

**Koruon Daldalyan M.D., Q.M.E**  
**Board Certified, Internal Medicine**  
**Internist Health Clinic**

13320 Riverside Dr., Suite 104,  
Sherman Oaks, California 91423  
Tel: 818.574.6189 Fax: 818.574.6218  
[kdaldalyan@internisthc.com](mailto:kdaldalyan@internisthc.com)

July 26, 2023

Natalia Foley, Esq.  
Workers Defenders Law Group  
8018 E. Santa Ana Canyon Rd. Ste 100 215  
Anaheim, CA 92808

PATIENT: Arthur Israyelyan  
DOB: August 6, 1958  
OUR FILE #: 2022-174  
SSN: XXX-XX-XXXX  
EMPLOYER: Door to Door Valet Cleaners  
9843 S. Santa Monica Blvd  
Beverly Hills, CA 90212  
WCAB #: ADJ17187099  
CLAIM#: \*\*\*  
DATE OF INJURY: March 12, 2022  
DATE OF 1<sup>ST</sup> VISIT: March 22, 2023  
INSURER: AmTrust Concord  
P.O Box 89404  
Cleveland, OH 44101  
ADJUSTOR: Iona Collier  
PHONE #: (415) 777-5557

**Primary Treating Physician's Progress Report**

Dear Ms. Foley,

The patient presents today, July 26, 2023, for reevaluation. The patient reports a complaint of insomnia and pain.

Current Medications:

The patient currently takes Sildenafil 20mg QD, Baby aspirin 81mg TID, Atorvastatin 40mg QD,

Physical Examination:

The patient is a 64-year-old alert, cooperative and oriented Armenian American male, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 178 pounds. Blood Pressure: 110/67. Pulse: 61. Respiration: 16. Temperature: 98.0 degrees F. No skin abnormalities were detected. The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination. Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits. The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted. The abdomen is globular, non-tender without organomegaly. Normoactive bowel sounds are present.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 2.70 L (52.8%) and an FEV 1 of 2.13 L (55.7%). There was no change after the administration of Albuterol.

A pulse oximetry test is performed today and is recorded at 97%.

Subjective Complaints:

1. Shortness of Breath
2. Erectile Dysfunction
3. Dizziness
4. Wheezing
5. Sexual Dysfunction
6. Lightheadedness
7. Eye Pain
8. Anxiety
9. Visual Difficulty
10. Depression
11. Difficulty Concentrating
12. Sinus Problems
13. Difficulty Sleeping
14. Sinus Congestion
15. Difficulty Making Decisions
16. Forgetfulness
17. Hair Loss

- 18. Postnasal Drip
- 19. Skin Issues
- 20. Jaw Pain
- 21. Intolerance to Heat/Cold
- 22. Jaw Clenching
- 23. Urinary Frequency

#### Objective Findings:

1. Tenderness noted to the paravertebral of the cervical spine and lumbar spine
2. Distal amputation of the 3<sup>rd</sup> digit, right hand
3. Numbness noted of tips of all digits, both hands
4. Tremor noted of bilateral hands
5. A pulmonary function test is performed revealing an FVC of 2.78 L (53.8%) and an FEV 1 of 1.79 L (46.4%). There was a 13.0% increase in FVC after the administration of Albuterol.
6. A 12-lead electrocardiogram is performed revealing sinus arrhythmia and a heart rate of 65 per minute.
7. A pulse oximetry test is performed and is recorded at 99%.
8. Jamar Test: Rt. 1. 7.9kg 2. 9.2kg 3. 11.3kg Lft. 1. 8.3kg 2. 6.0kg 3. 6.7kg
9. Vision Test with glasses: OU: 20/25 OD: 20/30 OS: 20/30
10. An audiogram is performed and reveals the following:

	<u>1,000 Hz</u>	<u>2,000 Hz</u>	<u>3,000 Hz</u>	<u>4,000 Hz</u>
Right:	15	15	15	40
Left:	15	15	15	30

11. A random blood sugar is performed and is recorded at 109 mg/dL.
12. A pulmonary function test is performed revealing an FVC of 1.91 L (37.0%) and an FEV 1 of 1.34 L (34.8%). There was no change after the administration of Albuterol.
13. A pulse oximetry test is performed and is recorded at 98%.
14. A pulmonary function test is performed revealing an FVC of 2.70 L (52.8%) and an FEV 1 of 2.13 L (55.7%). There was no change after the administration of Albuterol. **(7/26/2023)**
15. A pulse oximetry test is performed and is recorded at 97%. **(7/26/2023)**

#### Diagnoses:

1. CERVICAL SPINE STRAIN/SPRAIN
2. THORACIC SPINE STRAIN/SPRAIN
3. LUMBAR SPINE STRAIN/SPRAIN

4. RIGHT SHOULDER STRAIN/SPRAIN
5. LEFT SHOULDER STRAIN/SPRAIN
6. RIGHT WRIST STRAIN/SPRAIN
7. LEFT WRIST STRAIN/SPRAIN
8. RIGHT HAND STRAIN/SPRAIN
9. LEFT HAND STRAIN/SPRAIN
10. GANGRENE INFECTION OF THIRD DIGIT, RIGHT HAND, RESULTING  
IN PARTIAL DISTAL AMPUTATION
11. PARESTHESIA OF DISTAL ENDS OF ALL DIGITS, BOTH HANDS
12. RAYNAUD'S PHENOMENON
13. BRUXISM
14. SHORTNESS OF BREATH
15. ERECTILE DYSFUNCTION
16. DIZZINESS
17. WHEEZING
18. SEXUAL DYSFUNCTION
19. LIGHTHEADEDNESS
20. EYE PAIN
21. ANXIETY DISORDER
22. VISION DISORDER
23. DEPRESSIVE DISORDER
24. DIFFICULTY CONCENTRATING
25. SINUS PROBLEMS AND CONGESTION
26. DIFFICULTY MAKING DECISIONS
27. FORGETFULNESS
28. ALOPECIA
29. POSTNASAL DRIP
30. SKIN ISSUES
31. TMJ SYNDROME
32. INTOLERANCE TO HEAT/COLD
33. JAW CLENCHING
34. URINARY FREQUENCY

Discussion:

The patient has filed a specific trauma claim dated 3/12/2022. The patient states he worked as a tailor for Door-to-Door Valet Cleaners. He mentions that his job duties included being seated at a sewing machine and assisting customers with their tailoring needs. He mentions that on this specific dated of 3/12/2022, he accidentally punctured the posterior aspect of his right 3<sup>rd</sup> digit just above his nail with the sewing machine. He states that this caused bleeding, however, he was able to use peroxide to cleanse his finger and continue his work.

The patient states that over the course of the next few months, he began to develop discoloration of the distal end of the 3<sup>rd</sup> digit, right hand. He states that in August of 2022, he presented to the hospital given the discoloration and numbness. He

was diagnosed with gangrene of the distal digit and was told he required an amputation. The patient states he underwent antibiotic therapy and took various medications which helped slowly improve the fingers condition. He mentions that he eventually underwent a wound debris of the distal end of the digit which resulted in a partial amputation. He mentions that during his hospitalization he was also diagnosed with Raynaud's phenomenon. He complained of bilateral hand multi digit pain during his hospitalization. He was discharged and continued in treatment with a rheumatologist.

On March 21, 2022, the patient underwent an angiogram for evaluation of his upper extremity vessels. He was diagnosed with poor perfusion disorder; however, the final results are pending at this time. The patient states that given his condition, he began to develop severe stress, anxiety, and depression.

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

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

Disability Status:

The patient is to continue on temporary and total disability for a period of six weeks.

Treatment:

The patient is to continue with his current medications. He is prescribed Hydroxyzine HCl 25 mg tablet ½ tablet at night and Diclofenac 3% topical gel to apply BID. He will be reevaluated in six weeks.

Attestation:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief,

except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA.

The history was obtained from the patient and the dictated report was transcribed by Adrine Madatyan, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of \$64.50 per page for a total of 6 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Koruon Daldalyan', with a horizontal line extending to the right.

Koruon Daldalyan, M.D.  
Board Certified, Internal Medicine