Frank Guellich, M.D.
American Board of Orthopedic Surgery
Hand Surgical Specialist

April 10, 2023

Workers Compensation Appeals Board
1065 N. Link Ste. 170
Anaheim, CA 92806

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

ORTHOPEDIC QUALIFIED MEDICAL EVALUATION

RE:	SHAH, BHARGAV
Case #:	21963977
DOB:	May 1, 1956
Date of Injury:	July 20, 2022; CT 10/21/20 – 10/21/22; July 3, 2018
Employer:	Disneyland Resort
WCAB Case #:	ADJ16483391; ADJ16860757; ADJ15867699
Claim #:	DLRW2022095173; DLRW2022096551; DLRW2018083560

To Whom It May Concern:

As requested, Mr. Bhargav Shah was evaluated at our Anaheim office located at 947 S. Anaheim Blvd. Ste 280, for a Qualified Medical Evaluation on April 10, 2023.

Under penalty of perjury, this report is submitted pursuant to 8 Cal Code of Regs. Section 9795 (b) and (c) as an **ML-201 -93, -95**, a Qualified Comprehensive Medical-Legal Evaluation.

Time spent face-to-face with the examinee was **30 minutes**. Total pages of records received and reviewed, **848**. Declaration(s) enclosed at the end of report.

A Hindi interpreter was required and used for this evaluation Majid Siddiquee, #700364.

The need for a certified interpreter in Hindi increased the time necessary for the evaluation by the amount of time it takes to communicate in two separate languages as enabled by the presence of the interpreter, reasonably increasing the average time required to complete the interview and examination and obtain an accurate history.

The Employer's Report of Occupational Injury is not available.

Workers' Compensation Claim for July 3, 2018 at Disney includes back pain and shoulder.

ADJs: ADJ15867699; ADJ16483391; and ADJ16860757. All three ADJs are incomplete.

MEDICAL RECORDS:

There is a table of contents available. The summary for 848 pages are available. The actual pages 848 were reviewed.

ACTIVITIES OF DAILY LIVING:

a. He is unable to carry groceries.
b. He is unable to lift more than 10 pounds.

WORK:

From 1982 to 2010, he has no Workers' Compensation Claim. He states he worked for Hitachi Electronics as an assembler man in 1982 to 1992.

Then he worked for Affron Manufacture as an assembler from 1993 to 2000. He worked for Executive Inn as a manager from 2001 to 2003.

He worked for American Brad Inn as a cashier from 2004 to 2005.

He worked at Chevron Gas Station as a cashier from 2008 to 2010. He was a manager from 2010 to 2012.

He worked from Disneyland all other years, 40 hours a week from June of 2012 to approximately April of 2023 when he retired. The last day he worked, he states was April of 2023. He collects no State Disability.

He collects no Workers' Compensation from Disneyland.

JOB DESCRIPTION:

He is a prep food cook. He picks up boxes of fruits and vegetables for preparation. He does not do any dishwashing. He does make pickles.

There is no job description or job analysis from Disneyland.

ADDITIONAL HISTORY:

Medical: Diabetes mellitus, positive and blood pressure, negative.

Surgery: He had anterior cervical discectomy and fusion in November 2022 at C4-5.

Medications: Naproxen, glipizide, lansoprazole, and atorvastatin.

Car Accidents: He denies.

Smoking: Denies.

DEPOSITION:

He has had no deposition at present.

THE BODY PARTS CLAIMED:

The cervical pain, lumbosacral spine, bilateral shoulders and bilateral knees.

CERVICAL SPINE:

He had a prior claim involving the cervical spine with alleged injury at Disneyland on July 3, 2018. He had an open MRI of the cervical spine, 1.5 Tesla, no contrast, on August 16, 2018 shows C5-6 mild foraminal stenosis. He was permanent and stationary on November 7, 2019 for the injury at Disneyland with 5% rating for the cervical spine. He has an anterior cervical spine surgery on November 6, 2022,

a. Partial corpectomy at C4-5.
b. Bilateral neural foraminotomy at C4-5.
c. Arthrodesis C4-5 with insertion of biomechanical cage at C4-5.

He had no EMG/nerve conduction of the upper extremities.

Current Complaints: Intermittent constant neck pain, which is radiating to the left upper extremity.

LUMBAR SPINE:

He had a prior claim involving the lumbar spine for the alleged injury at Disneyland on July 3, 2018. He had an MRI of the lumbosacral spine on January 29, 2019, no contrast, Tesla unknown,

a. At L4-5: Minimal bilateral foraminal stenosis.
b. At L5-S1: Mild bilateral foraminal stenosis.

He was permanent and stationary for the July 3, 2018 injury on November 7, 2019 with 5% rating.

He had,

a. No lumbar surgery.
b. No EMG/nerve conduction of lower extremities.

He did have multiple epidural injections with some benefit of the lumbar spine.

Current Complaints: He has constant pain radiation down the left lower extremity. He uses naproxen for pain.

RIGHT SHOULDER:

He had a prior claim for the right shoulder with an alleged injury at Disneyland on July 3, 2018. He is permanent and stationary for the right shoulder on June 21, 2021 for the July 3, 2018

injury with rating of 4%. He is permanent and stationary by another provider on August 2, 2022 from July 3, 2018 injury at Disneyland with combined right and left shoulder whole person 7%. He had no surgery for the right shoulder.

Current Complaints: He has intermittent pain in the right shoulder. He uses naproxen.

LEFT SHOULDER:

He had a prior claim of the left shoulder on July 3, 2018. He had a left shoulder MRI, no contrast, Tesla unknown, on July 1, 2022 show,

a. Tear of the long head of the biceps.
b. Labral tear.

He is rated left shoulder on August 2, 2022 for July 3, 2018 injury of 7%, which is combined right and left shoulder. So, it was not divided 3.5 versus 3.5. He had no surgery to the left shoulder.

Current Complaints: He has intermittent constant pain in the left shoulder.

RIGHT AND LEFT KNEE:

Denies prior claims of the right and left knee. He had pain in both knees since approximately 2001 and 2022. He had no MRI of the right knee or left knee. He had no surgery of the right and left knee.

Current Complaints: He has intermittent pain, left greater than right in the knees. He takes naproxen.

REVIEW OF RECORDS:

Non-Medical Records

1. Workers Compensation Claim Form, dated 07/03/2018.

Medical Records

1. 07/03/2018 Exam/Progress Notes - Duane Schmuck CC: back pain. Tx: Treatment Provided: exam, x-ray and pain medication. Location: External provider. CMD appt. made of 07/06/2018 at 0915. All WC paperwork completed. Temporary MD approved restrictions written and e-mail sent to CM. CM's Manager (Tina Norwich), WC, TOP and

WD. CM's Manager, Aneka, notified and agrees with the plan and will notify her management. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 5 lbs. Rest: 07/03/2018. Start: 12:56. Rest: 07/06/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Schmuck Duana DA. Case/Problem: S2018-12716-2018/07/03 13:43:00. 2) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist. Rest: 07/03/2018. Start: 12:56. Rest: 07/06/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Schmuck Duana DA. Case/Problem: S2018-12716-2018/07/03 13:43:00.

2. 07/03/2018 Doctor's First Report of Occupational Illness/Injury - Roger Hinkson, MD (DOI: 07/03/2018) History of Injury: CM was doing food prep, cutting fruits and vegetables, and moving havy boxes and other items related to foods. Thhe repetitive motion of lifting, pushing and pulling heavy items and of cutting vegetables and fruits. CM has developed a gradual onset of upper and mid back pain along with bilateral shoulder pain over the last 8 months that CM attributes to the repetitive motion of cutting fruits and vegetables along with the constant bending over and lifting of heavy boxes. CC: Refer to medical evaluation sheet. Tx: Refer to medical evaluation sheet.

3. 07/06/2018 Exam/Progress Notes - Roger Hinkson, MD CC: back pain related to repetitive motion. Dx/Tx: Cervi/thoracic pain. Possible DDD with radiculopathy. Xray today. Cont restrictions (says these help and that sitting worse than standing). D/c meloxicam prn. Start ibu 600. Heat. Start PT 2 x 2. Pt has MRI through Kaiser specialist on 7/17 he says. Treatment provided: exam, x-ray and pain medication. Location: External provider. Medication Orders: Start ibuprofen oral, tablet 600mg (oral). Sig:q 8 hours with food prn, Dur: 14d, Qty: 42 Tablet. Ref: 1. May Substitute Visit orders: Follow-Up Months: (72040) Cervical Spine 3 View Xray Mid upper back pain. Gradual onset. RUE n/t. BLE radiation. R/o DDD. (72100) Lumbar Spine Xray - 3 view Mid upper back pain. Gradual onset. RUE n/t, BLE radiation. R/o DDD. (72070) Thoracic Spine Xray - 3 views Mid upper back pain. Gradual onset. RUE nt. BLE radiation. Rio DDD. Follow Up: Fri, 07/13/2018 9:15 am with Roger S Hinkson, MD (Disneyland Health Services). Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 5 lbs. Rest: 07/03/2018. Start: 12:56. Rest: 07/13/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Schmuck Duana DA. Case/Problem: S2018-12716-2018/07/03 13:43:00. 2) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist. Rest: 07/03/2018. Start: 12:56. Rest: 07/13/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Schmuck Duana DA. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Work Location 4 days. Start Date: 07/03/2018 12:56:00. End: 07/13/2018 23:59:00.

4. 07/13/2018 Exam/Progress Notes - Roger Hinkson, MD Dx/Tx: Cerv/thoracic strain. Possible DDD with radiculopathy. xrays showed degeneration. Improved. Has first PT today. Start PT as scheduled. Cont restrictions. d/c ibu 600. Start naproxen 500 prn. Pt to have MRI through Kaiser (non-occ) on 7/17 and f/u with his PMD on 8/3. Asked pt to get a copy of MRI report. Treatment Provided: exam, x-ray and pain medication. Location: External provider. Medication orders: Discontinue ibuprofen oral tablet 600mg (q 8 hours with food pm), Reason: gi upset. Start naproxen, tablet 500mg, Sig:500mg. one tab po BID prn, Dur: 15d, Qty: 30 Tablet, Ref: 0, May Substitute. Visit orders: Follow-Up Appointments. Follow Up: Fri, 07/27/2018 9:15am with Rochelle A Andres, ARNP (Disneyland Health Services), f/up. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 5 lbs. Rest: 07/13/2018. Start: 08:59. Rest: 07/27/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 2) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist. Rest: 07/13/2018. Start: 08:59. Rest: 07/27/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Transitional duty. Start Date: 07/07/2018 End: 07/27/2018 23:59:00. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00.

5. 07/13/2018 Physical Therapy Initial Evaluation - Mark Lee, PT CC: R sided flank pain along the origin of the latissimus dorsi along the T/L fascia, with radiation of symptoms superiorly to the medial scapular border + R posterolateral C/S musculature, further radiation distally along UT to the posterior aspect of the GHJ, further radiation distally along posterolateral upper arm to the forearm extensors to the volar aspect of the R hand. Pt denies any symptoms distal to the MCP's. Pain: Aggravating Factors: prolonged sedentary positions (sitting > 1 hr, standing > 1 hr), lifting/carrying heavy objects, C/S movement (Improved with IBU), RUE reaching movements (overhead, posterior), pulling heavy objects (doors, etc), repetitive/sustained use of the RUE > 1 hr (driving, etc) Relieving Factors: laying supine with pillow support for UE's + LE's, IBU, heat. Chief Complaint: Pain: Severity: Current 5. At Best 3. At Worst 8. Dx: 1) Spine M54.2 Cervicalgia. T14.8XXD Other injury of unspecified body region, subsequent encounter. 2) Bilateral Shoulder M54.6 Pain in thoracic spine. Tx: Spine: Amount, Frequency and Duration: Frequency and Duration: It Is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 2 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified. Therapeutic Contents: Client Education, Home Exercise

Program. Manual Therapy Techniques. Neuromuscular Re-education, Self Care/Home Management. Therapeutic Activities. Therapeutic Exercise.

6. 07/27/2018 Exam/Progress Notes - Roger Hinkson, MD CC: Here to follow up neck, mid back pain. Dx: Active Conditions. Cervicalgia (M54.2) (07/03/2018) (WR: Yes). Thoracic back pain (M54.6) (07/03/2018) (upper and mid back and bilateral shoulders.) (WR: Yes). Narrative: 1) cervical, thoracic strain - cervical strain significantly improved after 3 or 4 PT sessions, thoracic strain unchanged. Extend same TDP and extend PT 2x2. given lumbar support to try. f/u 2 weeks, hopefully he has MRI report from Kaiser to review. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Plan: 1) Extend same restrictions in Transitional Duty. 2) Extend physical therapy 2x/week x 2 weeks. 3) Try lumbar support. 4) Continue to apply bengay cream: ok to try salonpas patches. 5) Follow up 08/10/2018. Visit orders: Follow-Up Appointments. Return to work with restrictions Same TDP. Follow-Up Appointments. Lumbar Support. Fri, 08/10/2018 11:00am with Roger S Hinkson, MD (Disney and Health Services). Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 5 lbs. Rest: 07/13/2018. Start: 08:59. Rest: 08/10/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Andres Rochelle A. Case/Problem: S2018-12716-2018/07/03 13:43:00. 2) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist. Rest: 07/13/2018. Start: 08:59. Rest: 08/10/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Andres Rochelle A. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Transitional duty. Start Date: 07/07/2018 End: 08/10/2018 23:59:00. User: Andrew Rochelle A. Case/Problem: S2018-12716-2018/07/03 13:43:00.

7. 08/10/2018 Exam/Progress Notes - Roger Hinkson, MD Dx: Active Conditions. Cervicalgia (M54.2) (07/03/2018) (WR: Yes). Thoracic back pain (M54.6) (07/03/2018) (upper and mid back and bilateral shoulders.) (WR: Yes). Narrative: 1) cervical, thoracic strain - Unchanged after 8 PT. Had MRI at Kaiser but appears to have been lumbar. Results unknown but pt said he did take photo of report which he can bring to next visit. What he does appear to need is a cerv MRI given the n/t in BUEs and possible radiculopathy. I'm ordering MRI today and meds for sedation due to reported claustrophobia. Also refilling naproxen 500. Tightening restrictions to limit walking. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Medication orders: Refill naproxen, tablet 500mg, Sig:500mg. one tab po BID prn, Dur: 15d. Qty: 30 Tablet, Ref: 0, May Substitute. Start triazolam, tablet 0.25mg. Sig:one tab 45 min before MRI, Dur: 1d, Qty: 2 Tablet, Ref: 0, May Substitute. Visit orders: Follow-Up Appointments 4 days after MRI. Future Appointments: Mon, 08/20/2018 11:00am with Roger S Hinkson, MD (Disneyland Health Services). Work Status: 1) OCC: Y. DIS:

N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 5 lbs. Rest: 08/10/2018. Start: 10:59. Rest: 08/24/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 2) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist. Rest: 08/10/2018. Start: 10:59. Rest: 08/24/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF: Y. Restriction Type: No standing/walking more than 30 min per hour. Rest: 08/10/2018. Start: 11:29. Rest: 08/24/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00 Where accommodated: Transitional duty. Start Date: 07/07/2018 End: 08/24/2018 23:59:00. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00.

8. 08/16/2018 Radiology/Diagnostics MRI Cervical Spine - Sydney Stevens, MD Indication: Chronic neck pain radiating to the right shoulder for 3 months. History of repetitive motions at work. Impression: 1) Developing degenerative disc disease c4-c5, c5-c6 and slight change at c6-c7 with regional area a of Modic 2 fatty marrow endPlato signal. 2) Vertebral body heights are maintained. 3) C3-C4: Mild left lateral recess stenosis with a disc osteophyte complex. 4) C4-C5: Bilateral uncovertebral joint hypertrophy, greater on the right with moderate foraminal stenosis. 5) C5-C6: Broad-based disc osteophyte complex with uncinate spurring on the loft. There is mild left foraminal stenosis and marginal acquired central narrowing of the canal. 6) C6-C7: Mild to moderate right lateral recess stenosis with a 2 mm central and right lateral disc bulge. 7) There is mild overall decrease signal on the T1 images which may be within normal range versus mild increase in red marrow reconversion- Recommend a CBC to make sure the patient is not anemic.

9. 08/20/2018 Exam/Progress Notes - Roger Hinkson, MD Dx: Active Conditions: Degenerative disc disease (M51.9) (WR: Yes). Narrative: Cervical and thoracic pain due to DGD. Has completed 6/6 PT sessions and has home exercise program in place. Finds nsaids bother his stomach so I recommend Tylenol as needed. Expressed the importance of regular weight bearing and non-impact exercise. Additional work restrictions unlikely to aid in management at this time. Will start trial of full duty. Anticipate MMI next visit. Tx: Trial of full duty. Regular exercise as discussed. Tylenol as needed. Follow up in 2 weeks. Visit orders: Follow-Up Appointments. Trial of full duty. Future appointments: Thu, 09/20/2018 11:00am with Roger S Hinkson, MD (Disneyland Health Services). Work Status: Where accommodated: Transitional duty. Start Date: 07/07/2018 00:01:00 End: 08/24/2018 23:59:00. Duration: 45 days.

10. 08/20/2018 Exam/Progress Notes - Caithness Rodriguez, MD CC: Back pain. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider.

11. 09/05/2018 Exam/Progress Notes - Rochelle Andres, ARNP CC: Here to follow up upper and mid back pain. Dx: Active Conditions: Degenerative disc disease (M51.9) (WR: Yes). Narrative: Cervical and thoracic pain due to DDD – flare up after trial full duty x 2 weeks. Start restrictions to try and accommodate at work location. Start Celebrex and f/u 3 weeks. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Plan: 1) Start work restrictions to accommodata in work location. 2) Take Celebrex medication as directed. 3) Continue home stretches and exercises. 4) Caneel 09/20/18 appointment and reschedule to 09/26/18. Medication orders: Start Celebrex, capsule 200 mg, Sig:1 po qd, Dur: 213, Qty: 21 Capsule, Ref: 0, May Substitute, Indication; Degenerative disc disease. Visit orders: Return to work with restrictions. Start restr, try to accom, in area. Follow-Up Appointments cancel 9/20 and reschedule to 09/26/18. Future Appointments: Fri, 09/26/2018 12:00pm with Roger S Hinkson, MD (Disneyland Health Services). Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist. Rest: 09/05/2018. Start: 15:43. Rest: 09/26/2018. End: 23:59:00 PERM: N. Provider: Andres Rochelle A. User: Beutler Leticia. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF: Y. Restriction Type: No forceful stirring. Rest: 09/05/2018. Start: 15:43. Rest: 09/26/2018. End: 23:59:00 PERM: N. Provider: Andres Rochelle A. User: Beutler Leticia. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Work Location. Start Date: 09/05/2018 15:47. End: 09/26/2018 23:59:00. User: Andres Rochelle A. Case/Problem: S2018-12716-2018/07/03 13:43:00.

12. 09/07/2018 Exam/Progress Notes - Roger Hinkson, MD CC: Here to follow up upper and mid back pain. Dx: Active Conditions. Degenerative disc disease (M51.9) (WR: Yes). Narrative: Cervical and thoracic pain due to DDD - flare up after trial full duty x 2 weeks. Start restrictions to try and accommodate at work location. Start Celebrex and f/u 3 weeks. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Plan narrative: 1) Start work restrictions to accommodate in work location. 2) Take Celebrex medication as directed. 3) Continue home stretches and exercises. 4) Cancel 09/20/18 appointment and reschedule to 09/26/18. Medication orders: Start Celebrex, capsule 200mg, Sig:1 po qd. Dur: 21d, Qty: 21 Capsule, Ref: 0, May Substitute, Indication: Degenerative disc disease. Visit orders: Return to work with restrictions Start restr. try to accom. in area. Follow-Up Appointments Cancel 09/20 and reschedule to 09/26/18. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist more than 10 minutes per hour. Rest: 09/05/2018. Start: 15:43. Rest: 09/28/2018. End: 23:59:00 PERM: N. Provider:

Andres Rochelle A. User: Beutler Leticia. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF: Y. Restriction Type: No forceful stirring. Rest: 09/05/2018. Start: 15:43. Rest: 09/28/2018. End: 23:59:00 PERM: N. Provider: Andres Rochelle A. User: Beutler Leticia. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Work Location. Start Date: 09/05/2018 15:47. End: 09/26/2018 23:59:00. User: Andres Rochelle A. Case/Problem: S2018-12716-2018/07/03 13:43:00.

13. 09/28/2018 Exam/Progress Notes - Roger Hinkson, MD Dx: Active Conditions. Degenerative disc disease (M51.9) (WR: Yes). Narrative: Cervical and thoracic pain due to DDD – unchanged. Cont restrictions. Cont Celebrex. Had tried other meds causing gastric upset. Restart PT 2 x 2. Says he hasn't had it in a long time. He may have 6 sessions. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Plan: Medication orders: Refill Celebrex, capsule 200mg, Sig:1 po qd. Dur: 14d, Qty: 14 Capsule, Ref: 0, May Substitute. Visit orders: Follow-up appointment. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist more than 10 minutes per hour. Rest: 09/26/2018. Start: 12:09. Rest: 10/12/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF: Y. Restriction Type: No forceful stirring. Rest: 09/26/2018. Start: 12:09. Rest: 10/12/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Work Location. Start Date: 09/05/2018 15:47. End: 09/26/2018 23:59:00. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00.

14. 10/11/2018 Kristan Traina, PT Patient participated in the physical therapy session on 10/11/2018.

15. 10/12/2018 Exam/Progress Notes - Roger Hinkson, MD Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Medication orders: Refill Celebrex, capsule 200mg, Sig:1 po qd. Dur: 14d, Qty: 14 Capsule, Ref: 0, May Substitute. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist more than 10 minutes per hour. Rest: 10/12/2018. Start: 12:15. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF: Y. Restriction Type: No forceful stirring. Rest: 10/12/2018. Start: 12:15. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 4) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 10 lbs. Rest:

10/12/2018. Start: 12:29. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00.

16. 10/12/2018 Exam/Progress Notes - Caithness Rodriguez, MD Dx: Active Conditions. Degenerative disc disease (M51.9) (WR: Yes). Narrative: Cervical and thoracic pain due to DDD – - Plateuaed after 12/12 PT. Tighten restrictions. Refill Celebrex. Had tried other meds causing gastric upset. Transfer care to ortho. Medication orders: Refill Celebrex, capsule 200mg, Sig:1 po qd. Dur: 14d, Qty: 14 Capsule, Ref: 0, May Substitute. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist more than 10 minutes per hour. Rest: 10/12/2018. Start: 12:15. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF: Y. Restriction Type: No forceful stirring. Rest: 10/12/2018. Start: 12:15. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 4) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 10 lbs. Rest: 10/12/2018. Start: 12:29. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Work Location. Start Date: 09/05/2018 15:47. End: 10/26/2018 23:59:00. Duration: 38 days.

17. 10/26/2018 Exam/Progress Notes - Caithness Rodriguez, MD CC: back pain. Dx: Active Conditions. Degenerative disc disease (M51.9) (WR: Yes). Narrative: Cervical and thoracic pain due to DGD. Has completed 6/6 PT sessions and has home exercise program in place. Finds nsaids bother his stomach so I recommend Tylenol as needed. Expressed the importance of regular weight bearing and non impact exercise. Additional work restrictions unlikely to aid in management at this time. Will start trial of full duty. Anticipate MMI next visit. Tx: Treatment provided: exam, x-ray and pain medication. Location: External provider. Plan narrative: Trial of full duty. Regular exercise as discussed. Tylenol as needed. Follow up in 2 weeks. Visit orders: Follow-Up Appointments: trial of full duty. Future appointments: Thu, 09/20/2018 11:00 am with Roger S Hinkson, MD (Disneyland Health Services). Depart instructions: Trial of full duty. Regular exercise as discussed. Tylenol as needed. Follow up in 2 weeks. Work Status: 1) OCC: Y. DIS: N. AFF: Y. Restriction Type: No bending over or twisting at the waist more than 10 minutes per hour. Rest: 10/12/2018. Start: 12:15. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 3) OCC: Y. DIS: N. AFF:

Y. Restriction Type: No forceful stirring. Rest: 10/12/2018. Start: 12:15. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Hinkson Roger S. Case/Problem: S2018-12716-2018/07/03 13:43:00. 4) OCC: Y. DIS: N. AFF: Y. Restriction Type: No lifting/pushing/pulling more than 10 lbs. Rest: 10/12/2018. Start: 12:29. Rest: 10/26/2018. End: 23:59:00 PERM: N. Provider: Hinkson Roger S. User: Jobs Corn. Case/Problem: S2018-12716-2018/07/03 13:43:00. Where accommodated: Work Location. Start Date: 09/05/2018 15:47:00. End: 10/26/2018 23:59:00. Duration: 52 days.

18. 11/29/2018 Exam/Progress Notes - Stanley Katz, MD CC: C/S, T/S. Dx: C, LS discogenic pain. Other cervical disc displacement ICD-10 Code M50.20. Other intervertebral disc displace ICD-10 Code M51.26. Tx: Sign record release today and request MRI ERSULTS of LS from Kaiser. Celebrex 200 #30 1 daily with food. Prilosec 20 #30 1 daily rationale had gastritis and lower GI bleed with COX-I NSAID'S, tolerates Celelbrex better. RTO 6. Work Status: Return to modified work on 11/29/2018 with the following limitations or restrictions. Lifting, push, pull over 10 lbs.

19. 01/10/2019 Exam/Progress Notes - Stanley Katz, MD CC: C/S. T/S. Dx: Other cervical disc displacement ICD-10 Code M50.20. Other intervertebral disc displace ICD-10 Code M51.26. Tx: Rx L/S MRI R/O Disc, has continued with LBP and radiating left leg pain for 6 month. Rx Celebrex 200 mg #30 QD. Plan: Prilosec 20 mg #30 QD. RTC 4 weeks. Work Status: Return to modified work on 01/10/2019 with the following limitations or restrictions. Lifting, push, pull over 10 lbs.

20. 01/29/2019 Radiology/Diagnostics MRI Spine Cerv w/o CO – Jay Kaleer, MD Indication: Low back pain. Impression: There is a developmentally small central canal. At T12-L1, there is minimal annular bulging with a small underlying bright annular fissure. At L3-L4, mild broad-based annular bulging. Mild bilateral facet arthropathy with mild central canal stenosis. No evidence of lateral stenosis. At L4-5, facet arthropathy and thickening of the ligamentum flavum with mild central canal stenosis. Minimal bilateral foraminal stenosis. At L5-S1, disc degeneration and extensive type 2 endplate change. Mid bilateral foraminal stenosis.

21. 02/14/2019 Exam/Progress Notes - Stanley Katz, MD CC: C/S. T/S. Dx: 1) Other cervical disc displacement ICD-10 Code M50.20. 2) Other intervertebral disc displace ICD-10 Code M51.26. Tx: Lumbar support. Celebrex 200 mg #30 1 daily with food 2 refills. Chiro trial x6 C, LS. RTO 6. Work Status: Return to modified work on 02/14/2019 with the following limitations or restrictions. No lifting, push, pull over 10 lbs.

22. 02/26/2019 Chiropractic Initial Evaluation– Mark Nario, DC CC: pt /o neck and back pain rated at 8/10. pain is achy, burning. Dx: 1) Other cervical disc displacement ICD-10 Code M50.20. Tx: CMT: c/s, t/s and 1/s. Therex. kinetic activity. NMR.

23. 04/04/2019 Exam/Progress Notes - Jose Serrato, PA CC: C/S. T-L/S. Dx: 1) Other cervical disc displacement ICD-10 Code M50.20. 2) Other intervertebral disc displace ICD-10 Code M51.26. Tx: Continue Celebrex (has enough). Schedule certified chiro trial x6. RTC 4 weeks.

24. 04/25/2019 Soheila Ghazaiskar, DC Patient participated in the chiropractic therapy sessions from 04/09/2019 through 04/25/2019.

25. 05/02/2019 Exam/Progress Notes - Jose Serrato, PA CC: C/S. T-L/S. Dx: 1) Other cervical disc displacement ICD-10 Code M50.20. 2) Other intervertebral disc displace ICD-10 Code M51.26. Tx: Exam: Request for additional chiro 2X3 weeks, rationale; obtained good improvement with chiro X6. If additional chiro helps then we will try lifting work restrictions. By next visit. RTC 6 weeks – Dr. Kate. Work Status: Return to modified work on 05/02/2019 with the following limitations or restrictions. Lifting, push, pull over 10 lbs.

26. 05/30/2019 Soheila Ghazaiskar, DC Patient participated in the chiropractic therapy sessions from 05/03/2019 through 05/30/2019.

27. 06/27/2019 Exam/Progress Notes - Stanley Katz, MD CC: C/S. T/S. Dx: 1) Other cervical disc displacement ICD-10 Code M50.20. 2) Other intervertebral disc displace ICD-10 Code M51.26. Tx: Spine surgery consult for possible ACDF. Chiro 2 x 6. Reeill Celebrex #30 1 daily with foot 2 refills. RTO 6. Work Status: Return to modified work on 06/27/2019 with the following limitations or restrictions. No lifting, pushing, pulling over 10 lbs.

28. 08/16/2019 Ferdinand Lopez, DC / Ricardo Castro DC / Mark Nario, DC / Soheila Ghaziaskar, DC Patient participated in the chiropractic therapy sessions from 07/19/2019 through 08/16/2019.

29. 08/22/2019 Exam/Progress Notes - Jose Serrato, PA CC: C/S. T/S. Dx: 1) Other cervical disc displacement ICD-10 Code M50.20. 2) Other intervertebral disc displace ICD-10 Code M51.26. Tx: Has spine consult on 08/28/79 for possible ACDF. Chiro 3X4 weeks for C/S T/S L/S. RTC 6 weeks. Work Status: Return to modified work on 08/22/2019 with the following limitations or restrictions. No lifting, push/pull over 10 lbs.

30. 08/24/2019 Work Status Report - Kamran Aflatoon, DO Work Status: May return to work with the following restrictions: Lifting/Carrying 10 lbs. Restrictions valid until: 09/25/2019.

31. 08/28/2019 Consultation Report - Kamran Aflatoon, DO (DOI: 07/03/2018). Hx of Injury: Mr. Shah states that on July 3,2018, he was pulling out a turkey from the freezer. The turkey was very heavy. He experienced discomfort in his body when pulling it. The following day, he felt pain in his neck. He reported the injury to his employer. Mr. Shah was referred to Cast Health Center where he was examined and x-rays of the neck were taken. He was provided with physical therapy and Celebrex. The therapy was helpful. He continued working with restrictions. Mr. Shah states that every time his pain surfaces, he usually stays home two or three days to prevent it from getting worse. Mr. Shah does not recall having received any additional treatment and continues experiencing pain in his neck. CC: Mr. Shah has been having neck pain with radiation down the arm. He has numbness and tingling in the arm. He has difficulty with neck movement. He has pain with looking up or down for a long period of time. He has weakness in the arm. He has been dropping objects. He has limitation with repeated bending, carrying, pushing and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 4 out of 10. He has been frustrated with the neck pain. He denies any issues with bowel and bladder dysfunction. He denies any issues with balance disorder. Pain is better with rest and increased with activities. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. Tx: I had a lengthy discussion with him regarding the findings. He has continued to experience moderate pain in his neck with-radiation down the arm. He has been having radiating pain with rotation of the neck. He has been having numbness and tingling in the arm. He is occasionally dropping objects. He has difficulty with his daily activities. He has failed conservative management with medications and therapy. He would like to do something to alleviate the symptoms. In my opinion he would benefit from an epidural injection C4-5. I have discussed this with him regarding risks, benefits as well as alternatives. I have answered all his questions. He would like to have it done. He should continue with therapy and medications for now. Work Status: As per primary treating physician (Recommend: No Lifting or carrying over 10 lbs).

32. 08/30/2019 Soheila Ghaziaskar, DC Patient participated in the chiropractic therapy session on 08/30/2019.

33. 09/25/2019 Consultation - Kamran Aflatoon, DO CC: I had the pleasure of revisiting with Mr. Shah in the office today. He has continued to experience neck pain with radiation down the arm. He has numbness and tingling in the arm. He has difficulty with neck

movement. He has pain with looking up or down for a long period of time. He has weakness in the arm. He has been dropping objects. He has limitation with repeated bending, carrying, pushing and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 4-5 out of 10. He denies any issues with bowel and bladder dysfunction. He denies any issues with balance disorder. Pain is better with rest and increased with activities. He is authorized for the epidural injection and would like to have it done. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. Tx: Mr. Shah has continued to have moderate neck pain with radiation down the arm. He has been having numbness and tingling in the arm. He is occasionally dropping objects. He has difficulty with his daily activities. He has failed conservative management with medications and therapy. He would like to do something to alleviate the symptoms. He has been authorized for epidural injection C4-5. I have discussed this with him regarding risks, benefits as well as alternatives. I have answered all his questions. He would like to have it done. He should continue with therapy and medications for now. Work Status: No Lifting or Carrying over 10 lbs. TTD only 10/01/2019 (Due to CESI Procedure).

34. 09/25/2019 Work Status Report - Kamran Aflatoon, DO Work Status: May return to work with the following restrictions: Lifting/Carrying 10 lbs. Restrictions valid until: 10/16/2019.

35. 10/01/2019 Operative Report - Kamran Aflatoon, DO Pre-Op/Post-Op Dx: 1) Stenosis at C4-5. 2) Disc herniation. 3) Radiculopathy. Operation Performed: 1) Transforaminal myelography at C4-5. 2) Transforaminal epidural steroid injection at C4-5. 3) Nerve block of C5. 4) Interpretation of myelographic impages. 5) Needle localization under fluoroscopic guidance.

36. 10/16/2019 Exam/Progress Notes - Kamran Aflatoon, DO (DOI: 07/03/2018) CC: Mr. Shah was in the office for follow up evaluation today. He had an epidural injection in the neck couple of weeks ago. He has had a great deal of improvement in the symptoms. He has mild neck pain with radiation to the shoulders. He still does have some numbness and tingling in the arm. He has been having lower back pain. His back pain is worse with activities and better with rest. He has numbness and tingling in the leg. He rates the pain to be 4 to 5 out of 10. He has been working. He has been limited with prolong walking. He denies any issues with bowel and bladder dysfunction. He has brought in the MRI of the lumbar spine for my evaluation. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. 3) Spinal stenosis L4-5 and L5-SI. 4) Radiculopathy. Tx: Mr. Shah has been having moderate pain in the lower back with radiation down the leg. He is unable to sit and stand for a long time. He has weakness in the leg. He has had therapy and

medications. I went over the MRI with him and would recommend him having an epidural injection in the lumbar spine. I hope that we can alleviate his symptoms. He also had an epidural injection in the cervical spine. He is feeling much better with the neck pain. He has had over 50% reduction in the symptoms. I would recommend him to perform home exercises and stretching. I gave him a prescription for Voltaren Gel. He will remain on regular work. Work Status: Regular Job Duties.

37. 10/16/2019 Work Status Report - Kamran Aflatoon, DO Work Status: May return to regular work duties without restrictions.

38. 10/30/2019 Operative Report - Kamran Aflatoon, DO Pre-Op/Post-Op Dx: 1) Stenosis at L4-5 and L5-S1. 2) Radiculopathy. Operation Performed: 1) Transforaminal Myelography at L4-5 and L5-S1. 2) Transforaminal epidural steroid injection at L4-5 and L5-S1. 3) Nerve block of L4. 4) Nerve block of L5. 5) Interpretation of myelography images. 6) Needle localization under fluoroscopic guidance.

39. 11/07/2019 Exam/Progress Notes - Stanley Katz, MD (DOI: 07/03/2018) History of Injury: The patient states that on July 3,2018, he was injured at work while doing his usual duties a food prep for Disneyland. The patient reported that due to repetitive movement of mixing large pot, he developed pain. He self-treated his pain from January to July 2019. The injury was reponed to his supervisor, Dines M. The patient was seen by a doctor. MRI of cervical spine was performed. He was prescribed medication. Physical therapy was recommended. The patient was seen at Kaiser. MRI of lumbar spine was performed. He was prescribed medication. Physical therapy was recommended. CC: 1) Upper, mid, and low back pain. 2) Bilateral shoulder pain. 3) Upper arm pain. 4) Right fingers pain. 5) Numbness and tingling in arms and hands. 6) Tingling in legs and feet. Cervical/Lumbosacral Spine: The patient complains of minimal pain, 1-2/10 on a visual analog scale in both neck and back with radiations to the upper and lower extremities. The pain is worse at the end of long day's work. Dx: 1) Other cervical disc displacement unspecified cervical region ICD-10 Codes M50.20. 2) Other intervertebral disc displacement, lumbar region ICD-10 Codes M51.26. MMI: The patient has reached maximum medical improvement. Impairment Ratings: The patient has 10% Whole Person Impairment as he is DRE Category II for both his neck and back, meriting 5% Whole Person Impairment for each. Causation: Based on the currently available information, including the Patient's self-reported history of injury, the patient's symptomatology as well as my findings upon examination, it is my medical opinion that all of the patient's current symptoms and objective findings are a direct result of the industrial injury of July 3, 2018. Apportionment: The patient had some degenerative changes in his neck and back which were non-significantly symptomatic prior to his work

injury, 20% of his disability is there due to the natural history of his pre-existing condition, and remainder to his work injury of July 3, 2018. Future Medical Treatment: The patient will continue with over-the-counter medication and may benefit from repeat injections if his current improvement last longer after meet the criteria for injection repetition. He will therefore need access to an orthopedic surgeon or interventional pain management physician on a p.r.n. basis.

40. 11/13/2019 Exam/Progress Notes - Kamran Aflatoon, DO (DOI: 07/03/2018) CC: I had the pleasure of revisiting with Mr. Shah in the office for follow up evaluation today. He had an epidural injection in the lumbar spine two weeks ago. He has had a great deal of improvement in the symptoms. He does not have the back and leg pain that he used to have in the past. He has been very happy with the pain reduction. He rates the pain to be 1-2 out of 10. He denies any issues with bowel and bladder dysfunction. He also has done very well with the neck pain. He does not have any radiating symptom down the arm. He has minimal radiation to the shoulders. He still does have some numbness and tingling in the arm. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. 3) Spinal stenosis L4-5 and L5-Sl. 4) Radiculopathy. Tx: Mr. Shah is very happy with the reduction in his symptoms. He has become more active. He feels over 80% reduction in the back and leg symptoms. He is able to sit and stand for a longer period of time. He does not have as much weakness as he used to have in the past. He does have moderate stenosis in the lumbar spine. I would recommend him going back to his regular work. I gave him a prescription for Voltaren Gel. Work Status: Regular job duties.

41. 12/11/2019 Exam/Progress Notes - Kamran Aflatoon, DO (DOI: 07/03/2018) CC: Mr. Shah was in the office for follow up evaluation today. He has been having increasing neck pain with right arm heaviness. He has been having numbness and tingling in the tight arm. He does have moderate stenosis at the right C4-5. Hs has also had therapy and acupuncture treatment. He rates his pain to be 4-5 out of 10. He denies any issues with bowel and bladder dysfunction. He also has been having some lower back pain. He had an injection in the lumbar spine two months ago and has had over 50% improvement in the symptoms. He has some numbness and tingling. He rates the pain to be 5-6 out of 10. His pain is exacerbated with repeated bending, lifting, and carrying. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. 3) Spinal Stenosis L4-5 and L5-S1. 4) Radiculopathy. Tx: Mr. Shah has been having increasing lower back pain with radiation down the leg. He has numbness and tingling in the leg. He had a lumbar epidural injection in October with over 50% reduction in symptoms. He would like to try another injection. He has been limited with repeated bending, lifting and carrying. He also has increasing neck pain with radicular symptoms. He has increasing pain with neck rotation. He has weakness in the arm. He has been performing his regular work. I have

discussed with him regarding the surgical intervention and halve answered all his questions. I gave him a prescription for Voltaren Gel. Work Status: Regular job duties.

42. 12/11/2019 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation radiculopathy. Work Status: May return to regular work duties without restrictions. Restrictions valid until: 01/08/2020.

43. 01/08/2020 Operative Report - Kamran Aflatoon, DO Pre-Op/Post-Op Dx: 1) Stenosis at L4-5 and L5-S1. 2) Disc herniation. 3) Radiculopathy. Operation Performed: 1) Transforaminal myelopathy at bilateral L4-5 and bilateral L5-S1. 2) Transforaminal epidural steroid injection at bilateral L4-5 and bilateral L5-S1. 3) Nerve block of bilateral L4. 4) Nerve block of bilateral L5. 5) Interpretation of myelography images. 6) Needle localization under fluoroscopy guidance.

44. 01/22/2020 Exam/Progress Notes - Kamran Aflatoon, DO CC: 1) C/S 5/10 (illegible) R shoulder. 2) L/S 3/10 LESI (illegible). Dx: 1) Lumbar Region Disc Herniation Other intervertebral disc displacement ICD-10 M51.27. 2) Spinal Stenosis lumbar region with neurogenic claudication ICD-10 M48.07. 3) Radiculopathy Lumbar Region ICD-10 M54.17. Tx: (Illegible). Work Status: This patient has been instructed to: Return to full duty with no limitations or restrictions.

45. 01/22/2020 Work Status Report - Kamran Aflatoon, DO Dx: Spinal Stenosis L4-5 and L5-S1. Work Status: May return to regular work duties without restrictions. Restrictions valid until: 01/29/2020.

46. 01/29/2020 Exam/Progress Notes - Kamran Aflatoon, DO (DOI: 07/03/2018) CC: Mr. Shah was in the office for follow up evaluation today. He has continued to have worsening of the neck and arm symptoms. He is frustrated with the constant pain and lack of sleep. He had a cervical epidural injection with good short term improvement. He has had therapy and medications and continues to remain symptomatic. He still has numbness and tingling in the right arm. He does have moderate stenosis at the right C4-5. He rates his pain to be 6 out of 10. He denies any issues with bowel and bladder dysfunction. His lower back pain has improved since the injection. He does not have as much pain as he used to have in the past. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. 3) Spinal Stenosis L4-5 and L5-S1. 4) Radiculopathy. Tx: Mr. Shah has been having increasing neck pain with radiation down to his arm. He has been limited and frustrated with the neck pain. He has arm weakness. He wakes up multiple times at night. The pain radiates to his shoulder and the cervical epidural injection did help for a short period of time. The clinical findings are consistent with the imaging for the C4-5. I have discussed with him regarding the surgery at C4-5. We discussed the risks,

benefits as well as alternatives to the surgery. I answered all his questions. Work Status: Regular job duties.

47. 08/15/2020 Soheila Ghaziaskar, DC Patient participated in the chiropractic therapy session on 08/15/2020.

48. 09/16/2020 Exam/Progress Notes - Kamran Aflatoon, DO (DOI: 07/03/2018). CC: Mr. Shah was in the office for a follow up evaluation today. He has continued to experience neck pain with radiation down the arm. He has been receiving medical treatment from India. He feels frustrated with the neck pain and lack of sleep. He had a cervical epidural injection with good short-term improvement. He still has numbness and tingling in the right arm. He does have moderate stenosis at the right C4 5. He rates his pain to be 6-7 out of 10. He denies any issues with bowel and bladder dysfunction. He would like to have a second opinion. Dx: 1) Disc Herniation C4-5. 2) Radiculopathy. 3) Spinal Stenosis L4-5 and L5-S1. 4) Radiculopathy. Tx: Mr. Shah has been having moderate neck pain with radiation down to his arm. He has been limited and frustrated with the neck pain. He has arm weakness. He wakes up multiple times at night. The pain radiates to his shoulder. The cervical epidural injection did help for a short period of time. He has been receiving medical care from India and around US from different Indian friends. He has been applying herbs to his neck. He has not noticed any improvement. He would like to have a second opinion to see if he really needs surgery. He may follow up as needed. I believe a second opinion is a great idea. Work Status: Regular job duties.

49. 09/16/2020 Work Status Report - Kamran Aflatoon, DO Dx: Spinal Stenosis L4-5 and L5-S1. Work Status: May return to regular work duties without restrictions. Restrictions valid until: 01/29/2020. Other: Transfer of lane.

50. 11/25/2020 Exam/Progress Notes - Hamid Mir, MD CC: 1) Neck pain associated with arm pain. 2) The patient consented to telehealth medical services being provided virtually via zoom. Dx: 1) Shoulder pain, unspecified chronicity, unspecified laterality - M25.519 (Primary). 2) Radiculopathy of cervical region - M54.12. 3) Lumbar radiculopathy - M54.16. Tx: 1) Others Notes: Patient has complaints of neck pain as well as right shoulder pain. He states that he can not raise his right arm above his head. On exam, he has limitation of motion about the right shoulder. I reviewed his cervical spine MRI which shows degeneration in the spine but with no severe stenosis. I recommend seeing & shoulder specialist. I do not feel the problem is his neck and I do not recommend surgery for him. Patient's outside imaging studies consisting of MRI are reviewed. I also went over the images and the finding with the patient.

51. 12/28/2020 Exam/Progress Notes - Navid Ghalambor, MD CC: (Illegible). Dx: (Illegible). Tx: Repeat (illegible). MRI R shoulder. RTC (illegible) MRI.

52. 12/28/2020 Consultation - Navid Ghalambor, MD CC: 1) Nocturnal right shoulder pain that often awakens him. 2) Lying on the right shoulder is painful. 3) Overhead activity is painful. 4) Daily activities such as washing and combing his hair are painful. Dx: Right shoulder impingement syndrome/subacromial bursitis. Tx: The patient's right shoulder symptoms have been ongoing for more than two years. To date, he has undergone treatment consisting of 36 sessions of therapy and the usage of Celebrex. The diagnosis is explained to him in detail and the treatment recommendations are discussed. Due to his ongoing symptoms, I recommend that he undergo an MRI scan of the right shoulder. Once the MRI results/images are reviewed, a treatment plan will be formulated. Therefore, I am also requesting authorization for a followup visit with this examiner after completion of the MRI scan. Depending upon the MRI findings, potential treatment options may include a steroid injection, but this will be discussed once the MRI results are reviewed. He will return for reevaluation following the MRI scan. In the interim, he will follow up with his primary treating physician.

53. 02/02/2021 Radiology/Diagnostics MRI Right Shoulder – Joy Foster, MD Indication: 51 year-old male with chronic right shoulder pain. Work-related injury. Impression: 1) Abnormal glenoid labrum. Findings compatible with a slap tear. 2) Mild - moderate tendinopathy related changes involving the supraspinatus and infraspinatus tendons. Findings most pronounced involving the distal supraspinatus tendon. No evidence of rotator cuff tear. 3) Biceps tenosynovitis. 4) Mild changes of chondral degeneration involving the glenohumeral articulation. 5) Sub coracoid bursitis. Superimposed heterogeneity of the fluid compatible with regions of synovial hyperplasia. Suspect superimposed loose body.

54. 02/19/2021 Exam/Progress Notes - Navid Ghalambor, MD CC: C/S R shoulder pain. Dx: 1) R shoulder slap tear. 2) R shoulder impingement (illegible). Tx: 1) (Illegible). 2) RTC 4 weeks. Follow Up: 03/18/2021 @ 1030 per PTP.

55. 02/19/2021 Work Status Report - Navid Ghalambor, MD Dx: R shoulder SLAP tear.

56. 03/18/2021 Exam/Progress Notes - Navid Ghalambor, MD CC: To date, the patient has undergone treatment consisting of approximately 36 sessions of therapy, the usage of Celebrex, and one steroid injection along the right shoulder, which alleviated his symptoms by approximately 25 percent. His right shoulder remains symptomatic. His symptoms are unchanged and are as follows; 1) Nocturnal right shoulder pain that often awakens him. 2) Lying on the right shoulder is painful. 3) Overhead activity is painful. 4)

Daily activities such as washing and combing his hair are painful. Dx: 1) Right shoulder impingement syndrome/subacromial bursitis superimposed on rotator cuff tendinosis. 2) Probable right shoulder SLAP lesion. 3) Right shoulder proximal biceps tenosynovitis. 4) Probable right shoulder synovitis with possible loose body. Tx: To date, the patient has undergone treatment consisting of approximately 36 sessions of therapy, the usage of Celebrex and a subacromial steroid injection that alleviated his symptoms by approximately 25 percent. However, the effects of the injection were short-lasting. He continues to remain symptomatic at this time. His subjective complaints are unchanged and are as follows: 1) Nocturnal right shoulder pain that often awakens him. 2) Lying on the right shoulder is painful. 3) Overhead activity is painful. 4) Daily activities such as washing and combing his hair are painful His right shoulder symptoms have been ongoing since July of 2018, for more than two and a half years. The recent MRI scan was consistent with rotator cuff tendinosis, subcoracoid bursitis with a possible loose body, biceps tenosynovitis and a possible SLAP lesion. The diagnoses are explained to him in detail and the treatment options are discussed. His options at this time include doing nothing, the continuation of home therapeutic exercises, the continuation of the judicious use of nonsteroidal anti-inflammatory medications, a repeat steroid injection versus surgery. Surgery would be in the form of a right shoulder arthroscopic subacromial decompression/partial acromioplasty, evaluation of the superior labrum with debridement versus a proximal biceps tenodesis as indicated, a glenohumeral joint synovectomy and possible loose body removal as indicated. He clearly understands his options. At this point, he is not certain whether or not he wishes to proceed with surgery and he wishes to think about this. In summary, he is a candidate for a right shoulder arthroscopic subacromial decompression/partial acromioplasty, evaluation of the superior labrum with debridement versus proximal biceps tenodesis as indicated, glenohumeral joint synovectomy and loose body removal as indicated. He is not certain whether or not he wishes to undergo surgery and he wishes to think about this. He was referred to this examiner for a consultation only and he is instructed to follow up with his primary treating physician. If he decides to proceed with surgery, I would be happy to reevaluate him and request authorization for surgery. His work status is deferred to the primary treating physician. All of his questions were answered to his satisfaction and he had no further questions.

57. 06/21/2021 Exam/Progress Notes - Navid Ghalambor, MD CC: C/o R shoulder pain illegible Dx: illegible 2) R SLAP tear. 3) R biceps tenosynovitis. Tx: illegible, follow up PRN. Work Status: This patient has been instructed to return to full duty on 06/21/22 with no limitations or restrictions.

58. 06/21/2021 Navid Ghalambor, MD - Permanent and Stationary (DOI: 07/03/2018) CC: He continues to complain of right shoulder pain. He also complains of contralateral left shoulder pain. Dx: 1) Right shoulder impingement syndrome/subacromial bursitis superimposed on rotator cuft tendinosis. 2) Probable right shoulder SLAP lesion. 3) Right shoulder proximal biceps tenosynovitis. 4) Probable right shoulder synovitis with possible loose body. Impairment Rating: Using the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edilion, the following impairment is calculated. The patient complains of contralateral left shoulder pain. Therefore, the left shoulder cannot be used for comparison range of motion measurements. One must refer to the Guides to the Evaluation of Permanent Impairment, Fifth Edition for comparison range of motion measurements. With respect to the right shoulder, the patient was noted to have forward flexion of 150 degrees and according to Figure 16-40 on page 476, 150 degrees of forward flexion converts to two percent upper extremity impairment. He was noled to have abduction ot 150 degrees and according to Figure 16-43 on page 477, 150 degrees ol abduction converts to one percent upper extremity impairment. He was noled to have internal rotation of 45 degrees and according to Figure 1546 on page 479, 45 degrees of internal rotation converts to two and a half percent upper extremity impairment, which rounds up to three percent upper extremity impairment. He did not exhibit any loss of motor strength with respect to the right shoulder. Using the combined value chart on page 604, combining the above equales to six percent upper extremity impairment for loss of range of motion of the right shoulder. According to Table 16-3 on page 439, six percent upper extremity impairment converts to four percent impairment of the whole person. Causation: The patients right shoulder condition has been accepted as being industrial in causation. Therefore, the issue of causation will not be formally discussed in this report. Apportionment: Not indicated. Future Medical Treatment: In the event that the patient experiences a flare-up of his right shoulder symptoms in the future, he should be afforded evaluation by an orthopaedic surgeon. In that setting, he may require treatment consisting of nonsteroidal anti-inflammatory medications, short courses of therapy and/or a local anesthetic/steroid injection along the right shoulder subacromial space. Provisions for an MRI scan of the right shoulder should be included as part of his future medical care. Provisions for surgical treatment in the form of a right shoulder arthroscopic subacromial decompression/partial acromioplasty, loose body removal and proximal biceps tenodesis should also be included as part of his future medical care.

59. 09/15/2021 Exam/Progress Notes - Kamran Aflatoon, DO CC: Mr. Shah has neck pain with radiation down the arm. He has numbness and tingling in the arm. He has difficulty with neck movement. He has pain with looking up or down for a long period of time. He

has limitation with repeated bending, carrying, pushing and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 3-4 out of 10. He has been frustrated with the neck pain. He denies any issues with bowel or bladder dysfunction. He denies any issues with balance disorder. Pain is better with rest and increased with activities. Dx: 1) Disc Herniation C4-5 2) Radiculopathy 3) Cervical Stenosis. Tx: I had a lengthy discussion with Mr. Shah regarding the findings. He sustained an injury to his cervical spine while working at Disneyland. He has persistent neck pain. He has radiation down the arm. He has pain with neck rotation. He has been having numbness and tingling in the arm. He is occasionally dropping objects. He has difficulty with his daily activities. He has had therapy, medications as well as epidural injections. He remains symptomatic. We had discussed the possibility of surgery. He would like to hold off for a couple of years. I am now releasing him from care. I have recommended him to perform home exercises and stretching. He is now being released from care. He will have future medical care. Work Status: Regular job duties.

60. 03/23/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: He has continued to have persistent pain in the neck. His neck and shoulder pain are worsening. He is limited with neck motion. He has numbness and tingling in the arm. He has pain with looking up or down for a long period of time. He has limitation with repeated bending, carrying, pushing, and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 5 out of 10. He denies any issues with balance disorder. Pain is better with rest and increased with activities. Dx: 1) Disc Herniation C4-5 2) Radiculopathy 3) Cervical Stenosis. Tx: Mr. Shah has been having increasing pain in the neck. He has radiation down the arm. He has numbness and tingling in the arm. He wakes up at night due to the pain. He occasionally drops objects. He has difficulty with his daily activities. He has had therapy, medications as well as epidural injections. The last MRI that was done was in 2018. I would recommend him having a new MRI of the cervical spine. This needs to be done prior to any decision of his treatment. He also has moderate pain in the shoulder. I went over the MRI. There is moderate tendonitis in the shoulder. The last option would be a shoulder arthroscopy. I gave him a prescription for Celebrex 200mg #30. Work Status: No lifting or carrying over 25 lbs.

61. 03/23/2022 Work Status Report - Kamran Alfatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: May return to work with the following restrictions; lifting/carrying modified, specify restrictions (weight, repetitions, height level of lifting etc) 25 lbs. Restrictions valid until 04/26/22.

62. 04/18/2022 Radiology/Diagnostics - MRI Spine Cerv w/o CO - Damon Sacco MD Indication: Neck pain with C4rC5 radiculopathy. Evaluate for neural element

impingement or stenosis. Impression: 1) Annular bulging with uncinate remodeling at the C3 C4 level. There is mild foraminal stenosis. 2) Mild disc osteophyte complex extending greater the right at the C4-C5 level. There is mild facet arthropathy. There is moderate right and mild left foraminal stenosis. Mild central canal stenosis at this levels present. 3) Annular bulging with uncinate remodeling at the C5-C6 level. There is mild facet arthropathy- There is mild central canal and bilateral foraminal stenosis. 4) Annular bulging at the C6-C7 level with mild broad-based posterior disc osteophyte complex. There is mild facet arthropathy. There is mild-to-moderate right and mild left foraminal stenosis. The central canal this level is mildly stenotic. 5) Facet arthropathy worse to the left at the C7-T1 level with mild anterolisthesis and annular bulging. A small localized central herniation is present with slight caudal migration of disc material. There is mild central canal stenosis at this level. 6) Mild straightening of the normal cervical lordosis.

63. 04/20/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: Mr. Shah was seen in the office today. He continues to complain of neck and arm pain. His neck and shoulder pain have been worsening. He remains limited with neck motion. He has numbness and tingling in the arm. He has pain with looking up or down for a long period of time. He has limitation with repeated bending, carrying, pushing, and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 5-6 out of 10 depending on activities. He denies any issues with balance disorder. Pain is better with rest and increased with activities. Dx: 1) Disc herniation C4-5. 2) Radiculopathy. 3) Cervical Stenosis. Tx: Mr. Shah has been having increasing pain in the neck. He has radiation down the arm. He has numbness and tingling in the arm. He wakes up at night due to the pain. He occasionally drops objects. He has difficulty with his daily activities. He had an MRI of the cervical spine and is here to go over the images. He has moderate stenosis C4-5. He had a prior injection at c4-5 with a great deal of improvement in his pain. I would recommend him having another injection in the cervical spine. I hope we can decrease his pain and discomfort. I gave him a prescription for Mobic l5mg #30 as well as Voltaren Gel. Work Status: No lifting or carrying over 15 lbs.

64. 04/20/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: May return to work with the following restrictions; lifting/carrying modified, specify restrictions (weight, repetitions, height level of lifting etc) 15 lbs. Restrictions valid until 05/18/22.

65. 05/25/2022 Operative Note - Kamran Aflatoon, DO Pre-Op Dx/Post-Op Dx: 1) Disc herniation at C4-5. 2) Radiculopathy at C4-5. Procedures Performed: 1) Transforaminal myelography at bilateral c4-5. 2) Transforaminal epidural steroid injection at bilateral

C4-5. 3) Nerve block of C5. 4) Interpretation of myelography images. 5) Needle localization under fluoroscopic guidance.

66. 06/01/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: He has continued to experience persistent neck pain with radiation down the arm. His neck and shoulder pain have been worsening. He remains limited with neck motion. He has numbness and tingling in the arm. He has pain with looking up or down for a long period of time. He has limitation with repeated bending. carrying, pushing, and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 5-6 out of l0 depending on activities. He denies any issues with balance disorder. Pain is better with rest and increased with activities. He has had epidural injections with short-term improvement. Dx: 1) Disc herniation C4-5. 2) Cervical stenosis. 3) Radiculopathy. Tx: Mr. Shah has been having persistent neck pain with radiation down the arm. He has numbness and tingling in the arm. He wakes up at night due to the pain. He occasionally drops objects. He has difficulty with his daily activities. He has moderate stenosis C4-5. He had two prior injections at C4-5 with short term improvement in his pain. At this time, he has had therapy, medications, chiropractic treatment and multiple injections. He is interested in having something done. I would recommend him having an anterior cervical discectomy and fusion at C4-5. I have discussed this with him, and he would like to have it done. The risk of infection, pain, nor healing, swallowing disorder and need for more surgery were discussed. He would like to have it done. I gave him a prescription for Celebrex 200mg #30. Work Status: Regular work duties.

67. 06/01/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis.

68. 06/28/2022 Exam/Progress Notes - Navid Ghalambor, MD CC: Illegible Dx: illegible Tx: MRI L shoulder illegible. Work Status: This patient has been instructed to return to modified work on 06/28/22 with the following limitations or restrictions (list all specific restrictions re; standing, sitting, bending, use of hands, etc); no lifting/pushing/pulling > 15 lbs illegible.

69. 06/28/2022 Consultation - Navid Ghalambor, MD CC: 1) Nocturnal left shoulder pain, which often awakens him. 2) Lying on the left shoulder is painful. 3) Daily activities such as washing and combing his hair are painful. 4) Overhead activity is painful. Dx: Left shoulder impingement syndrome/subacromial bursitis. Tx: I have had the opportunity to evaluate Mr. Bhargav Shah and based upon the findings, the above-noted diagnosis is made. At this point, it is probable that his left shoulder condition has reached a permanent and stationary status and maximum medical improvement To date, he has undergone treatment consisting of therapy for the left shoulder in conjunction with

treatment of his right shoulder. Prior to completing a permanent and stationary/MMI report, I recommend that he undergo an MRI scan of the left shoulder. He denies any traumatic events with respect to the left shoulder. He attributes his left shoulder symptoms to the repetitive lifting of large and heavy bags of turkey and beef in the cold room at work, Therefore, based upon the available information, which is gathered from his history, this examiner concludes that his current left shoulder symptoms ate industrial in causation, with reasonable medical probability. In summary, it is probable that his left shoulder condition has reached a permanent and stationary status and maximum medical improvement. He will require provisions for future medical care for the left shoulder. However, before detailing the specifics of future medical care, I recommend that he undergo an MRI scan of the left shoulder. He will return for reevaluation once the MRI scan has been completed and at that time, a permanent and stationary/MMI report will be issued. All of his questions were answered to his satisfaction and he had no further questions at this time. Tx: 1) MRI scan of the left shoulder. 2) Modified work duties. 3) Return to the clinic for a permanent and stationary evaluation once the MRI scan has been completed.

70. 06/29/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: He continues to have persistent neck pain with radiation down the arm. His neck and shoulder pain have been worsening. He remains limited with neck motion. He has numbness and tingling in the arm. He has pain with looking up or down for a long period of time. He has limitation with repeated bending, carrying, pushing, and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 5-6 out of 10 depending on activities. He denies any issues with balance disorder. Pain is better with rest and increased with activities. He has had epidural injections with short-term improvement. He is interested in having surgery done. Dx: 1) Disc Herniation C4-5. 2) Cervical Stenosis. 3) Radiculopathy. Tx: Mr. Shah has continued to have neck pain. He has radiation down the arm. He has numbness and tingling in his arms. He wakes up multiple times at night due to the pain. He occasionally drops objects. He has difficulty with his daily activities. He has moderate stenosis C4-5. He had two prior injections at C4-5 with short term improvement in his pain. At this time, he has had therapy, medications, chiropractic treatment and multiple injections. He is authorized to have an anterior cervical discectomy and fusion at C4-5. I have discussed this with him, and he would like to have it done. The risk of infection, pain, not healing, swallowing disorder and need for more surgery were discussed. He would like to proceed after coming back from his vacation to India. Work Status: Regular work duties.

71. 06/29/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis.

72. 07/11/2022 Radiology/Diagnostics - MRI Left Shoulder - Robert Clark, MD Indication: Left shoulder pain. Impression: Moderate degenerative change AC joint. Type 3 acromion with inferior spur impinging on the musculotendinous junction of the supraspinatus. Tendinosis and thickening subscapularis tendon. Longitudinal tear of the biceps tendon in the bicipital groove but Moderate amount fluid from tenosynovitis. Edema subacromial subdeltoid bursa. SLAP lesion.

73. 08/02/2022 Exam/Progress Notes - Navid Ghalambor, MD CC/Dx: Illegible. Tx: P & S illegible. Work Status: This patient has been instructed to return to modified work on 08/02/22 with the following limitations or restrictions (list all specific restrictions re; standing, sitting, bending, use of hands, etc); No lifting/pushing/pulling > 15 lbs illegible.

74. 08/02/2022 Navid Ghalambor, MD - Permanent and Stationary CC: At this time, he complains of persistent bilateral shoulder pain. He wishes to hold off on steroid injections and/or surgery, but he wishes to keep these options open as part of his future medical care. Dx: 1) Right shoulder impingement syndrome/subacromial bursitis superimposed on rotator cuff tendinosis. 2) Probable right shoulder SLAP lesion. 3) Right shoulder proximal biceps tenosynovitis. 4) Probable right shoulder synovitis with possible loose body. 5) Left shoulder impingement syndrome/subacromial bursitis superimposed on rotator cuff tendinosis. 6) Left shoulder SLAP lesion per MRI scan dated July 11, 2022. 7) Left shoulder moderate acromioclavicular joint degenerative changes per MRI scan dated July 11, 2022. 8) Left shoulder longitudinal tear of the proximal biceps tendon within the bicipital groove per MRI scan dated July 11, 2022. Impairment Rating: Using the AMA Guides to the Evaluation of Permanent impairment, Fifth Edition, the following impairment is calculated. With respect to the right and left shoulders, the patient was noted to have forward flexion of 150 degrees and according to Figure 16-40 on page 476, 150 degrees of forward flexion converts to two percent upper extremity impairment for each shoulder. He was noted to have abduction of 160 degrees and according to Figure 16-43 on page 477, 160 degrees of abduction converts to one percent upper extremity impairment for each shoulder. He was noted to have internal rotation of 45 degrees of the right shoulder and according to Figure 16-46 on page 479, 45 degrees of internal rotation converts to two and a half percent upper extremity impairment, which rounds up to three percent upper extremity impairment. He was noted to have internal rotation of 60 degrees of the left shoulder and according to Figure 1646 on page 479, 60 degrees of internal rotation converts to two percent upper extremity impairment. He did not exhibit any loss of motor strength with respect to either shoulder. Using the combined value chart on page 604, combining the above-noted impairments equals to 11 percent upper extremity impairment for loss of range of motion. According to Table 16-3 on page 439, 11 percent upper extremity

impairment converts to seven percent impairment of the whole person. Causation: Based upon the available information, which is gathered from the patient's history, this examiner concludes that his right and left shoulder conditions are industrial in causation, with reasonable medical probability. Apportionment: Not indicated. Future Medical Treatment: In the event that the patient experiences a flare-up of his right and/or left shoulder symptoms in the future, he should be afforded evaluation by an orthopaedic surgeon. In that setting, he may require treatment consisting of nonsteroidal anti-inflammatory medications, short courses of therapy and/or a local anesthetic/steroid injection along the right and/or left shoulder subacromial space. Provisions for an MRI scan of the right and/or left shoulder should be included as part of his future medical care. Provisions for surgical treatment in the form of a right shoulder arthroscopic subacromial decompression/partial acromioplasty, loose body removal and proximal biceps tenodesis should also be included as part of his future medical care. In addition, provisions for surgical treatment in the form of a left shoulder arthroscopic subacromial decompression/partial acromioplasty, proximal biceps tenodesis and distal clavicle excision should be included as part of his future medical care.

75. 09/21/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: He has continued to experience neck pain with radiation down the arm. His neck and shoulder pain have been worsening. He remains limited with neck motion. He has numbness and tingling in the arm. He has pain with looking up or down for a long period of time. He has limitation with repeated bending, carrying, pushing, and pulling. He has some difficulty with sleeping at night due to the pain. He rates his pain to be 5-6 out of 10 depending on activities. He denies any issues with balance disorder. Pain is better with rest and increased with activities. He has had epidural injections with short-term improvement. He has been authorized for neck surgery and would like to have it done. Dx: 1) Disc Herniation C4-5. 2) Cervical Stenosis. 3) Radiculopathy. Tx: Mr. Shah continues to complain of persistent neck pain. He has radiation down the arm. He has numbness and tingling in his arms. He wakes up multiple times at night due to the pain. He occasionally drops objects. He has difficulty with his daily activities. He has moderate stenosis C4-5. He had two prior injections at C4-5 with short term improvement in his pain. At this time, he has had therapy, medications, chiropractic treatment and multiple injections. He has been authorized to have an anterior cervical discectomy and fusion at C4-5. I have discussed this with him, and he would like to have it done. The risk of infection, pain, not healing, swallowing disorder and need for more surgery were discussed. He would like to have it done. I gave him a prescription for Norco 5/325 mg #40. Work Status: Regular Work Duties until 10/05/2022. TTD as of 10/06/2022 (Surgery).

76. 09/21/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Regular Work Duties until 10/05/2022. TTD as of 10/06/2022 due to surgery. Off work until 10/06/22 to 10/12/22.

77. 09/26/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: 1) Preoperative risk assessment for anterior cervical discectomy and fusion C4-6 with Dr Kamran Aflatoon at orange coast memorial on OCTOBER 6, 2022 (kg) Dx: 1) Encounter for other preprocedural examination - Z01.818 (Primary). 2) Cervicalgia - M54.2. 3) Overweight (BMI 25.0-29.9) - E66.3. 4) Body mass index 28.0-28.9, adult – Z68.28. Tx: Pre-operative risk assessment for noncardiac, intermediate risk surgery. Reports fair to good exercise tolerance, but is limited due to his left knee pain. He can walk 30 minutes and climb 6-8 flights of stairs without any cardiac symptoms or problems, but his major limitation is his left knee pain. EKG is stable for surgery. Labs and Chest x-ray are not available to me at this time. If these studies are within normal limits, patient will fall in a reasonable risk group and is medically optimized for the above surgery. Postoperative DVT prophylaxis and Incentive Spirometry is always recommended. 1) Encounter for other preprocedural examination, hold Aspirin Tablet Chewable, 81 mg, 1 tablet, Orally, Once a day, hold CeleBREX Capsule, 200 mg, 1 capsule with food, Orally, once a day. IMAGING: X-ray CHEST PA LATERAL Note: Patient may continue all medications with the exceptions to Aspirin and Celebrex. He is advised to hold use of Aspirin and Celebrex 7 days prior to surgery. Patient has also been instructed to avoid Omega Fish Oils, Vitamin E, and all other NSAIDs 7 days prior to surgery due to increased risk of bleeding. (Examples including but not limited to over-the-counter Ibuprofen, Motrin, Aleve, Advil, Excedrin, etc.). Preventive Medicine Counseling: BMI Care goal follow-up plan Above Normal BMI. Follow-up lifetyle education regarding diet. Procedure Codes; 83036 GLYCATED HEMOGLOBIN TEST, Modifiers: QW. 93000 - ELECTROCARDIOGRAM, COMPLETE, Follow Up PRN (KP).

78. 10/06/2022 Operative Note - Kamran Aflatoon, DO Pre-Op Dx/Post-Op Dx: Disc herniation, cervical spine at C4-5. Procedures Performed: 1) Anterior Cervical Partial Corpectomy And Decompression At C4. 2) Anterior Cervical Partial Corpectomy C5. 3) Bilateral Neural Foraminotomy, C4-5 4) Microdecompression At C4-5. 5) Arthrodesis At C4-5 6) Insertion Of Biomechanical Cage At C4-5. 7) Instrumentation At C4-5 8) Iliac Crest Bone Graft. 9) Exploration Of Fusion C4-5 9) Interpretation Of Fluoroscopic Images. 10) Needle Localization Under Fluoroscopic guidance.

79. 10/12/2022 Exam/Progress Notes - Kamran Aflatoon, DO Dx: 1) Disc Herniation C4-5. 2) Cervical Stenosis. 3) Radiculopathy. 4) Status Post Anterior Cervical Discectomy and

Fusion C4-5. Tx: Mr. Shah is doing well. The incision is clean and dry. I will remove the suture next week. Work Status: TTD.

80. 10/12/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Off work until 10/21/2022.

81. 10/21/2022 Exam/Progress Notes - Kamran Aflatoon, DO Dx: 1) Disc Herniation C4-5. 2) Cervical Stenosis. 3) Radiculopathy. 4) Status Post Anterior Cervical Discectomy and Fusion C4-5. Tx: Mr. Shah is doing well. I removed the sutures. Work Status: TTD.

82. 10/21/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Off work until 11/16/2022.

83. 11/16/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: He is about five weeks since the anterior cervical decompression and fusion at C4-5. He has some post operative neck pain. Dx: 1) Disc Herniation C4-5. 2) Cervical Stenosis. 3) Radiculopathy. 4) Status Post Anterior Cervical Discectomy and Fusion C4-5. Tx: Mr. Shah is doing well. He has been wearing the brace despite my recommendation to remove the brace on the last visit. He needs to start therapy and strengthening. I showed him some exercises to perform. Work Status: TTD.

84. 11/16/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Off work until 12/14/2022.

85. 12/11/2022 Exam/Progress Notes - Kamran Aflatoon, DO CC: He has been having increasing neck pain with right arm heaviness. He has been having numbness and tingling in the right arm. He does have moderate stenosis at the right C4-5. He has also had therapy and acupuncture treatment. He rates his pain to be 4-5 out of 10. He denies any issues with bowel and bladder dysfunction. He also has been having some lower back pain. He had an injection in the lumbar spine two months ago and has had over 50% improvement in the symptoms. He has some numbness and tingling. He rates the pain to be 5-6 out of 10. His pain is exacerbated with repeated bending, lifting and carrying. Dx: 1) Disc Herniation C4-5 2) Radiculopathy 3) Spinal Stenosis L4-5 and L5-S1 4) Radiculopathy. Tx: Mr. Shah has been having increasing lower back pain with radiation down the leg. He has numbness and tingling in the leg. He had a lumbar epidural injection in October with over 50% reduction in symptoms. He would like to try another injection. He has been limited with repeated bending, lifting and carrying He also has increasing neck pain with radicular symptoms. He has increasing pain with neck rotation. He has weakness in the arm. He has been performing his regular work. I have discussed with him regarding the surgical intervention and have answered all his

questions. I gave him a prescription for Voltaren Gel. Request; Lumbar Epidural Steroid Injection L4-S1. Work Status: Regular job duties.

86. 12/14/2022 Exam/Progress Notes - Kamran Aflatoon, DO Dx: 1) Disc Herniation C4-5 2) Cervical Stenosis 3) Radiculopathy 4) Status Post Anterior Cervical Discectomy and Fusion C4-5. Tx: Mr. Shah is doing well. He is no longer wearing his cervical collar. He is feeling better. He will need to perform home exercises. Work Status: TTD.

87. 12/14/2022 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Off work until 01/11/2023.

88. 01/11/2023 Exam/Progress Notes - Kamran Aflatoon, DO CC: He is now three months post anterior cervical decompression and fusion at C4-5. He continues to improve. He feels that therapy is causing some neck pain. He has mild headaches. He does not have radiating symptoms in the arm. He denies having numbness or tingling. He has mild paraspinal spasms. Dx: 1) Disc Herniation C4-5 2) Cervical Stenosis 3) Radiculopathy 4) Status Post Anterior Cervical Discectomy and Fusion C4-5. Tx: Mr. Shah has been gradually improving in his condition. He has been having some spasms and tightness in the trap muscle. He felt that therapy was too aggressive and has caused increased pain and spasms. He does not have any numbness or tingling in the arm. He has been performing his home exercises. He may benefit from having acupuncture treatment. I hope to improve his function. We placed an electronic prescription for Flexeril 10 mg #30. Request: Acupuncture two times a week for four weeks. Work Status: TTD.

89. 01/11/2023 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Off work until 4 weeks.

90. 01/23/2023 Acupuncture Initial Evaluation Dx: Illegible, headache illegible. Tx: 2x wk for 4 wks.

91. 02/22/2023 Exam/Progress Notes - Kamran Aflatoon, DO CC: It has been four months since the anterior cervical decompression and fusion at C4-5. He has been gradually improving in his symptoms. He has been attending acupuncture sessions with some reduction in his symptoms. He was having moderate difficulty with therapy. It was causing more pain. He did have to stop the sessions. He denies having numbness or tingling. Dx: 1) Disc Herniation C4-5 2) Cervical Stenosis 3) Radiculopathy 4) Status Post Anterior Cervical Discectomy and Fusion C4-5. Tx: Mr. Shah has been gradually improving in his condition. He is status post cervical decompression and fusion. He does not have any radicular pain in the arm. He does not have any numbness or tingling in the arm. He feels that acupuncture has been helping. He is performing home exercises.

Since acupuncture has been helping, I would recommend him to have more acupuncture treatment. I hope to improve his function. Request: Acupuncture two times a week for four weeks. Work Status: TTD.

92. 02/22/2023 Work Status Report - Kamran Aflatoon, DO Dx: Disc herniation C4-5 radiculopathy, cervical stenosis. Work Status: Off work until 04/05/2023.

PHYSICAL EXAMINATION:

Physical examination is done with an interpreter present.

Cervical Spine:

Using a digital inclinometer, flexion 47 degrees, extension 55 degrees, and bending 37 cm. There is a 7 cm right anterior scar of his neck.

Motor power in the upper extremities is 5/5. Sensation to touch is 1+ of upper extremities.

Measurements: 7 cm above the olecranon, 29 cm on the right and 29 cm on the left; 12 cm below the olecranon, 24 cm on the right and 24.5 cm on the left.

Reflexes: Biceps, brachioradialis, and triceps are 1+ bilateral.

Lumbar Spine:

Using a digital inclinometer, flexion 55 degrees, extension 27 degrees, and bending 27 degrees. Motor power in the lower extremities is 5/5. Sensation to touch is 1+ of lower extremities.

Measurements: 10 cm above the patella, 38 cm on the right and 37 cm on the left; 10 cm below the patella, 34 cm on the right and 34.5 cm on the left.

Reflexes: Knee and ankle are 1+ bilateral.

Straight leg raising is negative.

He is antalgic on the left side. He can stand on tip toes and heels satisfactorily.

Grip Strength: He is right-handed. The right hand tests, 18, 16, and 19 kg second level, the left is 20, 18, and 19 kg second level.

Pulses: Radial and ulnar pulses are present bilateral upper extremities.

Bilateral Shoulders: Abduction 140 degrees, adduction 30 degrees, flexion 140 degrees, extension 40 degrees, external rotation and internal rotation 80 degrees.

Bilateral Elbows: Flexion 140 degrees and extension 0 degrees.

Bilateral Forearms: Pronation 80 degrees and supination 80 degrees.

Bilateral Wrists: Flexion 60 degrees, extension 60 degrees, radial deviation 20 degrees, and ulnar deviation 30 degrees.

Bilateral Hands: He can make a full fist bilateral. Tinel's sign is negative bilateral. Phalen's test is negative bilateral. Thumb opposition is good bilateral. Finger motion is good bilateral. There is no atrophy in either hand.

Lower Extremities:

Dorsalis pedis and posterior tibial pulses bilateral are present.

Pulses: Radial and ulnar pulses are present bilateral lower extremities.

Bilateral Hips: Flexion 90 degrees, extension 30 degrees, internal rotation 40 degrees, external rotation 40 degrees, abduction 40 degrees, and adduction 20 degrees.

Bilateral Knees: Right knee flexion 120 degrees and extension 0 degrees with tenderness over the medial joint line. Left knee flexion 120 degrees and extension 0 degrees with tenderness over the medial and lateral joint line.

Bilateral Ankles: Dorsiflexion 20 degrees and plantar flexion 40 degrees.

Bilateral Feet: Inversion 30 degrees and eversion 30 degrees.

Leg Length: There is no leg length discrepancy.

DIAGNOSES:

1. Cervical spine,
   a. Rule out disc herniation at C4-5 and C5-6.
   b. Rule out cervical radiculopathy.
   c. Post op anterior cervical discectomy and fusion (ACDF).

2. Lumbosacral spine,
   a. Rule out lumbar radiculopathy.
   b. Rule out disc herniation at L4-5 and L5-S1.

3. Right shoulder,
   a. Rule out labral tear.
   b. Rule out rotator cuff tear.

4. Left shoulder,
   a. Rule out labral tear.
   b. Rule out rotator cuff tear.

5. Right knee,
   a. Rule out medial/lateral meniscus tear.

6. Left knee,
   a. Rule out medial/lateral meniscus tear.

7. Diabetes by history.

DISCUSSION:

He claims body parts of cervical spine, lumbar spine, bilateral shoulders, and bilateral knees. We will need diagnostic testing,

1. MRI, 3.0 Tesla,
   a. Cervical spine, no contrast.
   b. Lumbosacral spine, no contrast.
   c. Right and left shoulder plus contrast.
   d. Right and left knee, no contrast.

2. EMG/nerve conduction,

a. Upper extremity.
b. Lower extremity.

Then consider permanent and stationary.

Letter from Daniel Monroy, Senior Claims Examiner, Disneyland Resort on April 3, 2023.

1. Complete history has been supplied.

2. Diagnostic testing of cervical spine, lumbar spine, bilateral shoulders, and bilateral knees has been ordered.

3. Subjective complaints and objective findings.

4. Future medical care will be depending on diagnostic testing for cervical spine, lumbosacral spine, bilateral shoulders, and bilateral knees.

5. At this time, it appears this is an industrial injury while working in the kitchen at Disneyland Resort.

6. Temporary total disability is from April of 2023.

7. He is not permanent and stationary.

8. Apportionment can be addressed when permanent and stationary.

9. At this point, it appears he probably will not be returning to work in the kitchen at the Disneyland Resort.

10. The medical records supplied have been reviewed.

This concludes the Orthopedic Qualified Medical Evaluation regarding Mr. Bhargav Shah. If you have any questions, please feel free to contact me.

COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. An initial excerpting of the medical records was completed by I. Thasin Sadiq, who is trained in

medical record excerpting. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. 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. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Pursuant to 8 Cal. Code Regs. Section 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. If necessary, I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Sincerely,

FG Guellich MD

Frank Guellich, M.D.
American Board of Orthopedic Surgery
Hand Surgical Specialist

Date Report Signed: ^ 4/22/23 **County:** ^ San Diego

FG:ANS/lea:4/18/23

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

Injured Worker:	**Bhargav K. Shah**
Claims Administrator:	**Disney Anaheim**
Claim #:	**DLRW2018083560**
DOI:	**7/3/2018**
WCAB:	**ADJ15867699**

I, Daniel Monroy, declare:

I am a **SR. CLAIMS EXAMINER** for Disney Anaheim, the claims administrator for the employer, Disneyland Resort, PSI, a party to this action and the provider of documents herein. Pursuant to Cal. Code Regs., Title 8, § 9793(n), I declare as the provider of the documents that we have 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 provided to Dr. Frank G. Guellich, QME for QME exam on 4/10/23 is** 848 (which includes this declaration).

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

Executed on 4/3/2023, at ANAHEIM, California.

Daniel Monroy

Daniel Monroy
SR. CLAIM EXAMINER
DISNEY ANAHEIM/DISNEYLAND RESORT

4/3/2023
DATE

State of California

DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

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

Case Name: Bhargav Shah
(employee name)

Claims Adjuster: Arthur Daniel Monroy
(claims administrator name, or if none employer)

Claim Number: DLRW2022095173
ADJ16483391;ADJ16860757;ADJ15867699

EAMS or WCAB Case No. *(if any)*:

I, Alicia Escobar, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.

2. My business address is: 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670.

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: *(For each address, enter A-E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
B	May 1, 2023	Arthur Daniel Monroy, Disneyland Resort, PO Box 3909, Anaheim, CA 92803
B	May 1, 2023	, Workers Compensation Appeals Board, 1065 N. Link Ste. 170, Anaheim, CA 92806
B	May 1, 2023	Natalia Foley, Workers Defenders Law Group, 751 S Weir Canyon Rd STE 157-455 , Anaheim, CA 92808

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: May 1, 2023

(signature of declarant)

Alicia Escobar
(print name)

QME Form 122
Rev. February 2009

Phone: (818) 894-8171
Fax: (818) 891-9672

ExamWorks, LLC., 15350 Sherman Way, Suite 240, Van Nuys, CA, 91406

Workers Defenders Law Group
Natalia Foley
751 S Weir Canyon Rd STE 157-455
Anaheim, CA 92808