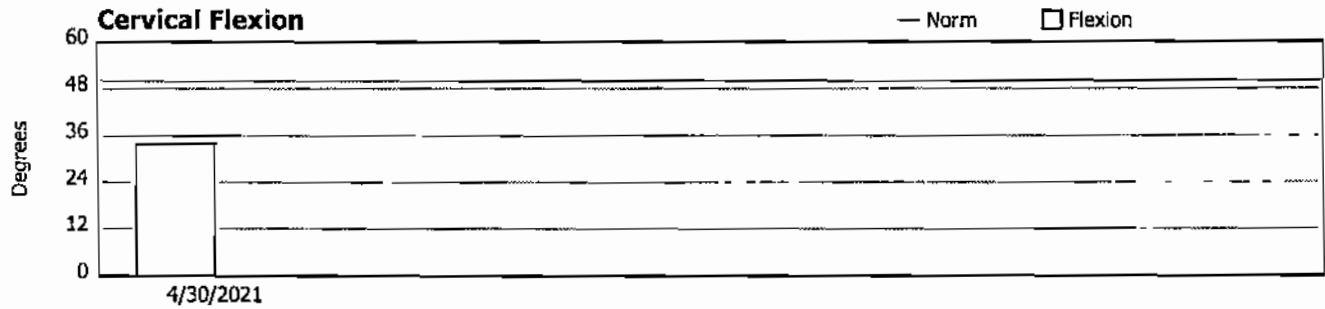
| % Norm | Difference | Result | Norm | Thoracic ROM |
|--------|------------|--------|------|---------------------------|
| - | - | 1° | - | Thoracic Minimum Kyphosis |
| 64% | 16° | 29° | 45° | Thoracic Flexion |
| 77% | 7° | 23° | 30° | Thoracic Rotation Left |
| 87% | 4° | 26° | 30° | Thoracic Rotation Right |

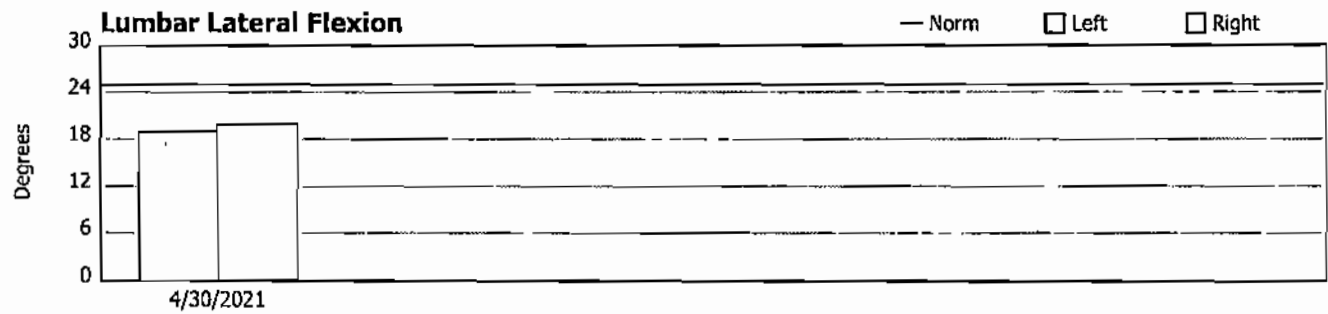
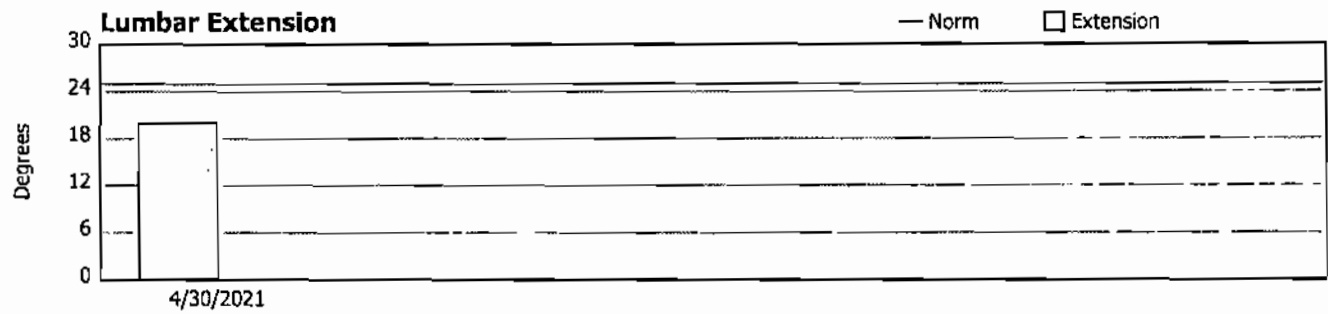
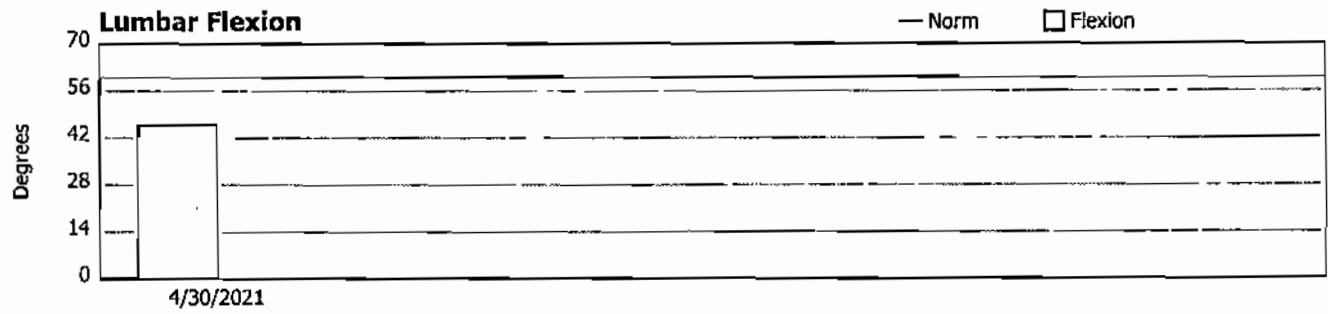
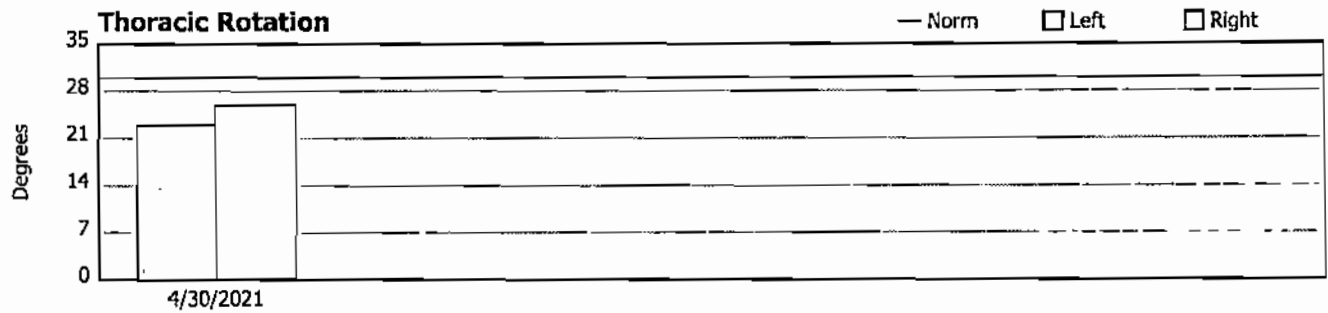
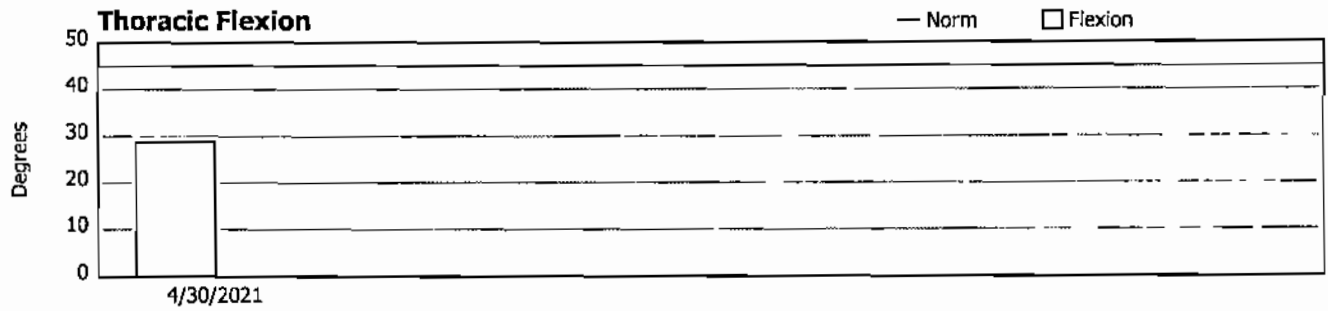
| % Norm | Difference | Result | Norm | Lumbar ROM |
|--------|------------|--------|------|----------------------|
| 77% | 14° | 46° | 60° | Lumbar Flexion |
| 80% | 5° | 20° | 25° | Lumbar Extension |
| 76% | 6° | 19° | 25° | Lumbar Lateral Left |
| 80% | 5° | 20° | 25° | Lumbar Lateral Right |

According to the AMA Guides, "An accessory validity test can be performed for lumbosacral flexion and extension... If the straight-leg-raising angle exceeds the sum of sacral flexion and extension angles by more than 15°, the lumbosacral flexion test is invalid. Normally, the straight-leg-raising angle is about the same as the sum of the sacral flexion-extension angle... If invalid, the examiner should either repeat the flexion-extension test or disallow impairment for lumbosacral spine flexion and extension."

Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

Spine Range of Motion Progress





Custom Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using dual inclinometry protocols.

Custom Spine Range of Motion Progress

Extremity Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the single and dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

The table(s) above show current test results compared to American Medical Association normative values.

Extremity Range of Motion Progress

Custom Extremity Range of Motion

The patient's range of motion was objectively evaluated with Tracker ROM from JTECH Medical using single and/or dual inclinometry protocols.

Custom Extremity Range of Motion Progress

Muscle Strength Testing

Muscle Tests

The patient was tested using the JTECH Tracker system, a computerized muscle strength evaluation system. When compared to the opposite side, a strength difference greater than 15% is generally recognized as an indication of motor deficit.

Consistency of the patient's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

Muscle Test Progress

Custom Muscle Tests

The patient was tested using the JTECH Tracker system, a computerized muscle strength evaluation system. When compared to the opposite side, a strength difference greater than 15% is generally recognized as an indication of motor deficit.

Consistency of the patient's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

Custom Muscle Test Progress

The ratios displayed below can be used to quickly compare the maximum strength results of opposing muscle test motions. The notation A:B means the ratio of A to B and is equal to A divided by B.