

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 August 24, 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 24 day of August, 2022, I served the within concerning:

Patient's Name: **SHAH, BHARGAV K.**
Claim Number: DLRW2022095173
WCAB / EAMS case No: ADJ16483391

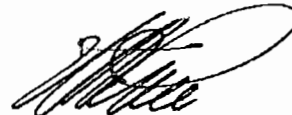
- | | |
|--|--|
| <input checked="" type="checkbox"/> MPN Notice | <input checked="" type="checkbox"/> Initial Consultation Report – <u>8/8/2022</u> |
| <input checked="" type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) _____ |
| <input checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Permanent & Stationary Evaluation Report – _____ |
| <input checked="" type="checkbox"/> Request for Authorization – <u>8/8/2022</u> | <input type="checkbox"/> Post P&S Follow Up - _____ |
| <input checked="" type="checkbox"/> Itemized – (Billing) / HFCA – <u>8/8/2022</u> | <input type="checkbox"/> Review of Records - _____ |
| <input type="checkbox"/> QME Appointment Notification | <input type="checkbox"/> PQME / Med Legal Report - _____ |
| <input type="checkbox"/> Primary Treating Physician's Referral | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

Workers Defenders Law Group
8018 E. Santa Ana Cyn., Ste. 100-215
Anaheim Hills, CA 92808
Attn: Natalia Foley, Esq

Disneyland Resort
P.O. Box 3909
Anaheim, CA 92803

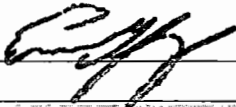
I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 24 day of August, 2022.



ILSE PONCE

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

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

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Shah, Bhargav				
Date of Injury (MM/DD/YYYY): 07/20/2022		Date of Birth (MM/DD/YYYY): 05/01/1956		
Claim Number: DLRW2022095173		Employer: Disneyland Resort		
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: Walt Disney Park & Resort U.S. Inc.		Contact Name:		
Address: P.O. Box 3909		City: Anaheim	State: CA	
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.)
Knee Sprain	S83.92XA	Chiro Initial Consultation	99204	1 Time
Knee Meniscus Tear	S83.282A	Progress Report	WC002	
Lumbar Myofasciitis	M79.1	Transcription	99199	
Requesting Physician Signature: 		Date: 08/08/2022		
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

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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: Walt Disney Park & Resort U.S. Inc.	
Contact Name:	
Address: P.O. Box 3909	City: Anaheim State: CA
Zip Code:	Phone: Fax Number:
E-mail Address:	

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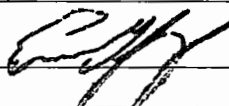
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Knee Sprain	S83.92XD	Electrical Stimulation	G0283	1 x a week for 6 weeks
Knee Meniscus Tear	S83.282D	Therapeutic Exercises	97110	
Lower Leg Sprain	S86.112D	Massage Therapy	97124	
Lumbar Myofasciitis	M79.1	Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature:	Date: 08/08/2022
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Claims Administrator/Utilization Review Organization (URO) Response	
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Authorization Number (if assigned):	Date:
Authorized Agent Name:	Signature:
Phone:	Fax Number: E-mail Address:
Comments:	

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
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Knee Sprain	S83.92XD	Orthopedic Surgical Consultation							
Knee Meniscus Tear	S83.282D								
Lower Leg Sprain	S86.112D								
Lumbar Myofasciitis	M79.1								
									
Requesting Physician Signature:							Date: 08/08/2022		
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Authorized Agent Name:					Signature:				
Phone:		Fax Number:			E-mail Address:				
Comments:									

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

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

Employer and/or Workers' Compensation Insurance Carrier:

Disneyland Resort
1313 S Harbor Blvd.
Anaheim, CA 92802

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

Bhargav Shah
7/20/22
Disneyland Resort
DLW 2022 095173

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

To Whom It May Concern:

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

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

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

Thank you for your assistance with this claim.

With Kind Regards,

Signature: XBhargav Printed: BHARGAV SHAH Date: 8-8-22

ERIC E. GOFNUNG CHIROPRACTIC CORP.

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

August 8, 2022

Workers Defenders Law Group
8018 E. Santa Ana Cyn., Ste. 100-215
Anaheim Hills, CA 92808
Attn: Natalia Foley, Esq.

Re: Patient: Shah, Bhargav K.
SSN: Unavailable
EMP: Disneyland Resort
INS: Disney Anaheim
Claim #: DLRW2022095173
WCAB #: ADJ16483391
DOI: July 20, 2022
D.O.E./Consultation: August 8, 2022

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

Time Spent Face to face:	40 minutes
Time Spent on Report Preparation	30 minutes

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on August 8, 2022, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions.**

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

Re: Patient: Shah, Bhargav K.
DOI: July 20, 2022
Date of Exam: August 8, 2022

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.

This medical history was obtained with the assistance of medical historian Maria E. Salazar

JOB DESCRIPTION:

Mr. Bhargav K. Shah was employed by Disneyland Resort as a Food Preparer at the time of the injury. They began working for this employer June 2012. The patient worked full time.

Job activities included operating commercial kitchen equipment, preparing food, cleaning/sanitizing the food preparation area, stocking food supplies and taking out trash.

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

The patient is a right-hand dominant male, and they would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 25 pounds.

Re: Patient: Shah, Bhargav K.
DOI: July 20, 2022
Date of Exam: August 8, 2022

The patient was exposed to cooking fumes.

The patient worked eight hours per day and five days a week. Normal work hours were 6:30 a.m. to 3:00 p.m. Lunch break was thirty minutes. Rest break was fifteen minutes. The job involved working 100% indoors.

The last day the patient worked for Disneyland Resort was on July 20, 2022, at which time the patient was placed on temporary disability by a doctor. There was no concurrent employment at the time of the injury. The patient denies working for any new employer.

PRIOR WORK HISTORY:

Regarding prior employment, the patient worked in the Motel Industry for ten years as a front desk manager.

HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:

The patient states that while working at the usual and customary occupation as a Food Preparer for Disneyland Resort, they sustained a work-related injury to their left knee. The patient explains that he while placing a tray of food in the refrigerator, he twisted his body and left leg and felt a popping sensation in the left knee followed immediately by intense pain. He yelled out in pain and for help and was starting to fall but coworkers came to help him and helped him sit on the ground. The supervisor was advised of the injury and on-site medics were called. He was evaluated and the paramedics transported him by ambulance to St. Jude Hospital in City of Orange.

The patient was examined by the emergency room physician on call. X-rays were obtained, pain control medication was prescribed, the left knee was immobilized in a brace and crutches were dispensed. He was placed on TTD.

The patient had follow up evaluation at the industrial clinic. He has had two follow up evaluations and underwent a left knee MRI. The results have not been provided to the patient to date. He developed low back pain due to antalgic gait.

The patient initially reported their injury to the employer on July 20, 2022. After reporting the injury to the employer, the patient was provided with an Employee Workers' Compensation Claim Form. He was provided with medical attention. Information regarding Medical Provider Networks and their rights if they are injured was posted in their place of work on the walls in a common area. Upon being hired, they were provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were provided information relating to Medical Provider Networks and their rights if injured at work.

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

Re: Patient: Shah, Bhargav K.
DOI: July 20, 2022
Date of Exam: August 8, 2022

CURRENT COMPLAINTS:

Low back:

Pain is frequent and moderate.

Left Knee:

The pain is moderate to severe, and the symptoms occur constantly in the left knee. The pain increases with flexing, extending, prolonged standing and walking, going up and downstairs, bending, stooping, squatting, and walking on uneven surfaces or slanted surfaces. There is popping and the patient experiences weakness and buckling episodes. The patient has lost balance as a result of the buckling. The patient has episodes of swelling in the knee. The patient is unable to kneel and squat. The patient has difficulty ascending and descending stairs and walks with an uneven gait. Patient uses a knee brace and uses a cane to ambulate.

Psyche:

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

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

The patient's condition has persisted due to and activities of daily living.

PAST MEDICAL HISTORY:

Illnesses:

The patient reports a two-year history of pre-diabetes.

Injuries:

The patient injured both shoulders in 2018, working for Disneyland Resort and received conservative treatment. He improved but surgery was recommended. He had cortisone injections, takes pain meds.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

Re: Patient: Shah, Bhargav K.
DOI: July 20, 2022
Date of Exam: August 8, 2022

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking Celebrex 200 mg.

Surgeries:

The patient denied any surgical procedures.

Hospitalization:

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the specific injury on July 20, 2022, as to the left knee.

REVIEW OF SYSTEMS:

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress.

ACTIVITIES OF DAILY LIVING:

Self-Care - Personal Hygiene: As a result of the industrially related injury, the patient states: Difficulty with bathing by self, dressing by self with a rating of 3/5.

Physical Activities: As a result of the industrially related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3/5.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, traveling by plane, restful night sleep pattern, and sexual function, with a rating of 3/5.

FAMILY HISTORY:

Mother is 92 years old and is in good health.

Father is deceased and passed away from natural causes.

The patient has five brothers and two sisters. They are well and in good health.

Re: Patient: Shah, Bhargav K.
DOI: July 20, 2022
Date of Exam: August 8, 2022

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

SOCIAL HISTORY:

Mr. Shah is a 66-year-old married male with one son.

The patient completed the high school.

The patient does not drink alcohol and does not smoke.

The patient walked for exercise prior to his injury.

The patient does not participate in any sports activities.

The patient has no hobbies.

Physical Evaluation (August 8, 2022) – Positive Findings:

General Appearance:

The patient is a 66-year-old, right-handed male who appeared reported age, well-developed, well-nourished, well-proportioned, alert, cooperative and oriented x3.

Vital Signs:

Pulse:	80
Blood Pressure:	126/82
Height:	5'3"
Weight:	163

Lumbar Spine:

Examination revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness at left sacroiliac joint. Tenderness and hypomobility is noted at L4 to L5 vertebral regions.

Milgram's test is positive. Sacroiliac joint compression test is positive on the left.

Straight Leg Raising Test performed seated was positive bilaterally.

Right: 60 degrees

Left: 30 degrees

Lumbar spine ranges of motion were decreased and painful, measured as follows:

Re: Patient: Shah, Bhargav K.
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<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	30
Extension	25	10
Right Lateral Flexion	25	12
Left Lateral Flexion	25	15

Hips & Thighs:

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

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

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

Hip ranges of motion were performed without pain and spasm.

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

Knees & Lower Legs:

Examination revealed tenderness to palpation at left knee infrapatellar tendon, medial and lateral joint lines. Tenderness at left lower leg musculature including gastrocnemius, tibialis anterior and peroneal musculature.

McMurray's test is positive at the left knee. Anterior drawer test is positive at the left knee.

Range of motion for the knees, right normal, left decreased and painful.

Weakness and pain at the left knee during the squat. The patient is putting left leg in the antalgic position during squatting.

Re: Patient: Shah, Bhargav K.
 DOI: July 20, 2022
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<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	90	135
Extension	0	0	0

Ankles & Feet:

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

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

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

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

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

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

Ankle Dorsiflexion (*L4*), Great Toe Extension (*L5*), Ankle Plantar Flexion (*L5/S1*), Knee Extension (*L3, L4*), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5 with the exception of knee extension left 4/5, all other myotomes 5/5.

Squatting is performed one-fourth down with left knee pain.

Heel and toe walking was unable to be performed due to left knee pain.

Re: Patient: Shah, Bhargav K.
DOI: July 20, 2022
Date of Exam: August 8, 2022

Antalgic gait favoring left lower extremity. The patient ambulates per history with the aid of crutches. He presented with the aid of his son without crutches.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact bilaterally upon testing with a pinwheel **with the exception of hypoesthesia at left L5-S1 dermatomal levels.**

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	50	49.5
Calf - at the thickest point	34	34
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	97	97

Diagnostic Impressions:

1. Lumbar spine myofasciitis secondary to antalgic gait, M79.1.
2. Left knee and lower leg sprain/strain, S83.92XA. S86.112A.
3. Left knee meniscus tear, rule out, S83.282A.
4. Left cruciate ligament tear, rule out, S83. 512A.
5. Insomnia, G47.00.

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,

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intersegmental spine traction and all other appropriate physiotherapeutic modalities **for left knee and lower leg at once per week for six weeks with a followup in six weeks.**

I recommend for the lumbar spine to be added to the claim form and the patient will then be recommended chiropractic manipulations and physiotherapy for lumbar spine once a week for six weeks. Lumbar spine is a compensable consequence of the left knee injury.

I respectfully request MRI results for the left knee that were performed.

Specialty evaluation recommended:

1. The patient is recommended **orthopedic surgical consultation.**

Medical Causation Regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to left knee are industrially related and secondary to 7/20/2022 injury while working for Disneyland Resort as a Food Preparer.

Lumbar spine condition developed as the result of the antalgic gait favoring left lower extremity and therefore should be considered a compensable consequence of 7/20/2022 injury.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

TTD 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.

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

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.

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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 23 day of August, 2022, in Los Angeles, California.

EEG:svl

Sincerely,



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

Signed this 23 day of August, 2022, in Los Angeles, California.

MK:svl