Del Carmen Medical Center

19234 Vanowen Street - Reseda, California 91335
(818) 705-1157/Fax (818) 705-4273
delcarmentfrontoffice@yahoo.com

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.
Board Certified, Anatomic and Clinical Pathology (ABP)
Board Certified, Occupational Medicine (ABPM)
Board Certified, Forensic Toxicology (ABFT)
pathologymd@aol.com

Koruon Daldalyan, M.D.
Board Certified, Internal Medicine
Dr.kdal@gmail.com

August 12, 2021

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 Progress Report

Dear Ms. Foley,

The patient presents today, August 12, 2021, for reevaluation. The patient is assisted with disability documentation during today's visit. She has MRI studies from June 11, 2021.

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 47-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: 104/42. Pulse: 72. Respiration: 12. Temperature: 97.3 degrees F. No abnormalities were detected. 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. 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. 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. The abdomen is flat, non-tender without organomegaly. Normoactive bowel sounds are present.

Special Diagnostic Testing:

A 12-lead electrocardiogram is performed revealing normal sinus rhythm and a heart rate of 68 per minute.

Subjective Complaints:

1. Headaches
2. Dizziness
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.

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 BILATERAL ANKLES

9. ELEVATED BLOOD PRESSURE, RULE OUT HYPERTENSION
10. CEPHALGIA
11. VERTIGO
12. CHEST PAIN
13. PALPITATIONS
14. DYSPNEA
15. GASTRITIS SECONDARY TO NSAID MEDICATIONS
16. NAUSEA/VOMITING
17. IRRITABLE BOWEL SYNDROME MANIFESTED BY DIARRHEA
18. WEIGHT LOSS
19. PERIPHERAL EDEMA/SWELLING OF ANKLES
20. ANXIETY DISORDER
21. DEPRESSIVE DISORDER
22. SLEEP DISORDER
23. DIAPHORESIS
24. RULE OUT POSTERIOR CRUCIATE LIGAMENT TEAR

Discussion:

This patient suffered significant musculoskeletal injuries, as well as injuries based on the level of stress that was placed upon her at the workplace. She has noted elevated blood pressures and will require close monitoring to rule out a diagnosis of hypertension. She was prescribed NSAID medications and developed symptoms of gastritis/GERD, along with symptoms of nausea and vomiting and diarrhea. Due to her musculoskeletal pain and other conditions, she developed an anxiety and depressive disorder. She also complains of difficulty with sleep because of her pain.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

Disability Status:

The patient is to continue on temporary and total disability for a period of one month.

Treatment:

The patient is to continue with her current medications. She will be reevaluated in six weeks.

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., and/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 Adrine Madatyan, 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 7 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