EDWIN HARONIAN, M.D.
—DISORDERS & SURGERY OF THE SPINE—

• Minimally Invasive Spine Surgery

• Complex & Revision Spine Surgery

• Comprehensive Spine Care

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Zurich
PO Box 968005
Schaumburg, IL 60196
Attn: Eva Reale

Patient Name	:	Anisa Chaney
Date of Service	:	July 15, 2021
Claim #	:	2080381794
Employer	:	Sunbridge Hallmark Health DBA Playa Del Rey Ctr
Date of Birth	:	September 6, 1973
Date of Injury	:	CT:01/06/2020 - 06/30/2020
File #	:	20071186

INITIAL ORTHOPEDIC EVALUATION OF A SECONDARY PHYSICIAN

The above captioned patient, a forty-seven-year-old left-hand dominant female, presented in my Sherman Oaks office, located at 5651 Sepulveda Boulevard, Suite 201, Sherman Oaks, CA 91411, on July 14, 2021, 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:

Ms. Chaney is a forty-seven-year-old right-hand dominant female who sustained cumulative trauma injuries to her neck, left shoulder lower back and right knee from January 6, 2020 through June 30, 2020 during the course of her employment as a registered nurse for Sunbridge Hallmark Health Services.

She indicated that during the course of her employment she developed the onset of pain in her neck, left shoulder, lower back and right knee which she attributed to performing the repetitive physical demands of her job duties.
She also described about three years ago she had to jump over a fence in order to get a resident who escaped the facility where she worked. As she jumped and fell on the other side of the fence, she injured her right knee.

She also developed psychological and internal injuries due to work-related stress.

Ms. Chaney stated that she reported the injuries to her supervisors however she was not sent to a company doctor.
Around 2018, she self-procured treatment with her family physician who evaluated her and recommenced pain medications. She believes that she underwent MRI studies of her left shoulder however she did not undergo other treatment at the time.

She indicated that she worked through July 10, 2020 at which point she was terminated.

Around August of 2020, she commenced treatment with Eric Gofnung, D.C. who obtained MRI studies of her neck, lower back and right knee. She underwent a course of physical therapy however she did not feel improvement in her pain. She stated that she has not undergone other treatment for her orthopedic injuries.

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

JOB DESCRIPTION:
The patient began employment as a registered nurse for Sunbridge Hallmark Health Services since 2010.

She worked eight hours per day, five days per week. Her job duties at the time of injury included: providing patient care, assisting with activities of daily living, passing and administering medications, charting on the computer and physical charts, assisting the patients in transferring and repositioning, operating a computer, pushing beds and wheelchairs, cleaning, sweeping, mopping, changing linen, making beds.

The precise activities required entailed prolonged standing and walking, as well as continuous fine maneuvering of her hands and fingers, and repetitive bending, stooping, squatting, kneeling, twisting, turning, forceful pulling and pushing, forceful gripping and grasping, lifting and carrying 100+ pounds, torquing, reaching to all levels, ascending and descending ladders.

CURRENT WORK STATUS:

The patient is currently not working. She last worked on July 10, 2021.

EMPLOYMENT HISTORY:
The patient states that prior to working for the employer at the time of the injury, she worked for IHSS as a homecare provider for ten years.

PRESENT COMPLAINTS:
Neck:
The patient presents today with complaints of intermittent pain in the neck. She has occasional headaches, which she associates with her neck pain. She has stiffness in the neck and her pain is aggravated when she tilts her head up and down or moves her head from side to side. Her pain increases with prolonged sitting, standing, walking, and with bending of her neck and turning of her head. She has difficulty sleeping and awakens with pain and discomfort. Her pain level varies throughout the day depending on activities. Pain medication provide her pain improvement, but she remains symptomatic.

Left Shoulder:
The patient has complaints of intermittent pain in her left shoulder. She complains of stiffness to her shoulder. Her pain increases with reaching, pushing, pulling, and with any lifting. Lifting her upper extremity above shoulder level also increases her pain. Her pain level varies throughout the day depending on activities. She has difficulty sleeping and awakens with pain and discomfort. Rest and pain medication provide her pain improvement, but she remains symptomatic.

Lower Back:
The patient has complaints of constant lower back pain. Her pain increases with prolonged standing, walking, and sitting. She has difficulty bending, twisting, and turning. She also has difficulty sleeping and awakens with pain and discomfort. She complains of weakness and giving way of her legs. Her pain level varies throughout the day depending on activities. She does not have bowel or bladder dysfunction. She exercises and uses ice packs to relieve some of her pain.

Right Knee:
The patient has complaints of frequent pain in her right knee associated with buckling and giving way. She has difficulty standing and walking for a prolonged period of time. She is unable to kneel and squat. She has difficulty ascending and descending stairs. Her pain level varies throughout the day depending on activities. She has difficulty sleeping and awakens with pain and discomfort.

MEDICAL HISTORY:
The patient has no known history of heart disease, 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 denies previous surgeries.

INJURIES:
The patient stated that thirty years ago she injured her neck and back during a car accident. She underwent chiropractic treatment and fully recuperated.

MEDICATIONS:
The patient is currently taking Tramadol and Ativan. She also applies medicated ointments.

ALLERGIES:
The patient has no known allergies to any medications.

SOCIAL HISTORY:
The patient is separated and has two children. She does not drink and does not smoke.

FAMILY HISTORY:
Noncontributory.

HOBBIES:
The patient does not have any hobbies at this time.

ACTIVITIES OF DAILY LIVING:
The patient states prior to the above noted injury she had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury noted above she has difficulty cooking, kneeling, doing strenuous house chores, vacuuming, mopping, lifting and carrying baskets of laundry as well as grocery bags, using stairs, and prolonged sitting.

PHYSICAL EXAMINATION:
HEIGHT: 5' 2"
WEIGHT: 135lbs

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 spasm and tenderness over the paravertebral musculature but not over the upper

trapezium, interscapular area, cervical spinous processes or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	**45°**	50°
Extension	**55°**	60°
Lateral Flex (rt.)	**40°**	45°
Lateral Flex (lt.)	**40°**	45°
Rotation (rt.)	**70°**	80°
Rotation (lt.)	**70°**	80°

Range of motion was accomplished with discomfort and spasm.

Reflexes and special tests are as follows:

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	**4**	5
Biceps (C6)	5	**4**	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	**Decreased with pain**	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

Hoffman testing was positive on the left.

JAMAR Grip testing	Right	Left
	51/58/60	73/68/72

Shoulder Examination:

Shoulder Range of Motion	Right	Left	Normal
Flexion	---	---	180°
Abduction	---	---	180°
Extension	---	---	50°
Ext Rotation	---	---	90°
Ext Internal Rotation	---	---	90°
Adduction	---	---	50°

Electronic inclinometers were used for the formal ranges of motion studies. Please see attached which was used for this evaluation.

No tenderness was noted over the anterior deltoid, supraspinatus insertion or biceps tendon. **Tenderness was noted over the left acromioclavicular joint.**

Impingement and Hawkins signs were positive on the left. 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 ambulates with a cane. 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 not tender. **The patient toe and heel walks with pain. The patient squats with pain.**

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	---	60° finger to ankle	**Present**	**Present**
Extension	---	25°	**Present**	**Present**
Lateral Flex (rt.)	---	25°	**Present**	**Present**
Lateral Flex (lt.)	---	25°	**Present**	**Present**

Rotation (rt.)	---	25°	**Present**	**Present**
Rotation (lt.)	---	25°	**Present**	**Present**

Electronic inclinometers were used for the formal ranges of motion studies. Please see attached which was used for this evaluation.

Supine straight leg raising: Right 40, Left 90 **with right L5 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 reduced at the right knee not the ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

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

Hip Examination:

Hip Range of Motion	Right	Left	Normal
Flexion	100°	100°	100°
Extension	0°	0°	0°
Abduction	25°	25°	25°
Adduction	15°	15°	15°
Ext Rotation	35°	35°	35°
Internal Rotation	20°	20°	20°

Range of motion was accomplished with no pain or mechanical block. Strength of hips were normal. There was no pain with flexion, adduction, internal rotation, or external rotation. No tenderness was noted at the ASIS, rectus femoris, or greater

trochanter. Trendelenburg sign and Ober test were negative. There was no iliopsoas or iliotibial band clicking.

Knee Examination:

Knee Range of Motion	Right	Left	Normal
Flexion	---	---	135°
Extension	---	---	0°

Electronic inclinometers were used for the formal ranges of motion studies. Please see attached which was used for this evaluation.

On visual inspection, right knee brace in place. There is no erythema, ecchymosis, incision, deformity or defect about the knee. **Patellar crepitus is noted on the right. Tenderness is noted with firm compression on the right.** Patellar grind is negative. There is no swelling noted. Posterior to the knee there is no fullness and no masses were palpable. **There is medial and lateral joint line tenderness noted on the right.** There is no tenderness at the patellar tendon insertion at the distal pole of the patella. No tenderness is noted at the medial and lateral patellar facets. There is no valgus or varus instability at 0° or 30°. There is no anterior or posterior instability at 0° or 90°. **McMurray's is positive on the right.** Lachman's is negative.

REVIEW OF RADIOGRAPHIC EXAMINATION:
No radiographs were obtained of the patient today.

REVIEW OF MEDICAL RECORDS:
The letter of referral was present as well as the demographic data and the claim form.

MRI study of the patient's right knee is present in the chart, dated June 11, 2021. This was interpreted as showing a moderate joint effusion and hyperintensity in the posterior horn of the meniscus read as grade II meniscal signal changes. Laxity of the LCL was noted. Hyperintensity was noted in the ACL suggesting myxoid degeneration. There was thinning of the articular cartilage of the patellofemoral and tibiofemoral joints.

MRI of the lumbar spine was conducted on June 11, 2021. This showed a 1 to 2 mm disc bulges at L4-L5 and L5-S1 without significant central or foraminal stenosis.

MRI of the cervical spine was conducted on June 11, 2021, and showed a 1 to 2 mm disc bulges at C5-C6 and C6-C7 with mild bilateral neural foraminal narrowing at those levels.

DIAGNOSES:
Cervical radiculopathy.
Lumbosacral radiculopathy.

Left shoulder impingement.
Right knee tendinitis/bursitis.

DISCUSSION:
The patient is a 47-year-old female who sustained industrial injury as a result of cumulative trauma from January 6, 2020, to June 30, 2020, working as a Registered Nurse for Sunbridge Hallmark Health Services. The patient states that as a result of the work duties noted above she developed pain to the neck, left shoulder, back, and right knee. She reported the injury but was not provided care. She self-procured treatment privately and underwent MRI studies of the left shoulder. She was terminated in July 2020 and in an August 2020 she started treatment with Dr. Gofnung. MRI was conducted as well as physical therapy sessions and the patient has been referred today for orthopedic evaluation.

The patient is presenting complaining of neck pain which radiates into the left upper extremity with pain, paresthesia, and numbness. She is complaining of left shoulder pain with decreased range of motion and strength. She is complaining of back pain which radiates into the right lower extremity also with pain, paresthesia, and numbness. Her primary complaint is of right knee instability necessitating the use of a one-point cane and a right knee brace although she indicates that the pain is minimal.

Physical examination today showed spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine. A decrease in sensation was noted in the left C6 dermatome. Loss of strength was noted in the left deltoid and biceps graded 4/5. Positive Spurling's test was noted on the left. The left shoulder had impingement and Hawkins signs with range of motion in flexion and abduction to approximately 120 degrees. Spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine. A decrease in sensation is noted in the right L5 dermatome with positive straight leg raise at 40 degrees. The right knee has patellar crepitus on flexion and extension with both medial and lateral joint line tenderness. Positive McMurray's tests were easily elicited in both the medial and lateral compartments. As noted above, the patient is utilizing a one-point cane and a knee brace.

All conditions, risks, benefits, and alternatives were discussed with the patient, and the patient verbalized understanding. We request that all prior medical records and diagnostic studies be forwarded to our attention, so that we may avoid duplication in testing and treatment.

Given the patient's instability in the right knee, it is our opinion that she is a candidate for intraarticular injection as well as arthroscopy. For now, she wishes to initiate conservative management. It is our opinion that the surgical intervention should be available as part of future care.

The patient will be provided antiinflammatory and anti-gastritis medications as well as limited supply of ibuprofen gel for a local relief.

Correct usage of the knee brace and cane was discussed at length and the patient verbalized understanding.

Work restrictions and disability status will be deferred to the primary treating physician.

The patient will return to my attention in four to six weeks for further evaluation and recommendations.

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

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, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Shahrzad Forat, 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 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.

July 27, 2021
Date

Nicholas Cascone, P.A.C

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

County where executed: Los Angeles County

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Westlake Village, CA 91362

*Workers Defenders Law Group
8018 E. Santa Ana Cny #100-215

Anaheim Hills, 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 7/28/2021 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Anisa Chaney
File Number: 20071186
Claim #: 2080381794
DOS: 7/15/2021

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:

Eva Reale
Zurich
PO Box 968005
Schaumburg, IL 60196

Floyd, Skeren & Kelly LLP
31229 Cedar Valley Dr
Westlake Village, CA 91362

Workers Defenders Law Group
8018 E. Santa Ana Cny #100-215
Anaheim Hills, 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 7/28/2021 at

Emily Shemwell