

**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., 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 October 28, 2022, 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 28 day of October, 2022, I served the within concerning:

**Patient's Name:** ISRAYELYAN, ARTHUR  
**Claim Number:** UNASSIGNED  
**WCAB / EAMS case No:** ADJ16774442

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> MPN Notice   | <input checked="" type="checkbox"/> Initial Consultation Report – <u>10/24/2022</u>                          |
| <input checked="" type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2)                                       |
| <input checked="" type="checkbox"/> Financial Disclosure   | <input type="checkbox"/> Permanent & Stationary Evaluation Report – _____                                    |
| <input checked="" type="checkbox"/> Request for Authorization – <u>10/24/2022</u>  | <input type="checkbox"/> Post P&S Follow Up - _____  |
| <input checked="" type="checkbox"/> Itemized – ( Billing) / HFCA – <u>10/24/2022</u>   | <input type="checkbox"/> Review of Records - _____   |
| <input type="checkbox"/> QME Appointment Notification  | <input type="checkbox"/> PQME / Med Legal Report - _____   |
| <input type="checkbox"/> Primary Treating Physician's Referral   | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

Workers Defenders Law Group  
Natalia Foley, ESQ.  
751 S. Weir Canyon Road Suite 157-455  
Anaheim, CA 92808

Amtrust  
P.O. Box 89404  
Cleveland, OH 44101


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 28 day of October, 2022.



**ILSE PONCE**

**State of California, Division of Workers' Compensation  
REQUEST FOR AUTHORIZATION  
DWC Form RFA**

**Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.**

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
<b>Employee Information</b>				
Name (Last, First, Middle): Israyelyan, Arthur				
Date of Injury (MM/DD/YYYY): 09/12/2022		Date of Birth (MM/DD/YYYY): 08/06/1958		
Claim Number:		Employer: Door to Door Valet Cleaners		
<b>Requesting Physician Information</b>				
Name: Eric Gofnung, DC				
Practice Name: Eric Gofnung Chiro Corp.		Contact Name: Ilse Ponce		
Address: 6221 Wilshire Blvd Suite 604		City: Los Angeles	State: CA	
Zip Code: 90048	Phone: (323) 933-2444	Fax Number: (323) 903-0301		
Specialty: Chiropractor		NPI Number: 1821137134		
E-mail Address: ilse.ponce@att.net				
<b>Claims Administrator Information</b>				
Company Name: Amtrust		Contact Name:		
Address: P.O. Box 89404		City: Cleveland	State: OH	
Zip Code:	Phone:	Fax Number:		
E-mail Address:				
<b>Requested Treatment (see instructions for guidance; attached additional pages if necessary)</b>				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Facet	M53.82	Chiro Initial Consultation	99204	1 Time
Lumbar Facet	M47.816	Progress Report	WC002	
Wrist Tenosynovitis	M65.849	Transcription	99199	
Requesting Physician Signature: 			Date: 10/24/2022	
<b>Claims Administrator/Utilization Review Organization (URO) Response</b>				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

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**Employee Information**

Name (Last, First, Middle): Israyelyan, Arthur	
Date of Injury (MM/DD/YYYY): 09/12/2022	Date of Birth (MM/DD/YYYY): 08/06/1958
Claim Number:	Employer: Door to Door Valet Cleaners

**Requesting Physician Information**

Name: Eric Gofnung, DC	
Practice Name: Eric Gofnung Chiro Corp.	Contact Name: Ilse Ponce
Address: 6221 Wilshire Blvd Suite 604	City: Los Angeles State: CA
Zip Code: 90048 Phone: (323) 933-2444	Fax Number: (323) 903-0301
Specialty: Chiropractor	NPI Number: 1821137134
E-mail Address: ilse.ponce@att.net	

**Claims Administrator Information**

Company Name: Amtrust	Contact Name:
Address: P.O. Box 89404	City: Cleveland State: OH
Zip Code: Phone:	Fax Number:
E-mail Address:	

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Facet	M53.82	Electrical Stimulation	G0283	1 x a week for 6 weeks
Lumbar Facet	M47.816	Therapeutic Exercises	97110	
Wrist Tenosynovitis	M65.849	Massage Therapy	97124	
		CMT 3-4 regions	98941	
		Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature: 	Date: 10/24/2022
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Authorization Number (if assigned):	Date:
Authorized Agent Name:	Signature:
Phone: Fax Number:	E-mail Address:

Comments:

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**Employee Information**

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Date of Injury (MM/DD/YYYY): 09/12/2022	Date of Birth (MM/DD/YYYY): 08/06/1958
Claim Number:	Employer: Door to Door Valet Cleaners

**Requesting Physician Information**

Name: Eric Gofnung, DC	
Practice Name: Eric Gofnung Chiro Corp.	Contact Name: Ilse Ponce
Address: 6221 Wilshire Blvd Suite 604	City: Los Angeles State: CA
Zip Code: 90048 Phone: (323) 933-2444	Fax Number: (323) 903-0301
Specialty: Chiropractor	NPI Number: 1821137134
E-mail Address: ilse.ponce@att.net	


**Claims Administrator Information**

Company Name: Amtrust	Contact Name:
Address: P.O. Box 89404	City: Cleveland State: OH
Zip Code: Phone:	Fax Number:
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**Requested Treatment (see instructions for guidance; attached additional pages if necessary)**

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Facet	M53.82	X-rays of cervical spine,		
Lumbar Facet	M47.816	lumbar spine, bilateral wrists,		
Wrist Tenosynovitis	M65.849	hands, and finger		
		MRI of Cervical spine and		
		lumbar spine		

Requesting Physician Signature: 	Date: 10/24/2022
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**Claims Administrator/Utilization Review Organization (URO) Response**

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Facet	M53.82	internal medicine consultation		
Lumbar Facet	M47.816	ophthalmology consultation		
Wrist Tenosynovitis	M65.849			

Requesting Physician Signature: 	Date: 10/24/2022
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**Claims Administrator/Utilization Review Organization (URO) Response**

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Phone:	Fax Number:	E-mail Address:			

Comments:

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

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

Employer and/or Workers' Compensation Insurance Carrier:

Door TO Door Valet Cleaners  
9843 S Santa Monica Blvd  
Beverly Hills, CA 90212

Re: Patient -  
Social Security # -  
Date Of Injury -  
Employer -  
Claim Number -

Arthur Israyelan

CT: 9/13/21-9/12/22  
Door to Door Valet Cleaners

Designation of Primary Treating Physician  
and/or Request of Change of Physician  
&  
Authorization For Release Of Medical Records

To Whom It May Concern:

I, Arthur Israyelan, request a change of primary treating physician and/or request to be treated by a doctor of chiropractic and designate Dr. Eric E. Gofnung as my primary treating physician pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. Please accept my signature below as confirmation of my designation of Dr. Eric E. Gofnung as my primary treating physician. Pursuant to California Labor Code 4601, a request for change of physician may be made at any time.

I request all available present and future medical records to be forwarded to Dr. Eric E. Gofnung for review and comment. Please accept my signature below as my full authorization for release of my medical records and my authorization to release all necessary medical information regarding my condition to all parties involved, which include, but are not limited to my employer and/or their worker's compensation insurance company, to process the claim.

Please refer to the letterhead for Dr. Eric Gofnung's information.

Thank you for your assistance with this claim.

With Kind Regards,

Signature: X [Signature] Printed: ARTHUR ISRAYELAN Date: 09/24/22

**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**

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October 24, 2022

Workers Defenders Law Group  
Natalia Foley, ESQ.  
751 S. Weir Canyon Road Suite 157-455  
Anaheim, CA 92808

Re: Patient: Israyelyan, Arthur  
SSN: Unavailable  
EMP: Door to Door Valet Cleaners  
INS: Amtrust Concord  
Claim #: Unassigned  
WCAB #: ADJ16774442  
DOI: CT September 13, 2021 – September 12, 2022  
D.O.E./Consultation: October 24, 2022

**Primary Treating Physician's  
Initial Evaluation Report  
And Request for Authorization**

<b>Time Spent Face to face:</b>	<b>60 minutes</b>
<b>Time Spent on Report Preparation</b>	<b>30 minutes</b>

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on October 24, 2022, 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. **My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions.**

The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's

Re: Patient: Israyelyan, Arthur  
DOI: CT September 13, 2021 – September 12, 2022  
Date of Exam: October 24, 2022

evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, 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 medical history was obtained with the assistance of medical historian Maria E. Salazar.

**JOB DESCRIPTION:**

Mr. Arthur Israyelyan was employed by Door to Door Valet Cleaners as a Tailor and Customer Service Representative at the time of the injury. They began working for this employer on February 1, 2017. The patient worked full time.

Job activities included tailoring men, women and children's clothing, taking measurements, operating sewing machines and hanging/folding clothes.

The physical requirements consisted of sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, stooping, squatting and kneeling.

The patient is a right-hand dominant male, and they would use the bilateral upper extremities repetitively for simple grasping, fine manipulation, sewing, 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 twenty pounds.



Re: Patient: Israyelyan, Arthur  
DOI: CT September 13, 2021 – September 12, 2022  
Date of Exam: October 24, 2022

The patient was required to operate a sewing machine with foot controls.

The patient worked eight hours per day and five days a week. Normal work hours were 9 a.m. to 6 p.m. Lunch break was sixty minutes. Rest break was fifteen minutes. The job involved working 100% indoors.

The patient continues working to date for this employer without any restrictions.

**PRIOR WORK HISTORY:**

Regarding prior employment, the patient worked for Weatherly Cleaners from 1997 to 2017.

**HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:**

The patient states that while working at their usual and customary occupation as a Tailor and Customer Service Representative for Door to Door Valet Cleaners they sustained a work-related injury to their neck, low back, hands and fingers and eyes, which the patient developed in the course of employment due to continuous trauma dated September 13, 2021 to September 12, 2022. The patient attributes the injuries due to the repetitive movements while tailoring men, women and childrens clothing, taking measurements, operating sewing machines and hanging/folding clothes.

The physical requirements consisted of sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, stooping, squatting and kneeling, using the bilateral upper extremities repetitively for simple grasping, fine manipulation, sewing, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level, lifting and carrying objects weighing up to twenty pounds and operating a sewing machine with foot controls.

The patient continued working despite ongoing and worsening symptoms. He subsequently informed his employer of his symptoms but he was not offered medical treatment.

In approximately August 2022, the patient self-procured treatment at UCLA Santa Monica Hospital due to increased symptoms He was evaluated and prescribed pain control medication.

On September 17, 2022, the patient self-procured treatment at Brentwood Urgent Care due to increased stiffness and pain in his fingers. He was evaluated and advised to seek emergency treatment. The patient relates he self-procured emergency treatment at UCLA Santa Monica Hospital due to increased symptoms and pain and stiffness in his hands and fingers. He relates that he was admitted and blood work and various diagnostic studies were performed. Patient was diagnosed with poor blood circulation to the hands and fingers and he had gangrene developing in the fingers of both hands. The gangrene was treated with medication and he was subsequently released.

Re: Patient: Israyelyan, Arthur  
DOI: CT September 13, 2021 – September 12, 2022  
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The patient did not report his injuries due to fear of losing his job.

The patient has not received further treatment to date.

The patient presents to this office for further evaluation and treatment of his industrial injuries.

### **CURRENT COMPLAINTS:**

#### **Neck:**

The pain is moderate, and the symptoms occur frequently in the neck. There is cracking and grinding of the neck with range of motion and twisting and turning the head and neck. The pain is aggravated with flexing or extending the head and neck, turning the head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting, and carrying greater than 5-10 pounds, and working or reaching at or above shoulder level. The patient has difficulty falling asleep and is often awakened during the night by neck pain. There are stiffness and restricted range of motion in the head and neck. The pain level varies throughout the day.

#### **Bilateral Hands/Wrists:**

The pain is moderate to severe, and the symptoms occur frequently to constantly in the right and left wrist, hand, and fingers, which is present all the time. The pain is aggravated with gripping, grasping, torquing motions, flexion, and extension of the wrist/hand, pinching, fine finger manipulation, driving, repetitive use of the left upper extremity pushing, pulling, and lifting, and carrying greater than 2-3 pounds. The patient has numbness, tingling, stiffness and weakness in both hands. There is tingling in the hands and fingers. Patient has difficulty sleeping and awakens with numbness, tingling and pain, and discomfort. Pain level varies throughout the day depending on activities.

#### **Lower Back:**

The pain is moderate and the symptoms occur frequently in the lower back. The pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-pounds, going from a seated position to a standing position and twisting and turning at the torso. Patient complains of muscle spasms. Patient complains of pain and difficulty with intimate relations/sexual activity due to increased pain in the lower back. The patient denies experiencing bladder or bowel problems. Patient does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting the activities.

#### **Eyes**

Re: Patient: Israyelyan, Arthur  
DOI: CT September 13, 2021 – September 12, 2022  
Date of Exam: October 24, 2022

The patient is experiencing blurred vision and irritation in both eyes.

**Psyche:**

The patient has episodes of anxiety, stress, and depression due to chronic pain and disability status. The patient denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. The patient feels fatigued through the day and finds herself lacking concentration and memory at times. The patient worries about medical condition and the future.

The patient's condition has persisted due to continued work, lack of medical treatment, and activities of daily living.

**PAST MEDICAL HISTORY:**

**Illnesses:**

The patient has asthma and poor blood circulation.

**Injuries:**

The patient denied any prior work-related injuries.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

**Allergies:**

The patient denied any known allergies.

**Medications:**

The patient taking Hydrocodone, Aspirin 81 mg, inhaler for asthma/prn; Lipitor; Fildenaflil 20 mg; uses Bersetrasine ointment.

**Surgeries:**

The patient denied any surgical procedures.

**Hospitalization:**

The patient denied any hospitalization.

Re: Patient: Israyelyan, Arthur  
DOI: CT September 13, 2021 – September 12, 2022  
Date of Exam: October 24, 2022

The patient was asymptomatic and without any disability or impairment prior to the continuous trauma injury from September 13, 2021 to September 12, 2022, as related to the neck, low back, wrists, hands/fingers and eyes.

**REVIEW OF SYSTEMS:**

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, 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 3/5.

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, traveling by plane, restful night sleep pattern, and sexual function, with a rating of 3/5.

**FAMILY HISTORY:**

Mother is deceased and passed away from natural causes.

Father is deceased and passed away from natural causes.

The patient has no brothers or sisters.

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

**SOCIAL HISTORY:**

Mr. Israyelyan is a 64-year-old single, married male with two children.

The patient completed college.

The patient does not consume alcohol and does not smoke.

The patient does not exercise.

Re: Patient: Israyelyan, Arthur  
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The patient does not participate in any sports activities.

The patient has no hobbies.

**Physical Evaluation (October 24, 2022) – Positive Findings:**

**General Appearance:**

The patient is a 64-year-old, ambidextrous male who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

**Vital Signs:**

Pulse: 60  
Blood Pressure: 106/61  
Height: 6'1"  
Weight: 165

**Cervical Spine:**

**Examination of the cervical spine revealed tenderness to palpation with muscle guarding of bilateral paracervical and left upper trapezium musculature. Tenderness and hypomobility at C3 through C7 vertebral regions.**

**Shoulder depression test is positive on the left.**

**Ranges of motion for the cervical spine were decreased and painful.**

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	<b>30</b>
Extension	60	<b>20</b>
Right Lateral Flexion	45	<b>30</b>
Left Lateral Flexion	45	<b>35</b>
Right Rotation	80	<b>45</b>
Left Rotation	80	<b>55</b>

**Shoulders & Upper Arms:**

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

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

Apprehension, Dugas, Hawkins and Impingement Signorthopedic tests are negative bilaterally.

Ranges of motion of the right shoulder and left shoulder were performed without pain, spasm or weakness.

<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:

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

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

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

Tinel's sign at the right elbow and left elbow is negative.

Ranges of motion for the right and left elbows were accomplished without pain and spasm and were as follows:

<i>Elbow Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140

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Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

**Examination of the wrist and hand revealed tenderness to palpation at bilateral carpals, volar crease, thenar and hypothenar region as well as intrinsic hand muscles.**

**Tinel's signs are positive bilaterally. Phalen's tests are positive bilaterally.**

**Ranges of motion for both wrists were decreased and painful.**

<i>Wrist Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	40	40
Extension	60	40	40
Ulnar Deviation	30	15	15
Radial Deviation	20	10	10

Fingers:

**Examination of the finger revealed digital painful ranges of motion of digits 2 and 3 bilaterally. Nail changes in third digits bilaterally. Skin changes in 2<sup>nd</sup> and 3<sup>rd</sup> digits bilaterally.**

**Ranges of motion of digits within normal limits with pain at both hands 2<sup>nd</sup> and 3<sup>rd</sup> digit.**

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: 2/0/2**

**Right: 4/4/4**

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 finger flexor, finger abduction bilaterally 4/5, wrist extensor bilaterally 4/5, other myotomes 5/5.**

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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.

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 **with the exception of dysesthesia in bilateral hand median nerve distribution.**

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	25	25
Forearms	15	15

Thoracic Spine:

Gross edema, swelling, erythema and scars are not present upon visual examination of the thoracic spine. The thoracic spine has a normal kyphotic curvature.

Tenderness and spasm is not present over the paravertebral musculature, trapeziums, rhomboid, latissimus dorsi musculature and interscapular region bilaterally. Tenderness and hypomobility is not present over the vertebral regions from T1 to T12.

Kemp's test is negative.

Thoracic spine ranges of motion were performed without pain and spasm.

<i>Thoracic Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	60
Right Rotation	30	30
Left Rotation	30	30

Lumbar Spine:

**Examination of the lumbar spine revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at right sacroiliac joint. Tenderness and hypomobility is noted at L3 through L5 vertebral regions.**



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**Milgram’s test is positive.**

**Straight Leg Raising Test performed supine was positive bilaterally with increased radiculopathy to right lower extremity.**

**Right: 30 degrees**

**Left: 40 degrees**

**Ranges of motion for lumbar spine were decreased and painful.**

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	<b>40</b>
Extension	25	<b>10</b>
Right Lateral Flexion	25	<b>12</b>
Left Lateral Flexion	25	<b>15</b>

Hips & Thighs:

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

Tenderness and spasm is not present over the greater trochanteric region, hip bursa, hip abductor, hip adductor, quadriceps, biceps femoris musculature and femoroacetabular joint bilaterally.

Patrick Fabere test and Hibb’s test are negative bilaterally.

Hip ranges of motion were performed without pain and spasm.

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	120	120
Extension	30	30	30
Abduction	45	45	45
Adduction	30	30	30
External rotation	45	45	45
Internal rotation	45	45	45

Knees & Lower Legs:

Visual examination of knees and lower legs does not identify deformity, dislocation, edema, swelling, erythema, scars and lacerations.

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Tenderness is not present over the quadriceps tendon, patella, infrapatellar tendon, tibial tuberosity, medial joint line, lateral joint line and popliteal fossa bilaterally. Palpation of the lower leg muscles/regions was unremarkable for tenderness at the gastrocnemius, tibialis anterior (*dorsiflexion & inversion*) and peroneal musculature (*lateral ankle-eversion*) bilaterally.

McMurray's test, Varus Stress test, anterior drawer test and posterior drawer test are negative.

Range of motion of the knees was without pain, spasm, weakness, crepitus or instability bilaterally.

The patient was able to squat without knee pain or weakness.

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

Ankles & Feet:

Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Ankle ranges of motion were performed without pain, spasm, weakness, crepitus or instability bilaterally.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20

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Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

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 without pain.

**Heel and toe walking was difficult due to poor balance as well as increased lower back pains.**

The patient’s gait does not demonstrate antalgia and compensation. The patient ambulates 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.

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 &amp; Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	43	43
Calf - at the thickest point	39	38
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	102	103

Review of records:

- 1) I reviewed the entire medical file with all pertinent patient information. I have reviewed my initial history, examination and medical file.
- 2)

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**Diagnostic Impressions:**

1. Cervical spine myofasciitis, M79.1.
2. Cervical facet-induced versus discogenic pain, M53.82.
3. Cervical radiculitis, rule out, M54.12.
4. Lumbar spine myofasciitis, M79.1.
5. Lumbar facet-induced versus discogenic pain, M47.816.
6. Lumbar radiculitis right, rule out, M54.16
7. Bilateral wrist tenosynovitis, M65.849.
8. Bilateral carpal tunnel syndrome, G56.03.
9. Digital neuropathy of digits 2 and 3 bilaterally, S64.40XA.
10. Bilateral digital necrosis/poor circulation.
11. Bilateral eye discomfort, H57.13.

**Discussion and Treatment Recommendations:**

The patient is recommended comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for cervical spine, lumbar spine, bilateral wrist and hand at once a week for six weeks with a followup in six weeks.**

**Diagnostic studies recommended:**

- 1) The patient is recommended **x-rays of cervical spine, lumbar spine, bilateral wrist, hands and fingers.**
- 2) The patient is recommended **MRI of the cervical spine and lumbar spine.**

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**Specialty evaluation recommended:**

- 1) The patient is recommended **internal medicine consultation** for evaluation and possible treatment of poor circulation.
- 2) The patient is recommended **ophthalmology consultation** with regards to evaluation and treatment of complaints relating to the eyes.

**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 spine, lumbar spine and upper and lower extremities are industrially related and secondary to continuous trauma from 9/13/2021 to 9/12/2022 while working for Door to Door Valet Cleaners as a Tailor and Customer Service Representative.

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 not permanent and stationary.

**Work Status/Disability Status:**

No lifting, pushing or pulling over 15 pounds. No repeated or forceful grasping, torquing, pulling, and pushing with both hands. Must have time for doctor's appointment. If work with restriction is not available, then temporarily totally disabled until reevaluation in six weeks.

**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.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628)(b): "I declare that Dr. Kravchenko examined the patient and may have assisted with initial preparation and assembly of components of this report, and I, Dr. Gofnung, the primary treating physician, have reviewed the report, edited the document, reviewed the final draft and I am in agreement with the findings, including any and all impressions and conclusions as described in the this report."

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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 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.

Re: Patient: Israyelyan, Arthur  
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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.

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.

Sincerely,



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

Signed this 26 day of October, 2022, in Los Angeles, California.

EEG:svl

Re: Patient: Israyelyan, Arthur  
DOI: CT September 13, 2021 – September 12, 2022  
Date of Exam: October 24, 2022

Sincerely,



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Mayya Kravchenko, D.C., QME  
*State Appointed Qualified Medical Evaluator*  
*Certified Industrial Injury Evaluator*

Signed this 26 day of October, 2022, in Los Angeles, California.

MK:svl



ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

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

Date: 10 / 24 / 22

To Employer: Door to Door Valet Cleaners

RE: Employee/ Injured worker: Arthur Israyelyan

SS# and/or Date of birth: 8/4/58

Date of Injury: CT: 9/13/21 - 9/12/22

Claim #: \_\_\_\_\_

WCAB #: \_\_\_\_\_

EAMS Case #: AOS1677442

The patient named above has designated: [ ] Eric Gofnung, D.C. [ ] Mayya Kravchenko, D.C. [ ] Jyrki Suutari, D.C. as their Primary Treating Physician. The patient is being scheduled to be seen in our office for evaluation and treatment of their industrially related injuries.

Please inform us if you have an established Medical Provider Network (MPN)? Please provide us with the following information so that we can inform and provide the injured worker with the proper information on how to select a treating physician from the employer's MPN.

Per Title 8 CCR 9767.5 an employer's MPN must have at least three (3) physicians in my area of specialty, of Chiropractic, to treat the injured worker. These three chiropractors must be within 30 minutes or 15 miles of a covered employee's residence or workplace.

Please list the names and phone numbers of these three (3) Chiropractors on the following lines:

\_\_\_\_\_, D.C.; (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_, D.C.; (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_, D.C.; (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If this list of three Chiropractors in the employer's MPN is not forwarded to our office within five (5) days, we will take this to mean that you do not have three chiropractors on your MPN list within 30 minutes or 15 miles of the covered employee's residence or workplace.

If so, then the patient has requested this office to evaluate and to treat his/her industrially related medical needs and we will proceed to evaluate and treat the injured worker as needed on an industrial basis.

If you, the insurance company/employer, fail or refuse to furnish treatment to the injured worker, then the expense incurred for medical services furnished will be due as per Section 5402, subdivision (b) and (c). Labor Code 5402 (b)(c), requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. If payment of this bill is denied; we will pursue provisions under L.C. 4603.2

As of 06/01/04, Labor code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the employer please provide immediate payment.

Patient's name: ARTHUR ISRAYELYAN Signature: X [Signature]

**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323)933-2444 • Fax (323) 933-2909**

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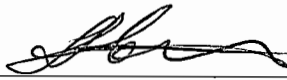
Disclosure. You may be referred to one or more of the physicians or other health care practitioners listed below. They or their family members may provide services to or have another financial interest directly or indirectly with each other.

Eric Gofnung, DC, David Feder, LAc. Mayya Kravchenko, DC.

If you would like to know of alternatives to any of them or to any other health care practitioner or facility you are referred to, please let your examining or treating doctor or his or her office staff know.

Complaints. If you have any questions, concerns, or complaints regarding any referral or any other service, please contact your doctor or his or her office manager. Your confidential communications will be protected. You have the right to file a complaint with the doctor's state licensing agency: for a chiropractor, it would be the Board of Chiropractic Examiners, 2525 Natomas Park Drive, Suite 260, Sacramento, CA 95833; for a podiatrist, the Board of Podiatric Medicine, 2005 Evergreen Street, Ste. 1300, Sacramento, CA 95815-3831; for an allopathic physician (M.D.), the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815; for an acupuncturist, the California Acupuncture Board, 1747 N. Market Blvd, Suite 180, Sacramento, CA 95834, and for an osteopath (D.O.), the Osteopathic Medical Board of California, 1300 National Drive, Suite #150, Sacramento, CA 95834-1991.

I have received this disclosure:

X   
\_\_\_\_\_  
Signature of patient  
ARTHUR ISRAYELYAN  
Type or print name of patient

Date signed by patient: OCT 24-22

Date received by patient: 10/24/22

KC  
Office staff initials