PRINT CLEAR

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.

☑ New Request ☐ Resubmission – Change in Material Facts
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

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			

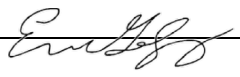
Claims Administrator Information

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

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

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	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: 12/09/2022

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay)
☐ Requested treatment has been previously denied ☐ 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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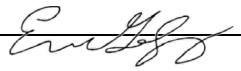
Cervical Facet	M53.82	X-Rays of Cervical Spine,		
Lumbar Facet	M47.816	Lumbar Spine, Bilateral Wrist,		
Wrist Tenosynovitis	M65.849	Hands And Fingers		
		MRI of the Cervical Spine and		
		Lumbar Spine		

Requesting Physician Signature:  Date: 12/09/2022

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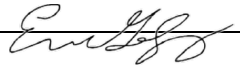
Cervical Facet	M53.82	Internal Medicine Evaluation		
Lumbar Facet	M47.816	Ophthalmology Consultation		
Wrist Tenosynovitis	M65.849	Interventional Pain Management		
		Evaluation		
		Acupuncture		

Requesting Physician Signature:  Date: 12/09/2022

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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	Hard Surgery Consultation		
Lumbar Facet	M47.816			
Wrist Tenosynovitis	M65.849			

Requesting Physician Signature:  Date: 12/09/2022

Claims Administrator/Utilization Review Organization (URO) Response

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Comments:		

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604/Los Angeles, California90048/Tel. (323) 933-2444 /Fax (323) 933-2909

December 9, 2022

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Stuie 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:	December 9, 2022

Primary Treating Physician's
Follow up Evaluation Report
And Request for Authorization

Time Spent Face to face:	**15 minutes**
Time Spent on Report Preparation	**15 minutes**

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Follow up Evaluation on December 9, 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. **Dr. Gofnung is the PTP and the patient was examined by Dr. Gofnung.**

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 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.

Interim History:

The patient reports he is improving with chiropractic and physiotherapy treatment. He has not yet had the diagnostics or specialty evaluations. He does exercise at home to the best of his ability as instructed. The patient continues working for Door to Door Valet Cleaners with modified duties as per the undersigned and is able to comply. He is concerned that he does have numbness and coldness of his hands and he complains of poor circulation. He explains he was diagnosed previously with Raynaud's phenomenon by his personal treating doctor and that was attributed to his work duties and gangrene of his fingertips which occurred in July/August of 2022, but resolved.

Current Complaints (December 9, 2022):

1. Neck pain with radiation to bilateral upper extremities extending to his hands, slight to moderate and intermittent to frequent.

2. Bilateral wrist/hand pain, numbness, tingling and cold sensation, moderate and intermittent to frequent.

3. Low back pain, slight to moderate and intermittent to frequent.

4. Blurry vision and irritation.

5. Anxiety, depression.

Physical Evaluation (December 9, 2022) – Positive Findings:

Cervical Spine:

Examination 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, measured as follows:

Cervical Spine Range of Motion Testing		
Movement	Normal	Actual
Flexion	50	**40**
Extension	60	**40**
Right Lateral Flexion	45	**35**
Left Lateral Flexion	45	**37**
Right Rotation	80	**50**
Left Rotation	80	**65**

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.

Left wrist has normal ranges of motion **with pain at extremes. Right wrist ranges of motion decreased and painful, measured as follows:**

Wrist Range of Motion Testing			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	**50**
Extension	60	60	**50**
Ulnar Deviation	30	30	**20**
Radial Deviation	20	20	**15**

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 2nd and 3rd digits bilaterally.

Ranges of motion of digits within normal limits with pain at both hands 2nd and 3rd digit.

Grip Strength Testing:

Grip strength testing was not performed on today's visit; however, prior grip strength testing performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts produced the following results:

Left: 2/0/2
Right: 4/4/4

Motor Testing of the Cervical Spine and Upper Extremities:

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

Sensory Testing:

Dysesthesia in bilateral hand median nerve distribution.

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.

Milgram's test is positive.

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

Right: 70 degrees
Left: 80 degrees

Ranges of motion for lumbar spine were decreased and painful, measured as follows:

Lumbar Spine Range of Motion Testing		
Movement	Normal	Actual
Flexion	60	**45**
Extension	25	**10**
Right Lateral Flexion	25	**15**
Left Lateral Flexion	25	**20**

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

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

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, **resolved**.
11. Raynaud's phenomenon as per the patient, I73.0.
12. Bilateral eye discomfort, H57.13.

Re: Patient: Israyelyan, Arthur
DOI: CT September 13, 2021 – September 12, 2022
Date of Exam: December 9, 2022

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.**

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.
3) The patient is recommended **interventional pain management evaluation** for pharmacological management to determine needs to injections and other procedures.
4) The patient is recommended acupuncture.
5) The patient is also **recommended hard surgery consultation**.

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, torqueing, 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.

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 it's 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.

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 Manuel 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,

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

Signed this 9th day of December, 2022, in Los Angeles, California.

EEG:svl

Re: Patient: Israyelyan, Arthur
DOI: CT September 13, 2021 – September 12, 2022
Date of Exam: December 9, 2022

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 December 23, 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 **23rd** day of **December**, 2022, I served the within concerning:

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

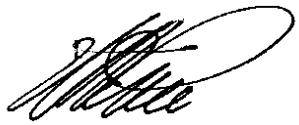
- ☐ MPN Notice
- ☐ Designation of Primary Treating Physician & Authorization for Release of Medical Records
- ☐ Financial Disclosure
- ☒ Request for Authorization – **12/09/2022**
- ☒ Itemized – (Billing) / HFCA – **12/09/2022**
- ☐ QME Appointment Notification
- ☐ Primary Treating Physician's Referral
- ☐ Initial Consultation Report –
- ☒ Re-Evaluation Report / Progress Report (PR-2) **12/09/2022**
- ☐ Permanent & Stationary Evaluation Report – _____
- ☐ 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:

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Stuie 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 **23rd** day of **December**, 2022.



ILSE PONCE