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*Fellowship Trained Spinal Surgeon  
Minimally Invasive Spinal Surgery*

*Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgeons*

Patient Name	ISRAYELYAN, Arthur	Date of Service	3/9/2023
Soc Sec No.	xxx-xx-xxxx	Date of Birth	8/6/1958
Employer	Door to Door Valet Cleaners, Inc.	Date of Injury	CT 9/13/2021 – 9/12/2022
Occupation	Customer Service/Tailor Representative	Claim No.	3569561 1
Height	6' 1"	Weight	170 lbs.

Natalia Foley, Esq.  
751 S. Weir Canyon Rd. Ste. 157-455  
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Cleveland, OH 44101

**QUALIFIED MEDICAL EVALUATION IN THE SPECIALTY OF  
ORTHOPEDIC SURGERY ML 201**

*This medical-legal report represents a Complex Comprehensive Orthopedic Medical-Legal Evaluation with medical record review as described below and is therefore being billed accordingly using an ML-201. In conformity with the established rules of the Administrative Director, I hereby certify that I have spent over 50 minutes of face to face*

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*time with the injured worker including reviewing the injured worker's history, performing the physical examination and discussing the injured worker's diagnoses, the objective and subjective factors of disability and/or whole person impairment, as well as any ratable factors that may be applicable. In addition, I have addressed the issues of causation, permanent impairment, apportionment, the need for work restriction, future medical treatment. I certify under penalty of perjury that I have personally reviewed the submitted records as part of the medical-legal evaluation and preparation of the report as outlined below:*

*Record review: Total pages reviewed 59 pages  
- 200 pages included  
Total billable pages 0 pages*

## **INTRODUCTION**

Mr. Israyelyan is a 64-year-old right-hand dominant male who sustained injuries on a continuous trauma basis from September 13, 2021 through September 12, 2022, while employed as a Customer Service Representative/Tailor for Door to Door Valet Cleaners, Inc. He presents to this office today, March 9, 2023, for a Qualified Medical Evaluation.

## **MECHANISM OF INJURY AND COURSE OF TREATMENT**

From September 13, 2021 through September 12, 2022, he experienced pain to his neck, wrists, fingers, low back and eyes. As time went on, the symptoms got progressively worse. While working, he worked in a sitting positions for about 8 hours per day, 6 days per week. As he worked, he used a sewing machine, sewing machine needles and scissors. He is unsure exactly when the pain to his neck, wrists, fingers, low back and eyes started, but he does know that as time went on, the symptoms worsened. While working, at times, he would get poked by the needles, as well. Regarding the eyes, he experienced a blurry vision due to the strain that was imposed on his eyes. Due to the symptoms that he experienced, he presented to a physician on his own.

The patient was evaluated by his physician and eye specialist. When he saw the general physician, he complained of pain to his neck, wrists, fingers, low back and eyes. The patient reports that he underwent "a lot of tests, but I don't know the names of the tests." Physical therapy was prescribed, several times per week, which provided no relief in pain. A discussion was had about acupuncture treatment, but an appointment is still pending. The patient has been undergoing aquatic therapy. He feels that while walking in the water, his symptoms improve. As for the work status, he has continued working, although the physician advised him to remain off of work. The patient reports that he has had to continue working due to his financial obligations.

The patient presented to an eye specialist. The date of the initial evaluation could not be recalled. At the time, he complained of a blurred vision. Due to the strain, he was prescribed eye drops.

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The patient has not been evaluated by any other physicians and has not undergone other diagnostic studies.

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He presents to this office today, March 9, 2023, for a Qualified Medical Evaluation.

### **JOB DESCRIPTION**

At the time of the injury, Mr. Israyelyan was working 8 hours per day, 6 days per week. His job duties entailed working as a tailor. This included working on a sewing machine, customer service and working with scissors. This required him to sit for extended periods of time. He only lifted minimal amounts of weight, but he could not provide the amount of weight he lifted.

### **EMPLOYMENT HISTORY/ WORK STATUS**

The patient has been employed by Door to Door Valet Cleaners, Inc., since February 2017.

Following the work-related injury of September 13, 2021 through September 12, 2022, the patient continued working regular duties.

The patient denies concurrent or subsequent employment while employed at Door to Door Valet Cleaners, Inc.

Currently, the patient is working regular duties. He is currently not receiving payments from workers' compensation.

### **PRIOR WORK HISTORY**

Prior to working for Door to Door Valet Cleaners, Inc., the patient worked for Weatherly Cleaners as a tailor. He worked for this company from 1996 through 2016.

### **PRESENT COMPLAINTS**

#### **Cervical spine:**

Mr. Israyelyan complains of constant pain in his neck, rated as a 6-10/10. The pain is described as being sharp at times. The pain in his neck is worse with sudden movements. He experiences radiating pain into his shoulders. The patient experiences a burning sensation to the back of his neck. Popping into his neck is present. The pain improves with lying down. Headaches are present, described as being to the forehead. Dizziness is present. He experiences irritation to his eyes.

#### **Right wrist/fingers:**

Mr. Israyelyan complains of pain in his right wrist/fingers, rated as a 6/10. Numbness and tingling in his right wrist/fingers. Loss of grip is present. The pain is worse with repetitive motions. When he wakes up in the mornings, he experiences weakness in his hands. The patient tries to massage his hands to improve the pain.

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**Left wrist/fingers:**

Mr. Israyelyan complains of pain in his left wrist/fingers, rated as a 6/10. He reports having a cold sensation in his left hand. Numbness and tingling is present. He has loss of grip and weakness. The pain is worse with repetitive motions. The pain improves with rest and massage.

**Lumbar spine:**

Mr. Israyelyan complains of constant pain in his low back, rated as an 8-10/10. He reports having sharp pain. The pain is worse with sitting. At times, he has pain that travels into his legs. The patient reports having numbness and tingling in his legs and feet. The patient has a burning sensation in his low back. He has clicking in his low back with movement. The pain in his low back improves with lying down.

**Eyes:**

Mr. Israyelyan complains of irritation to his eyes and a blurry vision. He experiences dryness to his eyes.

**ACTIVITIES OF DAILY LIVING**

Mr. Israyelyan relates that he is currently experiencing difficulty with showering, dressing and putting on his shoes. He experiences difficulty with heavy lifting activities. The patient has difficulty with sitting, standing and walking. He reports having difficulty with ascending and descending a flight of steps. He has difficulty with getting in and out of a car, and driving. The patient has trouble with sleeping and he is awakened by the pain. He has trouble with household chores, such as cooking, cleaning and doing laundry. The patient experiences difficulty with exercising.

Additionally, Mr. Israyelyan relates that he experiences sudden changes in mood, including frustration.

**MEDICAL HISTORY**

**Illnesses:**

The patient denies heart disease, hypertension, diabetes, lung disease, cancer, arthritis, fibromyalgia, and osteoporosis or blood disorders.

**Surgeries:**

None.

**Medications:**

Generic Regatio  
Baby aspirin  
Oxycodone  
Atorvastatin

**Allergies:**

No known drug allergies.

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## **FAMILY AND SOCIAL HISTORY**

Mr. Israyelyan is married and has children. He denied the consumption of tobacco or alcoholic beverages.

## **OTHER INJURIES**

The patient denies any previous work-related injuries, personal injuries, sports injuries, slip and falls and/or serious burns or lacerations.

## **REVIEW OF SUBMITTED MEDICAL RECORDS**

### **Natalia Foley, Esq., 03-08-23, Letter Addressed to Dr. Sam Bakshian, M.D.**

The parties would like to thank Dr. Bakshian for agreeing to examine the applicant, in his capacity as a Panel Qualified Medical Examiner in orthopedic injury. The parties appreciate Dr. Bakshian's agreement to evaluate the applicant in his capacity as Panel QME.

**Brief History of Injury and Treatment:** Applicant was a 64-year-old male who was employed by Door to Door Valet Cleaners as a tailor at the time of the injury. He filed the following claims against her/his employer: DOI: 09/13/21 - 09/12/22. Body parts: Fingers, back, neck, eye.

The letter goes into customary determination regarding diagnosis, causation, temporary and permanent disability, whole person impairment, need for future medical treatment, permanent and stationary status, functional capacity and apportionment.

### **09-13-22, Workers' Compensation Claim Form**

**Date of Injury:** 09/13/21, 09/13/22.

**Description of Injury:** Stress and strain due to repetitive movement over period of time

**Parts of Body Affected:** injured: Fingers both hands, lower back, neck, eyes.

### **10-04-22, Application for Adjudication of Claim**

It was claimed that the injured worker, while employed as a (n) Tailor suffered a: cumulative trauma injury which began on: 09/13/21 and ended on 09/12/22. The injury occurred at Street of CA. The parts of body injury were: Fingers, back including back muscle, neck, eye including optic nerve. The injury occurred as follows: Stress and strain due to repetitive movement over period of time, injured fingers lower back neck eyes.

### **Eric Gofnung, D.C. / Mayya Kravchenko, D.C., 10-24-22, Primary Treating Physician's Initial Evaluation Report and Request for Authorization**

**History of Injury:** The patient was employed by Door to Door Valet Cleaners as a Tailor and Customer Service Representative at the time of the injury. He began working for this employer on 02/01/17. He 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. He was a right-hand dominant male, and they would use the bilateral upper extremities repetitively for simple grasping, fine

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manipulation, sewing, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level. He was required to lift and carry objects while at work. He was required to lift and carry objects weighing up to twenty pounds. He was required to operate a sewing machine with foot controls. He worked eight hours per day and five days a week. He continued working to date for this employer without any restrictions. Regarding prior employment, he worked for Weatherly Cleaners from 1997 to 2017. He 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 09/13/21 to 09/12/22. He attributed the injuries due to the repetitive movements while 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, 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. He 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, he self-procured treatment at UCLA Santa Monica Hospital due to increased symptoms. He was evaluated and prescribed pain control medication. On 09/17/22, he 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. He related he self-procured emergency treatment at UCLA Santa Monica Hospital due to increased symptoms and pain and stiffness in his hands and fingers. He related that he was admitted and blood work and various diagnostic studies were performed. He 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. He did not report his injuries due to fear of losing his job. He presented to this office for further evaluation and treatment of his industrial injuries.

**Current Complaints: Neck:** The pain was moderate, and the symptoms occur frequently in the neck. There was cracking and grinding of the neck with range of motion and twisting and turning the head and neck. The pain was 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. He had difficulty falling asleep and was often awakened during the night by neck pain. There were stiffness and restricted range of motion in the head and neck. The pain level varied throughout the day.

**Bilateral Hands /Wrists:** The pain was moderate to severe, and the symptoms occur frequently to constantly in the right and left wrist, hand, and fingers, which was present all the time. The pain was 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. He had numbness, tingling, stiffness and weakness in both hands. There was tingling in the hands and fingers. He had difficulty sleeping and awakened with numbness, tingling and pain, and discomfort. Pain level varied throughout the day depending on activities.

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Lower back: The pain was moderate and the symptoms occur frequently in the lower back.

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The pain increased 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. He complained of muscle spasms. He complained of pain and difficulty with intimate relations/sexual activity due to increased pain in the lower back. He awakened from sleep as a result of the low back pain. He self-restricts by limiting the activities. **Eyes:** He was experiencing blurred vision and irritation in both eyes. **Psyche:** He had episodes of anxiety, stress, and depression due to chronic pain and disability status. He had difficulty sleeping, often obtaining a few hours of sleep at a time. He felt fatigued through the day and found herself lacking concentration and memory at times. He worried about medical condition and the future. His condition had persisted due to continued work, lack of medical treatment, and activities of daily living.

**Past Medical History: Illnesses:** He had asthma and poor blood circulation.

**Medications:** He was taking Hydrocodone, Aspirin 81 mg, inhaler for asthma/p.r.n; Lipitor; Sildenafil 20 mg; used Bersetrasine ointment.

**Activities of Daily Living:** Communication: Difficulty with writing, typing, with a rating of 3/5. Physical activities: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3/5. Hand activities: Difficulty with grasping or gripping, lifting, and manipulating small items with a rating of 3/5. Travel: 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.

**Review of Records:** Medical records were reviewed.

**Impressions:** 1) Cervical spine myofasciitis. 2) Cervical facet-induced versus discogenic pain. 3) Cervical radiculitis rule out. 4) Lumbar spine myofasciitis. 5) Lumbar facet-induced versus discogenic pain. 6) Lumbar radiculitis right, rule out. 7) Bilateral wrist tenosynovitis. 8) Bilateral carpal tunnel syndrome. 9) Digital neuropathy of digits 2 and 3 bilaterally. 10) Bilateral digital necrosis/poor circulation. 11) Bilateral eye discomfort.

**Treatment Recommendations/Authorization:** He was 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 follow up in six weeks. He was recommended X-rays of cervical spine, lumbar spine, bilateral wrist, hands and fingers. He was recommended MRI of the cervical spine and lumbar spine, internal medicine consultation, ophthalmology consultation.

**Medical Causation Regarding AOE/COE:** In this physician's opinion, it was within a reasonable degree of medical probability that the causation of his injuries, resultant conditions, as well as need for treatment with regards to cervical spine, lumbar spine and upper and lower extremities were industrially related and secondary to continuous trauma from 09/13/21 to 09/12/22 while working for Door to Door Valet Cleaners as a Tailor and Customer Service Representative.

**Permanent and Stationary Status:** His condition was 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

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time for doctor's appointment. If work with restriction was not available, then temporarily totally disabled until reevaluation in six weeks.

This concludes the medical records review.

**PHYSICAL EXAMINATION**

On physical examination, the applicant was pleasant and cooperative during the examination. General examination revealed skin discoloration, healing skin changes of both hands, right thumb, index and middle finger and left hand index, middle and ring fingertips. General inspection also revealed vaccination scar left shoulder.

**Cervical Spine:**

**Palpation:**

Upon palpation of the cervical spine, there was report of tenderness with slight spasm. **Moderate pain was noted with all planes testing with inconsistent trials of three.**

**Range of Motion: Trial of three, use of dual inclinometer**

		<b>Normal</b>
<b>Forward Flexion</b>	50°, 40°, 45°	60°
<b>Extension</b>	40°, 35°, 30°	75°
<b>Right Lateral Bending</b>	25°, 20°, 15°	45°
<b>Left Lateral Bending</b>	25°, 15°, 20°	45°
<b>Right Rotation</b>	50°, 50°, 45°	80°
<b>Left Rotation</b>	50°, 50°, 60°	80°

**Gait:**

Gait is normal.  
 The patient is able to walk on toes and heels without pain on both sides.

**Motor:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Deltoids</b>	5/5	5/5
<b>Biceps</b>	5/5	5/5
<b>Triceps</b>	5/5	5/5
<b>Wrist Flexors</b>	5/5	5/5
<b>Wrist Extensors</b>	5/5	5/5
<b>Finger Abductors</b>	5/5	5/5



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**Sensory:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Lat Arm</b>	Normal	Normal
<b>Lat Forearm</b>	Normal	Normal
<b>1 St. DWS</b>	Decreased	Decreased
<b>Middle Finger</b>	Decreased	Decreased
<b>Small Finger</b>	Normal	Normal
<b>Med Forearm</b>	Normal	Normal
<b>Med Arm</b>	Normal	Normal

**Deep Tendon Reflexes:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Biceps</b>	2	2
<b>Triceps</b>	2	2
<b>Brachioradialis</b>	2	2

**Special Tests:**

Lhermitte : Neck pain on both sides.  
Spurling : Neck pain on both sides.

**Long Tract Signs:**

**Babinski: R:** Negative      **L:** Negative  
**Clonus: R:** Negative      **L:** Negative  
**Hoffman: R:** Negative      **L:** Negative  
**Romberg:** Normal  
**Tandem:** Normal

**Circumference:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Arm</b>	29 cm	29 cm
<b>Forearm</b>	26 cm	26 cm

**Jamar Dynamometer Testing (measured in kilograms):**

64-year-old male right major.

**Grip Strength (kg):**      Right Major : 28 / 24 / 26 with reported pain  
   Left Minor : 20 / 18 / 16 with reported pain

**Pinch Grip (kg):**      Right Major : 12 / 14 / 12 with reported pain  
   Left Minor : 10 / 12 / 10 with reported pain

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**Bilateral Shoulder Examination:**

**Inspection:**           **Right:** No scars/No swelling/No Atrophy  
**Left:** No scars/No swelling/No Atrophy

**Cervical Spine**       **Right:** 2+ Spasms  
**Left:** 2+ Spasms

<b>Palpation:</b>		<b>Right</b>	<b>Left</b>
	Clavicle	No pain	No pain
	AC Joint	No pain	No pain
	Post Acromion	No Pain	No pain
	Levator Scapula	No Pain	No pain
	Trapezial Area	No Pain	No pain
	Impingement Area	No Pain	No pain
	Biceps Tendon	No Pain	No pain

**Use of Goniometer**

<b>ROM:</b>	Flexion:	180	180
	Abduction:	180	180
	Ext. Rotation	90	90
	Internal Rotation	90	90
	Adduction	50	50
	Extension	50	50

<b>Painful Arch:</b>	None	None
<b>Creptus:</b>	None	None

<b>Special Signs:</b>	Resisted External Rotation	No pain/5 strength	No pain/5 strength
	Resisted Flexion	No pain/5 strength	No pain/5 strength
	Resisted Abduction	No pain/5 strength	No pain/5 strength
	Dawbarn's	Normal	Normal
	Biceps Tension	No pain/5 strength	No pain/5 strength
	Adduction	No pain	No pain
	Inferior Subluxation	No sulcus	No sulcus
	O'Brien	Negative	Negative
	Load and Shift	Negative	Negative
	Impingement I	Negative	Negative
	Impingement II	Negative	Negative
	Apprehension	Negative	Negative
	Apprehension Sup.	Negative	Negative
	SAR ER/IR	90/90	90/90
	Anterior Subluxation	Stable	Stable
	Posterior Subluxation	Stable	Stable

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**Neurovascular:** Normal Normal  
**Bilateral Elbow Examination:**

**Inspection: Right:** No visible scars, no deformity, and no significant swelling is noted.  
**Left:** No visible scars, no deformity, and no significant swelling is noted.

		<b>Right</b>	<b>Left</b>
<b>Palpation:</b>	Medial epicondyle	No pain	No pain
	Olecranon	No pain	No pain
	Lateral epicondyle	No pain	No pain
	Radial head	No pain	No pain
	Posterior joint line	No pain	No pain
	Extensor muscle mass	2+ Pain	2+ Pain
	Flexor muscle mass	2+ Pain	2+ Pain

**Use of Goniometer**

<b>ROM:</b>	Flexion	140	140
	Extension	full	full
	Supination	85	85
	Pronation	85	85

**Crepitus:** None None

<b>Special Signs:</b>	Varus stress	Stable	Stable
	Valgus stress	Stable	Stable
	PLRI	Stable	Stable
	Cubital tunnel Tinel	No tingling	No tingling
	Resisted wrist extension	No pain at lateral epicondyle	No pain at lateral epicondyle
	Resisted wrist flexion	No pain at medial epicondyle	No pain at medial epicondyle
<b>Neurovasc:</b>		Normal	Normal

**Bilateral Wrist Examination:**

**Inspection: Right:** no significant swelling is noted. Skin changes of the fingertips.  
**Left:** no significant swelling is noted. Skin changes of the fingertips.  
**Right:** No evidence of thenar eminence atrophy  
**Left:** No evidence of thenar eminence atrophy

		<b>Right</b>	<b>Left</b>
<b>Palpation:</b>	Radial styloid	2+ Pain	2+ Pain
	Anatomical snuff box	No pain	No pain
	Scapholunate joint	No pain	No pain
	Lunotriquetral joint	No pain	No pain
	Ulnar Styloid	No pain	No pain

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Dorsal wrist joint	2+ Pain	2+ Pain
Volar wrist joint	2+ Pain	2+ Pain
Thenar eminence	No pain	No pain
Flexor muscle mass	2+ Pain	2+ Pain
Extensor muscle mass	2+ Pain	2+ Pain

**Use of Goniometer**

<b>ROM:</b>	Flexion	60	60
	Extension	60	60
	Ulnar Deviation	30	30
	Radial Deviation	20	20

**Crepitus:** None

<b>Special Signs:</b>	Carpal tunnel Tinel	No tingling	No tingling
	Phalen sign	No tingling	No tingling
	Thumb apposition	Normal	Normal
	Crossing finger	Normal	Normal
	Wrist extension	Normal	Normal
	Watson Shock Test	No instability	No instability
	Ulnar impaction test	No pain	No pain

<b>Neurovasc:</b>	Thumb/index/long finger	Decreased Sensation	Decreased Sensation
	Ring/small finger	Normal sensation	Normal sensation
	Pulses	Normal	Normal
	Two point discrimination = 15 mm bilaterally – decreased digital sensory examination bilaterally index, MF and ring fingers.		
	Range of motion digits full with no triggering or locking		

**Thoracic Spine:**

**Palpation:**

Upon palpation of the thoracic spine, there was no report of tenderness. There was no spasm.

**Range of Motion: Trial of three, use of dual inclinometer**

		<b>Normal</b>
<b>Forward Flexion</b>	50°, 50°, 50°	50°
<b>Right Lateral Rotation</b>	30°, 30°, 30°	30°
<b>Left Lateral Rotation</b>	30°, 30°, 30°	30°

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**Lumbar Spine:**

**Palpation:**

Upon palpation, there was report of tenderness with slight spasm and muscle guarding of the lumbar paravertebral musculature. **Moderate pain was noted with all planes testing with inconsistent range of motion.**

**Range of Motion: Trial of three, use of dual inclinometer**

		<b>Normal</b>
<b>Forward Flexion</b>	50°, 40°, 45°	60°
<b>Extension</b>	20°, 15°, 15°	25°
<b>Right Lateral Bending</b>	20°, 20°, 15°	25°
<b>Left Lateral Bending</b>	15°, 20°, 15°	25°

**Motor:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Iliopsoas</b>	5/5	5/5
<b>Quadriceps</b>	5/5	5/5
<b>Tibialis Anterior</b>	5/5	5/5
<b>Ext. Hallucis Longus</b>	5/5	5/5
<b>Gastroc/Soleus</b>	5/5	5/5

**Deep Tendon Reflexes:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Quadriceps</b>	2	2
<b>Achilles</b>	2	2

**Sensory:**

Assessed by the pinwheel, sensation is within the normal limits in the bilateral lower extremity.

**Straight Leg Raising:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>SLR</b>	Negative 90°	Negative 90°

**Circumference:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>Thighs</b>	42 cm	42 cm
<b>Legs</b>	36 cm	36 cm

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**Sacroiliac Joint Exam:**

	<b>RIGHT</b>	<b>LEFT</b>
<b>FABER</b>	Negative	Negative

**Bilateral Hip Examination:**

		<b>Right</b>	<b>Left</b>
<b>Bony Palpation:</b>	ASIS	No Pain	No Pain
	Iliac Crest	No Pain	No Pain
	Greater Trochanter	No Pain	No Pain
	Pubic Tubercles	No Pain	No Pain
	Ischial Tuberosity	No Pain	No Pain
	Sacroiliac Joint	No Pain	No Pain
	PSIS	No Pain	No Pain

**Use of Goniometer**

<b>ROM:</b>	Flexion:	120	120
	Extension	30	30
	Abduction	45	45
	Adduction	25	25
	Internal Rotation	35	35
	External Rotation	45	45

<b>Muscle Strength:</b>	Flexor (L1, 2, 3)	5/No pain/ No weakness	5/No pain/ No weakness
	Adductor (L2, 3, 4)	5/No pain/ No weakness	5/No pain/ No weakness
	Abductor (L5)	5/No pain/ No weakness	5/No pain/ No weakness
	Extensor (S1)	5/No pain/ No weakness	5/No pain/ No weakness

**Sensation:** Normal Normal

<b>Special Tests:</b>	Trendelenburg	Negative	Negative
	Ober Test	Negative	Negative
	Leg Length Discrepancy	None	None
		True LLD	True LLD
		Apparent LLD	Apparent LLD

**Bilateral Knee Examination:**

**Inspection:** **Right:** No scars/No Atrophy/No effusion  
**Left:** No scars/No Atrophy/No effusion

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<b>Hip</b>	<b>Right</b> Normal	<b>Left</b> Normal
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<b>Palpation:</b>	Medial Joint line	No pain	No pain
	Lateral Joint Line	No pain	No pain
	Patella Tendon	No pain	No pain
	Quad Tendon	No pain	No pain
	Pes Anserinus	No pain	No pain
	Medial Patellar facet	No pain	No pain
	Lateral Patellar facet	No pain	No pain
	Patellar Grind	Normal	Normal

**Use of Goniometer**

<b>ROM</b>	Flexion	140	140
	Extension	Full	Full

<b>Crepitus:</b>	None	None
<b>Standing Alignment:</b>	Neutral	Neutral

<b>Patella Alignment:</b>	Tilt	None	None
	Q angle	15 degrees	15 degrees
	Mobility	Normal	Normal
	Compression /Grind Test	Negative	Negative

<b>Ligaments:</b>	Lachman	Stable	Stable
	Anterior Drawer	Stable	Stable
	Posterior Drawer	Stable	Stable
	Post Sag	Stable	Stable
	Pivot Shift	Stable	Stable
	PLRI	Stable	Stable
	Dial Test	Stable	Stable
	Varus @ 0 deg	Stable	Stable
	@ 30 deg	Stable	Stable
	Valgus @ 0 deg	Stable	Stable
	@ 30 deg	Stable	Stable

<b>Meniscus:</b>	McMurray	Negative	Negative
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<b>Neurovascular:</b>	Normal	Normal
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Manual Motor Examination:

Right Knee	5/5	Flexion/Extension
Left Knee	5/5	Flexion/Extension

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### Bilateral Ankle Examination:

**Inspection:** **Right:** No visible scar, no deformity, no significant swelling or mass is noted. There is no ecchymosis. There is positive pes planus.  
**Left:** No visible scar, no deformity, no significant swelling or mass is noted. There is no ecchymosis. There is positive pes planus.

	<b>Right</b>	<b>Left</b>
<b>Palpation:</b> Anterolateral gutter	No pain	No pain
Lateral malleolus	No pain	No pain
Anterior talofibular ligament	No pain	No pain
Calcaneofibular ligament	No pain	No pain
Peroneal tendons	No pain/No subluxation	No pain/No subluxation
Achilles Tendon	No pain/ No deformity	No pain/ No deformity
Posterior Tibialis Tendon	No pain	No pain
Deltoid Ligament	No pain	No pain
Medial gutter	No pain	No pain
Anterior Tibialis	No pain	No pain
Syndesmosis ligaments	No pain	No pain

### Use of Goniometer

<b>ROM:</b> Plantar Flexion	50	50
Dorsiflexion	20	20
Subtalar eversion	30	30
Subtalar inversion	60	60

**Crepitus:** None None

**Ambulation:** **Right:** There is no limp. Patient is able to toe walk and heel walk without difficulty. Plantar arch is not present with toe walking.  
**Left:** There is no limp. Patient is able to toe walk and heel walk without difficulty. Plantar arch is not present with toe walking.

<b>Special Signs:</b> Varus stress	No instability	No instability
Valgus stress	No instability	No instability
Dorsiflexion/ext rotation	No pain	No pain
Anterior Drawer at neutral	Stable	Stable
Anterior Drawer in PF	Stable	Stable

**Neurovasc:** Normal Normal



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## **STUDIES**

3/9/23 – Cervical spine radiograph four views AP, lateral, flexion and extension revealing mild decreased disc height with spondylosis predominantly C4-C5 and C5-C6. There is calcification noted posterior nuchal line at C5-C6 seen on lateral view. No instability on flexion and extension views.

3/9/23 – Lumbar spine radiograph five views AP, lateral, spot L5-S1, flexion and extension revealing a grade 0-1 anterolisthesis on L5-S1 with mild disc height loss and mild spondylosis predominantly at L5-S1, mild L4-L5, no instability on flexion and extension views.

3/9/23 – Bilateral wrist radiograph three views AP, lateral and medial oblique revealing normal joint spacing and alignment with the exception of both hands at the DIP joints of the index and middle fingers, right greater than left relative to sclerotic changes and osteophyte formation. Otherwise, no other significant osseous abnormalities seen on radiograph examination.

## **DIAGNOSES**

1. Cervical spine strain with radiographic evidence of mild spondylosis C4-C5 and C5-C6, posterior calcification of nuchal line C5-C6 pending electrodiagnostic studies to assess for cervical radiculopathy.
2. History of bilateral distal hand/digits complaints relative to ulcerative lesions of the tips of the fingers, right greater than left - Rule out Raynaud's syndrome, vasculitis, scleroderma, and or other Rheumatological or Vascular conditions, comment deferred to Rheumatological and Vascular specialist.
3. Bilateral forearm and wrist flexor and extensor tenosynovitis, overuse syndrome, bilateral wrist sprain, rule out carpal tunnel syndrome.
4. Lumbar spine strain with radiographic evidence of spondylosis predominantly L5-S1, grade 0-1 anterolisthesis with spondylosis.

## **DISCUSSION**

Mr. Arthur Israyelyan was seen for a Panel Qualified Medical Evaluation in the specialty orthopedic surgery on 3/9/23.

The applicant described a history of employment as a Customer Service Tailor Representative for Door to Door Valet Cleaner, Inc. beginning on or about February 2017.

The applicant described working eight hours a day six days a week. The job duties required working as a tailor while working with a sewing machine, customer service, working with scissors. He was required to sit for prolonged periods time. He only lifted

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minimal amounts of weight. He was unsure of the correct weight maximum lift as part of his job-related duties.

The applicant described developing symptoms secondary to his work-related activities involving his neck, wrist, fingers, lower back and eyes.

As time went on, his symptoms progressively worsened predominantly due to repetitive gripping, grasping of the upper extremities in a prolonged seated position for eight hours a day six days a week.

Mr. Israyelyan did confirm during a point in his employment he began to experience numbness and tingling involving both hands as well as blurred vision.

The applicant described developing skin lesions in both hands at the tip of both fingers with associated pain and weakness.

Due to his symptoms, he was seen and evaluated by his Primary Treating Physician. There he underwent multiple diagnostic testing and referred for courses of physical therapy to which the applicant indicated receiving no benefit. There was a recommendation for referral for acupuncture, still pending authorization.

Subsequently the applicant confirmed undergoing self-treatment to include aquatic therapy and walking on his own. With regards to work status, Mr. Israyelyan did confirm currently working full duties unrestricted. He confirmed being seen by an eye specialist who was prescribed medications to include eye drop.

With regard to the provided medical records, there was a cover letter from Natalia Foley, attorney at law of 3/8/23. In this cover letter, there was a history of a 64-year-old male employed by Door to Door Valet Cleaner as a tailor. Filed a claim, date of injury CT 9/13/21 to 9/12/22 body parts involving finger, back, neck and eye. The entirety of the cover letter had been reviewed.

There was also the application for adjudication of claim and workers' compensation claim form dated 9/13/22 and 10/4/22 which had been reviewed and considered.

There was an initial Primary Treating Physician Report from Eric Gofnung, D.C. and Mayya Kravchenko, D.C. of 10/24/22. Dr. Gofnung and Dr. Kravchenko acknowledged a history of employment with Door to Door Valet Cleaner as a tailor beginning work on or about 2/1/17. In this medical reporting, there were impressions of cervical spine myofasciitis, cervical spine facet-induced versus discogenic pain, cervical radiculitis rule out, lumbar spine myofasciitis, lumbar facet-induced versus discogenic pain, lumbar radiculitis rule out, bilateral wrist tenosynovitis, bilateral wrist carpal tunnel syndrome, digital neuropathy of digits second and third bilaterally, bilateral digital necrosis, poor circulation with bilateral eye discomfort. There was a request for authorization for treatment and care which had been reviewed as well as diagnostic imaging. There was a subsequent request for both internal medicine and ophthalmology consultation.

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There was a statement of medical causation which was reviewed and considered as well as recommendation for modified work.

With regard to the history of presentation involving both hands and both digits, the applicant described developing symptoms of ulcerative changes of the tips of the fingertips described by the applicant as a gangrene condition.

Following initial examination and considering the applicant's history, I did not believe this condition of the hands and digits was industrially related. However, I would recommend a both referral for vascular consultation and rheumatologic consultation for further workup relative to AOE/COE as well as recommendation for treatment and opinion.

With regard to his orthopedic status and care, I did believe there may be potential industrial causation and apportionment relative to his history of complaints involving his cervical spine and lumbar spine. On today's physical examination, I had difficulties with examining the applicant secondary to reported moderate pain involving the cervical and lumbar spine with range of motion and other physical examination.

At this point, I would recommend additional testing inclusive of the following:

1. Physical therapy exercise rehab program two times a week, six weeks, 12 sessions directed to the cervical spine and lumbar spine.
2. Recommend cervical and lumbar spine MRI imaging without contrast.
3. Recommend bilateral upper extremity EMG/NCV testing.
4. Recommend re-evaluation in my office in a period of three-to-four months following treatment and care and diagnostic imaging as well as following rheumatological and vascular surgeon consultation.

At this point, I do not believe he had reached a point of Maximum Medical Improvement from an orthopedic perspective.

I provided my current recommendations with regard to various issues of disability in the appropriate sections below.

### **CAUSATION**

At this point, based upon all current information in this case, I do believe there was support of industrial causation involving the cervical and lumbar spine relative to his history of employment as a customer service tailor representative for Door to Door Valet Cleaners, Inc.

At this point, I will defer further comment relative to issues of apportionment pending additional treatment and care and diagnostic workup.

With regard to the history of injuries and complaints involving both hands and fingers, I will defer further comment relative to issue of causation and apportionment pending both vascular surgeon and rheumatologic consultation for determination of AOC/COE as well

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as treatment recommendations and opinions relative to probable Raynaud's phenomenon versus vasculitis, scleroderma and/or other rheumatological or vascular conditions.

### **OBJECTIVE FACTORS OF DISABILITY**

#### Cervical Spine:

1. Tenderness with spasms.
2. Decreased range of motion as measured / inconsistent range of motion due to reported pain.
3. Radiographic evidence of mild degenerative changes C4-C5, C5-C6 with calcification of posterior nuchal line.

#### Bilateral Wrists, Bilateral Hands, & Digits:

1. Decreased range of motion as measured.
2. Reported pain with grip strength and pinch grip testing.
3. History of Ulcerative changes / skin lesions of the fingertips of both hands.

#### Lumbar Spine:

1. Tenderness with spasm.
2. Decreased range of motion as measured inconsistent secondary to pain.
3. Normal gait.
4. Radiographic evidence of grade 0-1 anterolisthesis L5 on S1 with mild discopathy and spondylosis.

### **AMA GUIDES FOR IMPAIRMENT, FIFTH EDITION**

Deferred at this time pending vascular surgeon and rheumatological consultation for determination of AOE/COE as well as treatment recommendations relative to a history of dermatological issues involving both hands, probable Raynaud's phenomenon.

Further comment relative to impairment involving the cervical and lumbar spine were pending completion of physical therapy as recommended and MR imaging as well as electrodiagnostic studies of the upper extremities.

### **WORK RESTRICTIONS**

Full duty unrestricted from an orthopedic perspective.

Further comment pending vascular surgeon consultation and rheumatological consultation for further recommendation.

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### **APPORTIONMENT**

Deferred at this time.

Following evaluation of the applicant, I do not believe the changes involving the fingertips of hands were related to the industrial causation and/or apportionment. I will defer further comment relative to a rheumatological and vascular consultation.

With regard to the cervical and lumbar spine, upon re-evaluation, I plan to discuss issues of apportionment to which the applicant did confirm working as a tailor for nearly 25 years with a majority of his employment pre-dating his employment with Door to Door Valet Cleaners Inc. in 2017.

Furthermore, upon re-evaluation, I planned to address the issue of the lumbar spine. The applicant confirmed throughout his workday, he sits for prolonged periods of time. He confirmed he was relatively inactive. It has been my understanding of the ergonomics typically involved with tailors that they sit in a leaned over position throughout the day.

This places additional strain on the disc and does predispose people to discopathy. Upon reevaluation I planned to address the issues of causation and apportionment involving the lumbar spine. I did believe that there was support to preexisting factors involving the lumbar spine relative to his history of employment as a tailor performing in a seated job-related duty.

Should any additional information become available relative to his history of prior employment and or prior medical treatment prior to his employment with Door to Door Valet, then I would request for review.

### **VOCATIONAL REHABILITATION**

Deferred at this time.

### **DISABILITY STATUS / PERIODS OF TEMPORARY TOTAL DISABILITY**

Not indicated.

### **FUTURE MEDICAL CARE**

1. Recommend 16 sessions of physical therapy for the cervical spine and lumbar spine.
  2. Recommend cervical and lumbar spine MRI without contrast.
  3. Recommend bilateral upper extremity EMG/NCV testing.
  4. Recommend both rheumatological and vascular surgeon consultation to rule out Raynaud's phenomenon versus vasculitis and/or scleroderma or other rheumatological or vascular conditions.
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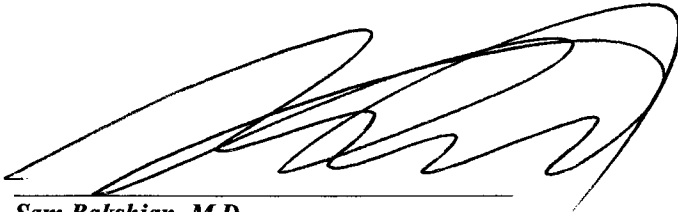
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Physician: Sam Bakshian, M.D., Orthopaedic Surgeon  
Date of Examination: 03/09/2023

**STATEMENT**

To complete this examination I have been assisted, as needed by some or all of the following personnel: Jeannette Lazo and Cintia Carbajal scheduling and intake personnel, Erika Reyes and Rosa Gutierrez historians, Reyna Garduno and Monica Campos medical assistants, Damon Cormia and Johnny Barcarse radiology department and Scott Redmond report preparation and editing and CorrecText Services, transcriptionist company. 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 opinions and conclusions contained in this report are entirely my own. The review of the final report were performed entirely by myself. 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 to me and, unless otherwise noted, I believe it to be true.

Signed in County of Los Angeles, State of California March 15, 2023.



**Sam Bakshian, M.D.**  
**Diplomate, American Board of Orthopaedic Surgery**  
**Fellow, American Academy of Orthopaedic Surgeons**  
**QME, State of California**

**EXAM DATE: 03/09/23**  
**CA License #: G77202**

**Address: 6330 San Vicente Blvd., Suite 310, Los Angeles, CA 90048**

**Phone: (310) 855-0751**

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Date: March 3, 2023

Dr. Sam Bakshian  
Tower Orthopaedics  
6330 San Vicente Blvd., Ste. 310  
Los Angeles, CA 90048

[Via Facsimile & U.S. Mail]

**RE: Employee: Arthur Israyelyan**  
**Employer: Door To Door Valet Cleaners, Inc.**  
**Injury Date: CT 09/13/2021-09/12/2022**  
**EAMS No: ADJ16774442**  
**Claim No: 3569561-1**  
**Our File No: 00152-014378**  
**PQME Appt: March 9, 2023 @ 10:00 a.m.**

**DEFENDANT'S POSITION STATEMENT**

Dear Dr. Bakshian:

The parties appreciate your willingness to perform an evaluation and produce a report as an **Panel Qualified Medical Examiner** in the specialty of Orthopedics in connection with the above-noted claim. The applicant is scheduled to be examined by you on **March 9, 2023 at 10:00 a.m.**

*Please note Labor Code §4062.3(e) allows parties to send their "AME/QME" letters to the doctors, as long as they also serve a copy on opposing counsel. This shall not be considered an ex-parte communication, since all parties are aware of all information that is being communicated. (See also AD Rule §35[g].) If a party communicates ex-parte with the AME or QME, the opposing party may obtain a new doctor to evaluate the injured worker. (See also AD Rule §35[k].)*

As you are aware, Senate Bill 899 was signed into law on April 19, 2004. As a result, all diagnoses and treatment plans must comply with the occupational medicine practice guidelines issued by the American College of Occupational and Environmental Medicine (ACOEM). When preparing your report, please ensure that your conclusions are in

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ORANGE COUNTY

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VAN NUYS

compliance with the ACOEM guidelines.

Further, effective 1/1/05, the AMA Guidelines may govern impairment ratings. Thus, the information requested (described in detail below) includes work restrictions as previously utilized by the WCAB, as well as information consistent with the AMA Guidelines.

**Specific Facts of Case:**

Applicant is a now 64 year-old Customer Service Representative, who is claiming an injury for a Cumulative Trauma period of September 13, 2021 to September 12, 2022 to the fingers, neck, wrists, lower back, and eyes. Defendant Amtrust denied the claim for a lack of substantial medical evidence as to industrial causation.

To date, we have received reporting from Chiropractor, DC Eric Gofnung. Applicant saw DC Gofnung on October 24, 2022. We do not have any medical records since this appointment. DC Gofnung wanted Applicant to have X-rays for the cervical spine, lumbar spine, bilateral wrists, hands, and fingers. He also requested MRIs of the cervical spine, lumbar spine, etc.

The records noted that Applicant was seen at UCLA Santa Monica Hospital and Brentwood Urgent Care. We are awaiting those records to confirm the allegations. We will provide those records once received.

Please comment on causation, disability status, apportionment, future medical care, further treatment needed, and any pertinent opinions relevant to the parties.

**Information Requested:**

Please perform the record review full accordance with the standards defined by the Division of Workers' Compensation (DWC) of the State of California and the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. The evaluation should reflect a quality independent prior status, clinical chronology, current status and past medical history. Please compare the history provided by the examinee with the positive, negative, and non-physiological findings. For extremity injuries, please document measurements bilaterally. Please assess whether your physical examination findings are consistent with those of other examiners. Your conclusions must be supportable.

As part of this evaluation it is critically important that you provide an opinion on causation of the permanent disability (Cal. L.C. 4663(b)). Please identify: a) the overall percentage of permanent disability caused by the industrial injury and b) the percentage of permanent disability due to all other factors, including prior injuries. If you cannot provide an opinion on apportionment, please state why. Per Cal. L.C. 4663(c), you are to seek help from another physician who can make an apportionment determination. It is important that you ask the examinee if there have been any previous permanent disability, physical impairments, awards, of permanent disability, or Compromise and Release agreements. (Cal. L.C. 4663(d)). The response to this question must be documented.

In terms of the assessment of impairment, please follow the process defined in the AMA ~~Guides to the Evaluation of Permanent Impairment, Fifth Edition, with particular reference~~ to Chapter 2, Philosophy, Purpose and Appropriate Use of the Guides, and applicable

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chapter(s), depending on the nature of the injury(ies). You should obtain the applicable data as discussed in the Principles of assessment for each chapter and assure that the data is reliable. Prior to assessing permanent impairment, determine if maximal medical improvement (MMI) has occurred. If not, please provide an estimate of when it is likely to occur and what will facilitate achieving MMI. When rating impairment, please detail your methodology, including references to Tables, Figures and page numbers.

If spinal impairment is rated, please explain your choice of methods and how you determined that impairment. For upper extremity ratings, please complete figure 6-1 Upper Extremity Impairment Evaluation Record (5th ed., 436-437). For lower extremity ratings, please explain the method(s) that you have chosen, with reference to Table 1702 Guide to the Appropriate Combination of Evaluation Methods (5th ed., 526). If you feel pain is ratable, explain fully your approach to the standards defined in Chapter 18.

In your report, please directly answer the following questions; **we request that you do so by utilizing separate headings for each:**

1. Are the medical findings consistent with the original incident or injury/ies as reported by the applicant?
  2. Did the applicant sustain an industrial injury? If so, was this a specific injury or a continuous trauma? If the injury was due to a continuous trauma, during what period did the injury occur?
  3. Is the applicant currently temporarily disabled? If so, is it a total disability or could the applicant work with some restrictions? Was the applicant ever totally temporarily disabled? If so, for what specific time period and to what extent? If you find the applicant to be or ever to have been temporarily partially disabled, please address the period, or expected period of same.
  4. Is the applicant permanent and stationary? If so, please give all factors of permanent disability in terms acceptable to the Workers' Compensation Appeals Board, including all work restrictions, if any. What is the overall percentage of permanent disability due to all other factors, including prior injuries? **Please refer to Labor Code Sections 4663 and 4664.**
  5. What are the current diagnoses, and which of these are associated with the referenced injury? Please discuss fully these diagnoses and their significance.
  6. Are the subjective complaints supported by objective findings? Please explain the rationale for your conclusions.
  7. Are there any non-physiological findings present on examination? Please explain the rationale for your conclusions.
  8. Was the injury a new problem, an aggravation or contribution to a pre-existing problem, or does this reflect a temporary exacerbation? Please present your medical conclusions, to a reasonable degree of medical certainty concerning the cause, the effect, and the relationship between the
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- cause and effect. Please explain the rationale for your conclusions.
9. What is the prognosis? What is the basis for your prognosis?
  10. What is the current work capacity and what is the projected work capacity within the next three (3) months? What objective findings serve as the basis for any restrictions? Is the applicant physically capable of returning to his/her usual and customary occupation?
  11. Is the current treatment covered by ACOEM Practice Guidelines? If so, is it consistent with ACOEM Practice Guidelines? If not covered by ACOEM, is the treatment reasonable or necessary to cure or relieve from the effects of the injury? Please explain the rationale for your conclusions.
  12. Is any of the treatment inappropriate or likely to reinforce dysfunctional illness behavior? Please explain your rationale for your conclusions.
  13. Would discontinuation of any of the care currently being rendered result in a deterioration of function? Please explain the rationale for your conclusions.
  14. What further diagnostic evaluation and/or treatment are required at this time? Please explain the rationale for your conclusions.
  15. Please provide any other information that you feel would be useful in understanding this case.

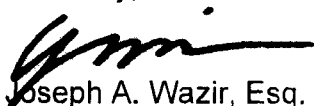
Please forward one copy of your report, as well as your customary billing to:

Ms. Iona Collier  
AmTrust North America  
PO Box 89404  
[Via E-mail Only]  
Cleveland, OH 44101

Please also forward one copy to applicant's attorney and the undersigned.

Once again, the parties appreciate your cooperation in connection with this matter and anxiously await your report.

Sincerely,



Joseph A. Wazir, Esq.  
Llarena, Murdock, Lopez  
& Azizad, APC

JAW:jaw

Encl. Medical Addendum

cc: Ms. Natalia Foley, Esq., Workers Defenders Law Group

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MEDICAL ADDENDUM OF

Employee: Arthur Israyelyan  
Employer: Door To Door Valet Cleaners, Inc.  
Injury Date: CT 09/13/2021-09/12/2022, 03/12/2022  
EAMS No: ADJ16774442, ADJ17187099  
Claim No: 3569561-1

PQME, DR. SAM BAKSHIAN APPT: 03/09/2023 @ 10:00 a.m.

No Records

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**Declaration Pursuant to Cal. Code Regs., Title 8, §9793(n)**

RE: Employee: Arthur Israyelyan  
Employer: Door To Door Valet Cleaners, Inc.  
Injury Date: CT 09/13/2021-09/12/2022, 03/12/2022  
EAMS No: ADJ16774442, ADJ17187099  
Claim No: 3569561-1  
Our File No: 00152-014378  
**PQME Appt: March 9, 2023 @ 10:00 a.m.**

I, Joseph A. Wazir, declare:

I am an Associate for the firm of Llarena, Murdock, Lopez & Azizad, APC, the law firm of record for Defendant Technology Insurance Company, administered by AmTrust North America. Pursuant to Cal. Code Regs., Title 8, §9793(n), I declare that the provider of the documents has complied with the provision of Labor Code §4062.3 before providing the documents to the PQME, Dr. Sam Bakshian.

I declare that the total page count of the documents provided to the physician is 5.

I declare under penalty of perjury under the law of the State of California that the foregoing statements are true and correct.

Executed on March 3, 2023, at Pasadena, California.

  
\_\_\_\_\_  
Joseph A. Wazir

# WORKERS DEFENDERS LAW GROUP

751 S Weir Canyon Rd Ste 157-455  
Anaheim CA 92808  
Tel: 714 948 5054  
Fax: 310 626 9632  
workerlegalinfo@gmail.com  
www.workerlegal.com



Natalia Foley, Esq  
Principal Attorney  
Tel: 310 707 8098  
nfoleylaw@gmail.com  
UAN: WORKERS DEFENDERS ANAHEIM  
ERN: 13792552

TO: DR.SAM BAKSHIAN MD  
6330 SAN VICENTE BLVD STE 310  
LOS ANGELES, CA 90048-5468

Joseph A. Wazir, Esq.  
Llarena, Murdock, Lopez & Azizad, APC  
505 East Colorado Boulevard Suite 200  
Pasadena, CA 91101

RE: Arthur Israyelyan vs Door to Door Valet Cleaners  
DOB: 08/06/1958  
WCAB : ADJ16774442  
DOI: 09/13/2021 - 09/12/2022  
Claim: 3569561-1  
Panel: 7547028 Issued: 12/27/2022 in ORTHOPAEDIC SURGERY

3/8/2023

## Attestation Pursuant to Cal Code Regs., Title 8, § 9793(n)

I, Natalia Foley, hereby declare:

I am licensed to practice before all the courts in the state of California.


I am the attorney for Workers Defenders Law Group and attorney of record for the above applicant.

Pursuant to Cal Code Regs., Title 8, § 9793(n), I declare that the provider of the documents has complied with the provision of Labor Code §4062.3 before providing the documents to the physician.

I declare that the total page count of the documents provide to the physician is 54 ( fifty four).

I declare under penalty of perjury under the laws of the States of California that the foregoing is true and correct to the best of my knowledge.

Executed this 8th day of March 2023, at Anaheim, CA

  
By Natalia Foley, Esq ( SBN 295923)  
attorney for Applicant

State of California  
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab, Code § 4062.3(i) )

Case Name: Arthur Israyelyan

V AmTrust North America

, Door To Door Valet Cleaners Inc.

Claim No: 3569561 1

EAMS or WCAB Case NO. (if any):

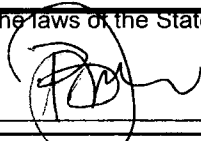
I, the undersigned, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is 6330 San Vicente Blvd Suite 310 Los Angeles, CA 90048-5425
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
  - A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
  - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
  - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
  - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of Service:	Date Served:	Addressee and Address Shown on Envelope:
A	04/07/23	AmTrust North America P.O. Box 89404 Cleveland, OH 44101
A	04/07/23	Door To Door Valet Cleaners Inc.
A	04/07/23	Natalia Foley, Esq. 751 S. Weir Canyon Rd. Ste. 157-455 Anaheim, CA 92808
A	04/07/23	Llarena, Murdock, Lopez, Azizad, APC 505 East Colorado Blvd Suite 200 Pasadena, CA 91101

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/07/23

Signature of declarant





# HEALTH INSURANCE CLAIM FORM

AMTRUST NORTH AMERICA  
P.O. BOX 89404

CLEVELAND, OH 44101

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA  PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>999999999</b>
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2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Israyelyan Arthur</b>	3. PATIENT'S BIRTH DATE MM DD YY <b>08 06 1958</b>	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>SAME</b>
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5. PATIENT'S ADDRESS (No., Street) <b>11515 Rochester Ave. #204</b>	6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	7. INSURED'S ADDRESS (No., Street)
--	--	------------------------------------

CITY <b>Los Angeles</b>	STATE <b>CA</b>	8. RESERVED FOR NUCC USE	CITY	STATE
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ZIP CODE <b>90025</b>	TELEPHONE (Include Area Code) <b>(310) 498 9087</b>	ZIP CODE <b>90025</b>	TELEPHONE (Include Area Code) <b>(310) 498 9087</b>
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9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER <b>3569561 1</b>
---	--	---

a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	a. INSURED'S DATE OF BIRTH MM DD YY <b>08 06 1958</b>	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
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b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. OTHER CLAIM ID (Designated by NUCC)
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c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
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d. INSURANCE PLAN NAME OR PROGRAM NAME <b>AmTrust North America</b>	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>
--	---------------------------------------	--

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  SIGNED <b>Signature On File</b> DATE <b>03/09/23</b>	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED <b>SIGNATURE ON FILE</b>
--	--

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE QUAL <b>439</b> MM DD YY <b>09 12 2022</b>	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. <b>S161XXA</b> B. <b>S39012A</b> C. <b>S63501A</b> D. <b>S63502A</b> E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____	ICD Ind. <b>0</b>	22. RESUBMISSION CODE ORIGINAL REF. NO.	23. PRIOR AUTHORIZATION NUMBER
--	-------------------	---	--------------------------------

1	A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/H/PCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
	From MM DD YY	To MM DD YY	MM DD YY										
1	03	09	23	03	09	23	11	ML201	ABCD	2,015 00	1	NPI	954778539 1760406169
2	03	09	23	03	09	23	11	72050	ABCD	140 00	1	NPI	954778539 1760406169
3	03	09	23	03	09	23	11	72114	ABCD	220 00	1	NPI	954778539 1760406169
4	03	09	23	03	09	23	11	73110 RT	ABCD	175 00	1	NPI	954778539 1760406169
5	03	09	23	03	09	23	11	73110 LT	ABCD	175 00	1	NPI	954778539 1760406169
6												NPI	

25. FEDERAL TAX I.D. NUMBER <b>954778539</b>	SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. <b>000100473596</b>	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ <b>2,725 00</b>	29. AMOUNT PAID \$	30. Rsvd for NUCC Use <b>2,725 00</b>
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <b>Sam Bakshian MD</b> SIGNED <b>04/07/2023</b>	32. SERVICE FACILITY LOCATION INFORMATION <b>Tower Orthopaedics Sports Medicine 6330 San Vicente Boulevard Suite 310 Los Angeles CA 90048-5425</b>	33. BILLING PROVIDER INFO & PH # <b>(310) 855-0751</b> <b>Sam Bakshian MD 6330 San Vicente Blvd Suite 310 Los Angeles CA 90048-5425</b>
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a. <b>1629273818</b>	b. <b>954778539</b>	a. <b>1932374261</b>	b. <b>954778539</b>
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SECOND FOLD

ENVELOPE BSS-92588-024

FIRST FOLD