West Coast Orthopedics, Inc.

1902 Royalty Drive, Suite 160 • Pomona, CA 91767 • (909) 620-1500

DAVID S. KIM, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopedic Surgery

SOHEIL M. AVAL, M.D.
Diplomate, American Board of Orthopedic Surgery

MARK W. BROWN, M.D.
Diplomate, American Board of Orthopedic Surgery

June 30, 2015

Disability Evaluation Unit
1065 N. Pacificenter Drive
Anaheim, CA 92806

RE:	DORAN, Daniel
SS#:	554-73-1885
EMP:	Benedict & Benedict Plumbing Company
OCC:	Plumber
DOI:	07/11/2012
CASE#:	ADJ8760713
CLAIM#:	05814232

To Whom It May Concern:

Mr. Doran was seen in this office for orthopedic examination on June 30, 2015 in my capacity as Panel Qualified Medical Evaluator. It should be noted that an extraordinary amount of time was required in order to fully and comprehensively review the amount of medical records provided to this office for review. These records were agreed upon and forwarded by the parties for review and comment regarding specific issues addressed below in my report. A considerable amount of time was spent with this patient. It is obvious, that this review and examination is quite complex in nature. Therefore, I am charging at the ML 104 level, as it is simply not appropriate that this patient be expected to fit within my usual and customary billing schedule.

Concerning Mr. Doran, I spent eleven hours and forty-five minutes in face to face time and in review of medical records. Causation and Apportionment were found to be at issue and addressed. An additional seventeen hours and fifteen minutes were spent in preparation of the following report.

DATE AND LOCATION OF EXAMINATION:

The patient was examined on June 30, 2015, at 1902 Royalty Drive, Suite #160, Pomona, California 91767.

HISTORY OF INJURY AS RELATED BY THE PATIENT:

Mr. Daniel Doran began working for the above-named employer as a Plumber in March 2009. His job duties included repair of plumbing inclusive of installation of water heaters, re-piping houses with copper pipes, insulation of faucets and cleaning drains. He would utilize pipe wrenches, pliers, drain cleaning machines, jack hammers and shovels. He was required to lift up to 200 pounds, such as a water heater. He worked 8 hours per day, 5 days per week, plus overtime and was on call every other weekend. He did not undergo a pre-employment physical examination. He denies concurrent employment.

On July 11, 2012, Mr. Doran was cutting into a wall, which was made of floating cement, being very heavy, at which time an upper portion of the wall fell down upon him. He placed his right hand over his head to protect his head, at which time the wall struck his right hand. Mr. Doran reported the injury to his employer, but was not referred for treatment. He went home early. The following day, he returned to work and was provided a helper to assist him.

The following day, Mr. Doran sought treatment at Huntington Memorial Hospital where he was examined, and x-rays were taken of his right hand. He was informed that he had sustained a fracture. A soft brace was dispensed. The right thumb was cleansed as he had sustained a laceration. A few days later, he was referred to Huntington Orthopedics where a hard cast was applied, which he wore until late September 2012. This cast was replaced with a removable hard cast, which he used for the next month or two. He participated in approximately 12 sessions of physical therapy for the right hand but felt increased pain. He was referred for an electrodiagnostic evaluation of the right upper extremity, result unknown.

Mr. Doran retained the services of an attorney and in January 2013 was referred to Dr. Kohan who examined him and took x-rays in addition to dispensing

HISTORY OF INJURY AS RELATED BY THE PATIENT (Cont'd):

medication. In 2014, a ganglion injection was provided to his neck for pain relief for his right hand with no benefit noted. Mr. Doran states he underwent an MRI scan with dye of the right hand in 2014, results unknown.

In 2014, Mr. Doran began to suffer pain to the left hand and arm, which he feels is due to overcompensation. In May 2014, he underwent a trial of a spinal cord stimulator to his back with benefit and as such, in August 2014, the spinal cord stimulator was permanently implanted in his back. He states that the stimulator does mask the sharp burning pains in addition to the pins and needles sensations to his hands and arms.

Due to this injury, Mr. Doran states that he developed stress, anxiety, and depression due to his pain and inability to work. He has received group counseling for approximately two years with some benefit noted.

Mr. Doran continues to treat with Dr. Kohan.

The patient denies seeing any other physicians to date and has not sustained any new or further injuries.

DIAGNOSTIC STUDIES:

Mr. Doran has undergone an MR arthrogram of the right hand in addition to an EMG/NCV study of the right hand.

WORK LOSS HISTORY:

Following the date of injury, Mr. Doran worked for one day and has not resumed work activities. Currently, he does not feel capable of working regular duties or modified duties.

PAST MEDICAL HISTORY:

Prior Similar Injuries: None.

PAST MEDICAL HISTORY (Cont'd):

Other Industrial Injuries: In 2010, while working for the same employer, Mr. Doran was underneath a sink and acid splashed into his eyes, sustaining injury to his eyes. He remained off work for about five days, receiving treatment with an ophthalmologist, which included eye drops and provision of an eye patch. He states he fully recovered.

Recreational/Sports Injuries: None.

Automobile/Motorcycle Accidents: None.

Fractures: None.

Surgeries: None.

Major Illnesses: The patient suffers from diabetes.

Allergies: None known.

Current Medications: The patient utilizes metformin, Neurontin, Elavil, and Norco.

CURRENT COMPLAINTS:

Mr. Doran relates constant pain to the **RIGHT WRIST, HAND and THUMB**, which radiates to the right forearm with a burning sensation in addition to pins and needles sensation to the right hand, wrist and forearm, with sharp pain to the back of the hand. He also notes numbness and tingling to the right hand and all fingers. His pain increases with usage of the right hand, carrying, lifting, and writing. Symptoms are relieved with the use of a stimulator, medication and rest. The pain does awaken him from sleep.

The **LEFT WRIST and HAND** pain is intermittent and localized with numbness and tingling to the left hand and fingers.

CURRENT COMPLAINTS (Cont'd):

Mr. Doran relates difficulty sleeping in addition to anxiety and depression. He also describes stomach upset, difficulty with sleeping and difficulty with sexual functions.

ACTIVITIES OF DAILY LIVING:

In terms of self-care activities, Mr. Doran relates moderate difficulties with brushing and washing his hair in addition to bathing and showering and brushing his teeth. He has moderate to severe difficulty with preparing meals. He notes increased symptomatology and difficulty with activities of heavy lifting. He is unable to lift or carry even a gallon of milk. He notes moderate symptomatology and difficulty with bending and twisting his neck, bending and twisting his back, lifting his arms overhead, typing and writing. He is unable to push or pull. He has moderate to severe difficulty with kneeling, squatting, crawling, climbing. He has no difficulties with sitting. He has slight difficulty with standing and walking.

REVIEW OF MEDICAL RECORDS:

Please see attached addendum.

EDUCATIONAL HISTORY:

Mr. Doran has completed high school.

OCCUPATIONAL HISTORY:

Mr. Doran relates 30 years of plumbing/pipe fitting. He does not detail his prior employers.

FAMILY HISTORY:

The patient's father is deceased due to a stroke. His mother is deceased due to a stroke. He has one brother who has diabetes.

SOCIAL HISTORY:

The patient is widowed. He does not indicate if he has children. He smokes one pack of cigarettes per day.

PHYSICAL EXAMINATION:

The patient is a 49-year-old male, who stands 6'0" in height and weighs 184 pounds. The patient is right-hand dominant.

Examination of the **BILATERAL FOREARMS and WRISTS** reveals no gross abnormalities. The patient has difficulty using the right hand and upper extremity. There is diffuse swelling apparent about the entire right hand. There is no erythema. The skin is clear, and no scars are present. There is no evidence of thenar or hypothenar wasting. There is tenderness to palpation over the entire right hand in addition to diffuse allodynia. Phalen sign is equivocal bilaterally. Finkelstein test is negative bilaterally. Tinel sign is equivocal bilaterally.

The patient is able to make a complete fist. All fingertips touch the distal palmar crease in both hands, with the thumbs touching the fifth metacarpal heel in the palm, even though Mr. Doran has difficulty with movement and usage of the hand, a lot of this is guarding. With encouragement and with relaxation of the hand, I am able to get full extension of all the digits. There is cooler temperature but normal sweating of the right wrist and hand and both hands are equally callused. It is noted that the patient also uses his right hand to write and fill out the paperwork today.

Range of Motion of the Bilateral Forearms and Wrists: Please see attached Inclinometer; 3 separate readings were obtained for consistency, per the AMA Guides (5th Edition).

Per the AMA Guidelines, Table A-1, the following are the normal range of motion measurements for the forearm.

Supination:	80 degrees
Pronation:	80 degrees

PHYSICAL EXAMINATION (Cont'd):

Per the AMA Guidelines, Table A-1, the following are the normal range of motion measurements for the wrist.

Extension:	60 degrees
Flexion:	60 degrees
Radial Deviation:	20 degrees
Ulnar Deviation:	30 degrees

Please see attached hand chart for range of motion of the bilateral thumbs.

Neurological examination reveals the deep tendon reflexes to be symmetrical in the biceps (2+), triceps (2+), and brachioradialis (2+). There is hyperesthesia to the entire right hand, with decreased sensation, grade 4/5, about the tips of all digits on the right hand.

The grip JAMAR dynamometer reading on the 2nd notch reveals 6/6/8 on the right and 26/24/30 on the left, per kilograms force. Pinch testing reveals 2/2/1.5 on the right and 7.5/7.5/8 on the left.

Circumferential Measurements of the Upper Extremities:

Biceps:	R/31.0 cm	L/31.0 cm
Forearms:	R/28.0 cm	L/28.0 cm
Wrists:	R/17.0 cm	L/17.0 cm
Hands:	R/21.0 cm	L/21.5 cm

X-RAY EXAMINATION:

X-ray examination of the **BILATERAL HANDS** (4 views) reveals normal quality of bone. No acute fractures or dislocations are seen. There is no significant osteopenia. Joint spaces are grossly preserved.

DIAGNOSES:

1. Right hand trauma with reported non-displaced fracture of the right thumb with possible first metacarpal fracture per initial medical records.

2. Subsequent right hand sympathetically mediated pain, most consistent with chronic regional pain syndrome.

3. Mild right carpal tunnel syndrome, per electrodiagnostic evaluation of January 15, 2013.

4. Mild left hand strain, secondary to overcompensation.

DISCUSSION:

Daniel Doran sustained an injury to his right forearm, wrist and hand on July 11, 2012, when a wall fell on him. He received initial treatment with his right thumb with application of a hard cast, which he wore until late September 2012, which was followed by provision of a removable hard cast for the next month or two. Mr. Doran has been treating with Dr. Haronian and Dr. Kohan, pain management specialist, to the current date for his chronic regional pain syndrome. He has undergone ganglion injections with a trial of a spinal cord stimulator in May 2014, with good success, and as such, the spinal cord stimulator was permanently implanted in August 2014, which has provided benefit to the current date. Mr. Doran has also developed left wrist and hand complaints due to favoring the right wrist and hand, which is a common mechanism of injury. It was thought by the patient's treating physicians that the left wrist and hand also suffered from chronic regional pain syndrome, but I do not see this on my examination. Mr. Doran presents for Orthopedic Panel Qualified Medical Evaluation.

At this time, Mr. Doran can be considered to have reached Maximal Medical Improvement as further formal medical treatment will not change his impairment.

Clinical examination of the right wrist and hand reveals diffuse swelling of the entire right hand with allodynia. There is hypesthesia about the entire right hand with sensory deficit, grade 4/5, about the tips of all digits on the right hand. Mr. Doran has grip loss secondary to pain with attempts at grasping. There is abnormal/cooler temperature about the right hand with normal sweating. There

DISCUSSION (Cont'd):

is decreased range of motion of the right thumb. With regard to the left hand and wrist, clinical examination is essentially negative. Although there is some strain due to overcompensation, there is no obvious impairment resulting from that.

Mr. Doran has received appropriate treatment for his injury. Unfortunately, Mr. Doran developed chronic regional pain syndrome in the right upper extremity, but currently he has good relief with the permanent spinal cord stimulator. Dr. Kohan also is continuing to refill his Neurontin and Elavil, which is appropriate for this condition. Mr. Doran will need to remain under the care of Dr. Kohan for medication and future injections.

The electrodiagnostic evaluation of January 15, 2013, revealed mild carpal tunnel syndrome, which is not supported by my clinical examination. I definitely do not recommend surgery given the patient's sympathetically mediated pain. If the patient were to undergo carpal tunnel release surgery, most likely his symptoms would significantly worsen.

STATUS:

The patient has reached **MAXIMAL MEDICAL IMPROVEMENT** in accordance with the AMA Guides to the Evaluation of Permanent Impairment (5th Edition).

AMA IMPAIRMENT ANALYSIS:

Today's examination confirms a diagnosis of chronic regional pain syndrome (CRPS). Even though Mr. Doran has difficulty with movement and usage of the hand, a lot of this is guarding. As stated above, with encouragement and with relaxation of the hand, I am able to get full passive extension of all the digits with the ability to make a fist. However, Mr. Doran has lost significant function of the right hand as a result of this injury, approximately 50%. I am not estimating a higher loss as Mr. Doran does have full extension and can make a fist and was seen to write and fill out his paperwork today, supporting usage of the hand. Mr. Doran has significant interruption in ability to perform activities of daily living.

AMA IMPAIRMENT ANALYSIS (Cont'd):

Per Chapter 13, Section 13.8, Table 13-22, it is my medical opinion that Mr. Doran meets the criteria for Class III of the dominant extremity as he can use the involved extremity, but has difficulty with self-care activities.

25% Whole Person Impairment.

FINAL AMA IMPAIRMENT RATING:

Right Wrist Whole Person Impairment..... 25%

RECOMMENDED WORK RESTRICTIONS:

Mr. Doran is precluded from activities of repetitive or forceful gripping, fine manipulation, torquing, and heavy lifting with the right upper extremity. The left upper extremity does not require work restrictions.

ABILITY TO RETURN TO WORK:

Based on the above, permanent work restrictions are indicated. Should the patient's employer be unable to accommodate these restrictions, he would be unable to return to his prior occupation.

FUTURE MEDICAL CARE:

Mr. Doran should be allowed future medical care which might include orthopedic consultations at times of flare-ups with a regimen of physical therapy and/or acupuncture. Updated diagnostic studies should be allowed. Mr. Doran should remain under the care of Dr. Kohan, his pain management specialist, for provision of various injections and monitoring, adjusting, and dispensation of medications. The spinal cord stimulator should be monitored.

CAUSATION AND APPORTIONMENT:

Daniel Doran sustained an injury on July 11, 2012, to his right upper extremity when a wall fell on him. This injury is documented by the medical records.

CAUSATION AND APPORTIONMENT (Cont'd):

100% of the patient's impairment is due to the injury to July 11, 2012. I do not see evidence of other contributing factors to his impairment. My current radiographs of the hands today do not show any degenerative changes.

I have taken into consideration Labor Code Sections 4663 and 4664, as well as the Escobedo and Benson decisions, when arriving at these conclusions.

If there are any further questions, please feel free to contact this office.

CERTIFICATION:

Initial base history by Sandra Quezada. X-rays taken by Stephanie B. Sandoval, X-ray Technician, Permit# RHP93530 or Tamer Elagamy, X-ray Technician, Permit# RHP00098061. Review of report for structural content performed by Randy Chelwick. Review of history with the patient, physical examination, interpretation of x-rays, review of medical records, dictation/review of final report by **SOHEIL M. AVAL, M.D.**

DECLARATION UNDER PENALTY OF PERJURY:

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation inducement for any referred examination or evaluation. Also, pursuant to Section LC 4628 (b), the time spent performing the above evaluation was in compliance with the guidelines established by the Administrative Director.

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 the information that I have received from others. As to that

DECLARATION UNDER PENALTY OF PERJURY (Cont'd):

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.

Very truly yours,

Soheil M. Aval, M.D.
Diplomate, American Board
Of Orthopaedic Surgery
CA Lic#A67928

Signed and dated in Orange County on 7-30-15.

SMA:ls/2/mp/9/mp
0722ddorlp

Name Doran, Daniel Age 49 Sex ☒ M ☐ F Dominant hand ☒ R ☐ L Date 6/30/15

LEFT HAND ✓ RIGHT HAND

			Abnormal Motion: Record motion or ankylosis angles and digit impairment %				Amputation: Mark level & impairment %	Sensory Loss: Mark type, level, & impairment %	Other Disorders: List type & impairment %	Hand Impairment%: •Combine digit imp % *Convert to hand imp %
			Flexion	Extension	Ankylosis	Imp %				
Thumb	IP	Angle°	40	0						
		Imp %								
	MP	Angle°	30	0						
		Imp %								
				Motion	Ankylosis	Imp %				
	CMC	Radial abduction Angle°		35			[2]			Abnormal motion [1]
		Radial abduction Imp %								Amputation [2]
		Adduction Cm		2.5						Sensory loss [3]
		Adduction Imp %								Other disorders [4]
		Opposition Cm		5.5						Total digit imp % •Combine 1, 2, 3, 4
		Opposition Imp %					*UE IMP % = [5]			
	Add digit impairment % CMC + MP + IP =					[1]	Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % *Convert above
			Flexion	Extension	Ankylosis	Imp %				
Index	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % •Combine 1, 2, 3, 4
		Imp %								
	•Combine digit impairment % MP, PIP, DIP =					[1]	Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % *Convert above
Middle	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % •Combine 1, 2, 3, 4
		Imp %								
	•Combine digit impairment % MP, PIP, DIP =					[1]	Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % *Convert above
Ring	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % •Combine 1, 2, 3, 4
		Imp %								
	•Combine digit impairment % MP, PIP, DIP =					[1]	Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % *Convert above
Little	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % •Combine 1, 2, 3, 4
		Imp %								
	•Combine digit impairment % MP, PIP, DIP =					[1]	Digit IMP % = [2]	Digit IMP % = [3]	Digit IMP % = [4]	Hand impairment % *Convert above

Total hand impairment: Add hand impairment % for thumb + index + middle + ring + little finger =	%
Convert total hand impairment to upper extremity impairment[4] (if thumb metacarpal intact, enter on Part 2, line II) =	%
*Add thumb ray upper extremity amputation imp [5] ____% + hand upper extremity imp ____% =	%
If hand region impairment is only impairment, convert upper extremity impairment to whole person impairment[5] =	%

Name Doran, Daniel Age 49 Sex ☒ M ☐ F Dominant hand ☒ R ☐ L Date 6/30/15

✓ **LEFT HAND** **RIGHT HAND**

			Abnormal Motion: Record motion or ankylosis angles and digit impairment %				Amputation: Mark level & impairment %	Sensory Loss: Mark type, level, & impairment %	Other Disorders: List type & impairment %	Hand Impairment %: •Combine digit imp % *Convert to hand imp %
			Flexion	Extension	Ankylosis	Imp %				
Thumb	IP	Angle°	60	0						
		Imp %								
	MP	Angle°	50	0						
		Imp %								
				Motion	Ankylosis	Imp %				
	CMC	Radial abduction: Angle°		55						
		Radial abduction: Imp %								
		Adduction: Cm		0						
		Adduction: Imp %								
		Opposition: Cm		6.5						
		Opposition: Imp %								
							*UE IMP % = [5]			Abnormal motion [1]
										Amputation [2]
										Sensory loss [3]
										Other disorders [4]
										Total digit imp % •Combine 1, 2, 3, 4
Add digit impairment % CMC + MP + IP =						[1]	**Digit [2] IMP % =**	**Digit [3] IMP % =**	**Digit [4] IMP % =**	**Hand impairment % *Convert above**
			Flexion	Extension	Ankylosis	Imp %				
Index	DIP	Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
										Abnormal motion [1]
										Amputation [2]
										Sensory loss [3]
										Other disorders [4]
										Total digit imp % •Combine 1, 2, 3, 4
•Combine digit impairment % MP, PIP, DIP =						[1]	**Digit [2] IMP % =**	**Digit [3] IMP % =**	**Digit [4] IMP % =**	**Hand impairment % *Convert above**
Middle	DIP	Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
										Abnormal motion [1]
										Amputation [2]
										Sensory loss [3]
										Other disorders [4]
										Total digit imp % •Combine 1, 2, 3, 4
•Combine digit impairment % MP, PIP, DIP =						[1]	**Digit [2] IMP % =**	**Digit [3] IMP % =**	**Digit [4] IMP % =**	**Hand impairment % *Convert above**
Ring	DIP	Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
										Abnormal motion [1]
										Amputation [2]
										Sensory loss [3]
										Other disorders [4]
										Total digit imp % •Combine 1, 2, 3, 4
•Combine digit impairment % MP, PIP, DIP =						[1]	**Digit [2] IMP % =**	**Digit [3] IMP % =**	**Digit [4] IMP % =**	**Hand impairment % *Convert above**
Little	DIP	Angle°								
		Imp %								
	PIP	Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
										Abnormal motion [1]
										Amputation [2]
										Sensory loss [3]
										Other disorders [4]
										Total digit imp % •Combine 1, 2, 3, 4
•Combine digit impairment % MP, PIP, DIP =						[1]	**Digit [2] IMP % =**	**Digit [3] IMP % =**	**Digit [4] IMP % =**	**Hand impairment % *Convert above**

Total hand impairment: Add hand impairment % for thumb + index + middle + ring + little finger =	%
Convert total hand impairment to upper extremity impairment[4] (if thumb metacarpal intact, enter on Part 2, line II) =	%
*Add thumb ray upper extremity amputation imp [5] ____% + hand upper extremity imp ____% =	%
If hand region impairment is only impairment, convert upper extremity impairment to whole person impairment[5] =	%

The Upper Extremities

WEST COAST ORTHOPEDICS
1902 ROYALTY DRIVE
SUITE 160
POMONA, CA 91767
(909) 620-1500

Session Info.	0
Name:	DORAN, DANIEL
ID:	101719
Date:	Tuesday, June 30, 2015
Comments:	RPNL QME SBS

Examined By:

Soheil M. Aval, M.D.

Forearm Range of Motion

Section	Description							Max.	Ave.	Var.
1 Left Forearm Supination	Left forearm supination ROM	80	80	79				80°	79.7°	1.3%
	Comments:									
2 Left Forearm Pronation	Left forearm pronation ROM	87	87	86				87°	86.7°	1.2%
	Comments:									
3 Right Forearm Supination	Right forearm supination ROM	73	74	75				75°	74.0°	2.7%
	Comments:									
4 Right Forearm Pronation	Right forearm pronation ROM	77	77	77				77°	77.0°	0.0%
	Comments:									

Wrist Range of Motion

Section	Description							Max.	Ave.	Var.
1 Left Wrist Flexion	Left wrist flexion ROM	53	49	50				53°	50.7°	7.9%
	Comments:									
2 Left Wrist Extension	Left wrist extension ROM	42	42	42				42°	42.0°	0.0°
	Comments:									
3 Right Wrist Flexion	Right wrist flexion ROM	19	19	19				19°	19.0°	0.0°
	Comments:									
4 Right Wrist Extension	Right wrist extension ROM	17	16	14				17°	15.7°	1.7°
	Comments:									
5 Left Wrist Radial Deviation	Left wrist radial deviation ROM	28	24	28				28°	26.7°	2.7°
	Comments:									
6 Left Wrist Ulnar Deviation	Left wrist ulnar deviation ROM	23	22	26				26°	23.7°	2.3°
	Comments:									
7 Right Wrist Radial Deviation										

	Right wrist radial deviation ROM	***15***	***15***	***15***				15°	15.0°	0.0°
	Comments:									
8 Right Wrist Ulnar Deviation										
	Right wrist ulnar deviation ROM	***16***	***17***	***15***				17°	16.0°	1.0°
	Comments:									

REVIEW OF MEDICAL RECORDS

OF

DANIEL DORAN

The following medical records were reviewed and taken into consideration in the preparation of this report:

REVIEW OF DIAGNOSTIC STUDIES AND/OR OPERATIVE REPORTS:

01-15-13 – EMG/NCV studies of the right upper extremity – Pouya Lavian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Referring physician: George Tang, M.D. Chief complaints: Pain in right wrist and thumb, numbness of right thumb, and weakness of right hand. History of Present Illness: Journeyman plumber who was attempting to catch a heavy object and hyperextended his right thumb on July 11, 2012. He broke his right thumb and his right forearm and thumb were subsequently casted. He complains of pain in right wrist and thumb, numbness of right thumb, and weakness of right hand. There are no exacerbating or alleviating factors. Past Medical History: He has diabetes mellitus. Neurological and Musculoskeletal Review of Systems: Review of systems is positive for muscle twitching in right forearm and bone pain in right wrist and hand. A physical examination was performed. **Impression: Mild right carpal tunnel syndrome.** Standard median conductions across the right wrist as well as special studies to detect early carpal tunnel syndrome (UCLA protocol) demonstrated median slowing across the right wrist in a pattern indicative of mild right carpal tunnel syndrome. The median sensory potential was preserved in amplitude and there was no right thenar denervation. EMG of the right upper extremity demonstrated no acute or chronic denervation. There was no evidence of right pronator teres syndrome, ulnar neuropathy at the wrist or elbow, radial neuropathy, brachial plexopathy, or cervical radiculopathy.

06-12-13 – Nuclear Medicine Three Phase Bone Scan With Vascular Flow, Immediate, And Delayed Static Images Of Both Distal Ulnae And Radii, Both Wrist And Both Hands – San Gabriel Valley Diagnostic Center – Bharath Kumar, M.D. – Referring physician: Edwin Haronian, M.D. Clinical indication: Status post work-related injury approximately a year ago. The patient works as a plumber. Pain in the region of the right thumb. Tendinitis of the wrist. Findings: There is a suggestion of hyperemia in the left hand and wrist secondary to the left antecubital injection. There is no evidence of increased vascularity in

REVIEW OF MEDICAL RECORDS (Cont'd):

the region of the right thumb and wrist on the vascular flow and on the immediate blood pool images. Multiple delayed static images of both distal radii and ulnae, both wrists and both hands were obtained in multiple projections three hours later. There is a suggestion of diffusely increased activity in the right wrist with a focal component in the right wrist with a focal component in the right trapezium and right scaphoid. This may suggest focal cortical injury. The intensity of activity is less than what would be seen with an acute fracture. There is evidence of increased activity in the 1st right metacarpophalangeal joint. Posttraumatic arthropathy would be one of the concerns. Radiographic correlation is recommended. The remainder of the examination is unremarkable. **Opinion: Increased activity in the 1st right metacarpophalangeal joint (see above); increased activity in the right wrist with focal evidence of increased activity in the right trapezium and scaphoid. Please see above. Clinical correlation is recommended.**

REVIEW OF OPERATIVE REPORTS:

10-16-13 – Operative Report – Osteon Surgery Center – Jonathan Kohan, M.D. – Preoperative Diagnosis: Complex regional pain syndrome, right upper extremity. Postoperative Diagnosis: Complex regional pain syndrome, right upper extremity. **Procedure performed: 1. Stellate ganglion injection on the right. 2. Gangliogram. 3. Injection of Marcaine. 4. Fluoroscopy.**

05-14-14 – Operative Report – Kinetix Surgery Center – Jonathan Kohan, M.D. – Preoperative Diagnosis: Sympathetically-mediated neuropathic pain, right upper extremity. Postoperative Diagnosis: Sympathetically-mediated neuropathic pain, right upper extremity. **Procedure performed: 1. Percutaneous implantation of spinal cord stimulation leads times two, cervical spine. 2. Myelogram. 3. Complex programming. 4. Fluoroscopy.**

08-27-14 – Operative Report – Kinetix Surgery Center – Jonathan Kohan, M.D. – Preoperative Diagnosis: Complex Regional Pain Syndrome. Postoperative Diagnosis: Complex Regional Pain Syndrome. **Procedure performed: 1. Percutaneous Implantation of spinal cord stimulation leads**

REVIEW OF MEDICAL RECORDS (Cont'd):

times two, cervical spine. 2. Implantation of pulse generator. 3. Myelogram. 4. Complex programming. 5. Somatosensory evoked potential.

This concludes review and summary of the patient's diagnostic studies and/or operative/procedure reports.

REVIEW OF MEDICAL RECORDS:

UNDATED – **Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D.** – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective Complaints: Patient reports to adjusting with the spinal cord stimulator and feeling sharp pain in abrupt movements, however reports that he no longer feels burning sensation in his arms. Patient noted financial stressors (constant). His psychological and emotional complaints were reviewed. Diagnosis: Hand contusion; wrist tendinitis/bursitis; finger fracture; anxiety disorder. Treatment plan: Elavil; Neurontin/

07-13-12 – **Emergency Department Report – Huntington Hospital – James D. Luna, M.D.** – History of present illness: Left thumb injury that occurred 2 days ago while opening up a piece of wall for re-plumbing purposes, and the wall fell onto his left thumb, hitting on the top of it resulting in a laceration on the side of the nail and ecchymosis of the nail itself and also pain at the first MCP joint. He tried to work yesterday but found the pain was too much, and he presents now for evaluation. He is unsure when his last tetanus shot was. Past medical history: Gout and diabetes. A physical examination was performed. ER workup: **X-ray shows some gauging near the first MCP joint distally, like a small torus or gauge in the bone, this is the result of the axial load blow to the tip of the finger. No other fractures are seen.** Treatment plan: Wound care will be done. DT booster will be given if needed. Placed in a thumb spica splint. Vicodin and Norco are given for pain. A referral to an orthopedist or a Worker's Compensation is given. Work status: Off work for a week. Diagnosis: Left thumb torus type fracture at the metacarpophalangeal joint subungual hematoma and minimal distal thumb laceration.

REVIEW OF MEDICAL RECORDS (Cont'd):

07-13-12 – **X-ray of the Right Thumb – Huntington Hospital – Warren Lam, M.D.** – Clinical indication: Crush injury. **Impression: Views of the right thumb show no fracture, dislocation or destructive bony change. No arthritic change noted. Some mild soft tissue swelling around the thumb is noted in the hypothenar eminence. No radiopaque foreign body.**
07-13-12 – **Emergency Department Notes – Huntington Memorial Hospital** – Notes: Patient measured for splint. History: Patient states 2 days ago he had a smash injury to thumb on right hand. Patient has a LAC along the nail bed and pain, which radiates down to base of the thumb. Patient had x-rays done in triage.

07-17-12 – **Primary Treating Physician's Initial Orthopedic Evaluation – Huntington Orthopedic Surgical Medical Group – George Tang, M.D.** – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. History of injury: The patient was working as a plumber where a structure came down and hit both his hands and thumb area. He had immediate pain and swelling to the right thumb that is slightly better; however, it is still very symptomatic there, He was seen at the Huntington Hospital and given a splint for his thumb. Past medical history: Includes diabetes. A physical examination was performed. **X-rays were taken, which shows that he has nondisplaced fracture with first metacarpal fracture.** Assessment: Right thumb first metacarpal fracture. Treatment plan: Thumb spica cast. Follow-up visit recommended. Work status: Total disability until September 30, 2012.

07-17-12 – **Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D.** – This document is handwritten and difficult to read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

07-20-12 – **DWC Form RU-91 – Description of Employee's Job Duties – State of California Division of Worker's Compensation** – Description of injury: Patient performed plumbing service and repair work in residential homes, apartments, condos and commercial buildings. Physical activities: Frequently 3-6 hours: Sitting, walking, standing, bending neck and waist, squatting, climbing, kneeling, crawling, twisting at neck and waist, repetitive use of hand required,

REVIEW OF MEDICAL RECORDS (Cont'd):

simple grasping (bilateral hands), power grasping (bilateral hands), fine manipulation (bilateral hands), pushing and pulling (bilateral hands), and reaching (above/below shoulder level), as well as lifting and carrying 0-10 pounds. Occasionally up to three hours: Lifting and carrying 11 to 75 pounds. The patient was required drive company vehicle, and work around equipment, walk on uneven ground. Patient is exposed to dust, gas, fumes and chemicals on occasion. Patient works on ladders and operates sewer equipment with feet.

07-24-12 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Reason for examination: Follow-up of right thumb. He sustained a right thumb metacarpal fracture on June 11, 2012, He was doing well until roughly about a few days ago, he had more pain in that thumb area. He has been more compliant and taking care of his cast. A physical examination was performed. **X-rays were taken, which show good alignment of the fracture.** Assessment: Right thumb first metacarpal fracture. Treatment plan: The cast is still in good shape. Continue with the cast treatment. Follow-up visit recommended. Work status: Temporarily totally disabled until September 30, 2012.

08-14-12 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Follow-up visit of his right thumb metacarpal fracture. He is here for his appointment earlier than scheduled because the cast is getting soft around the palm area and that he is having more pain in his right thumb area for the past week or so. He is here for a change of his cast. A physical examination was performed. **X-rays were taken which shows that there is a good alignment of the fracture, some callus formation.** Assessment: First metacarpal fracture. Treatment plan: Thumb spica cast was removed; New cast provided. Medications prescribed: enteric-coated Naprosyn and Prilosec. Work status: Temporarily totally disabled until September 30, 2012.

08-14-12 – Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – This document is handwritten and difficult to

REVIEW OF MEDICAL RECORDS (Cont'd):

read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

09-04-12 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Reason for examination: Follow-up visit of his right thumb metacarpal fracture. His cast was removed today. He is having some discomfort without the cast in that thumb area. A physical examination was performed. **X-rays were taken, which shows the scar formation at the fracture site.** Assessment: First metacarpal fracture. He is doing quite well. Treatment plan: Thumb spica orthosis to transition him out of the cast area to wear nothing. He will wear this roughly about two to three weeks. Physical therapy 2x6 weeks was recommended. Work status: Temporarily totally disabled until October 31, 2012. Follow-up visit recommended. Medications prescribed: Enteric-coated Naprosyn, Prilosec, and Medrox.

09-04-12 – Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – This document is handwritten and difficult to read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

10-04-12 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Follow-up visit of his right thumb fracture. He is still feeling quite a bit of soreness over the right thumb especially with physical therapy that he had yesterday. He has gone to two visits of physical therapy and twelve has been authorized. He still has some stiffness in the right thumb secondary to being in the cast for a while. **X-rays: Good alignment of the fracture. Positive callus formation.** Assessment: First metacarpal fracture. Treatment plan: Continue physical therapy. Medications prescribed: enteric-coated Naprosyn, Prilosec, and Medrox. Work status: Temporarily totally disabled until November 30, 2012.

10-04-12 – Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – This document is handwritten and difficult to

REVIEW OF MEDICAL RECORDS (Cont'd):

read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

11-08-12 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Follow-up visit of his right thumb fracture. He has been going to physical therapy. He sees an improvement with his wrist flexion; however, he still has quite a bit of limited range of motion throughout the hand and thumb area. He is having quite a bit of pain in the hand and thumb area. A physical examination was performed. **X-rays were taken of the right thumb, which shows good callus formation of the fracture area, well healed.** Assessment: 1. First metacarpal fracture, healed. 2. Reflex sympathetic dystrophy possibility. Treatment plan: Referred to a neurologist to see if indeed he does have RSD and to receive treatment. Patient to continue physical therapy and exercises/stretching. Medications prescribed: enteric-coated Naprosyn, Prilosec, and Medrox. Work status: Temporarily totally disabled until December 31, 2012.

11-08-12 – Physical Therapy Report – U.S. HealthWorks – Aileen Elegado, MPT – The patient has received physical therapy post right thumb fracture. He has completed 10 of the 12 prescribed physical therapy visits. Treatment consisted of the following: soft tissue mobilizations, joint mobilizations, and therapeutic exercise. Range of motion in his right wrist and thumb continues to be limited and he continues to complain of moderate to severe pain levels. This therapist addressed Dr. Tang as to whether or not the patient would benefit from use of a dynasplint for his right wrist to assist with his range of motion.

11-08-12 – Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – This document is handwritten and difficult to read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

09-28-12 through 11-12-12 – Evaluation / Daily Therapy Treatment Note – U.S. HealthWorks Medical Group – This document is handwritten and difficult to read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing.

REVIEW OF MEDICAL RECORDS (Cont'd):

Diagnosis: Right thumb fracture. The patient was installing new pipe when a wall above him broke free and feel on top of him. Treatment plan: Strengthening; stabilization; paraffin; joint mobilization; home exercise program; soft tissue mobilization; tape/brace support; heat; ice; VASO-compression; patient education; supervised therapeutic exercises. The patient received 12/12 physical therapy visits.

12-20-12 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Follow-up visit of his right thumb fracture. He saw the neurologist and the neurologist recommended an EMG to the right upper extremity. He does complain of some numbness on the thumb area, in the palmar aspect of the thumb region. His range of motion is still decreased in the right thumb area. He has finished his physical therapy. The therapy has been helpful in terms of getting range of motion to his fingers and his wrist area. He still has quite a bit of symptoms of pain in that right thumb region. A physical examination was performed. He is able to touch his other fingers in that hand with his thumb. Sensation is decreased in the thumb area. Range of motion definitely is decreased compared to the other side. His thumb is cooler as well. Assessment: 1. First metacarpal fracture. 2. Reflex sympathetic dystrophy. Treatment plan: This physician was in agreement with the neurologist that an EMG for the right upper extremity would be a good idea to see if this is RSD or carpal tunnel syndrome or some type of neurologic disorder. Follow-up visit recommended after the EMG tests. Medications prescribed: enteric-coated Naprosyn; Prilosec; Medrox. Work status: Temporarily totally disabled until February 28, 2013.

12-20-12 – Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – This document is handwritten and difficult to read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

01-02-13 – Neurological Evaluation – Foothills Neurological Medical Group – Mohsen Ali, M.D. – Reason for examination: Evaluation of his right hand and wrist after he sustained a right thumb fracture which resulted from a work injury.

REVIEW OF MEDICAL RECORDS (Cont'd):

History of injury: His pain began since his injury for which he had physical therapy with no improvement. The patient complained of numbness and tingling sensation around his wrist and the root of his thumb, and weakness of his right grip. Past medical history: Diabetes mellitus for about 5 years-taking medication; History of hypercholesterolemia. Neurological examination performed. Impression: 1. Possible carpal tunnel syndrome. 2. Possible reflexive pathetic dystrophy. Treatment plan: Schedule EMG of the right arm.

01-31-13 – Primary Treating Physician's Progress Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Follow-up visit of his right hand and wrist area. His hand is still very painful and he was unable to use it effectively. He had a recent EMG done on 01/15/13, which shows that he has a mild carpal tunnel syndrome. A physical examination was performed. **X-rays taken of the right thumb shows that the fracture is well healed.** Assessment: 1. First metacarpal fracture. 2. Possible reflex sympathetic dystrophy. Treatment plan: Start physical therapy; return to neurologist; Follow-up visit recommended. Medications prescribed: Enteric-coated Naprosyn, Prilosec, Medrox cream and Gabapentin. Physical therapy prior to having carpal tunnel release. Work status: Temporarily totally disabled.

01-31-13 – Work Status Report – Huntington Orthopedic Surgical Medical Group – George Tang, M.D. – This document is handwritten and difficult to read. Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled.

02-18-13 – Initial Comprehensive Orthopedic Evaluation and Request for Authorization of a Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. History of injury: The patient was making an opening on a section of a wall, requiring him using a saw to cut through. A chunk of wall from above came down and struck him on the right wrist and hand. He experienced immediate pain to his right wrist and hand and suffered an open wound to his right thumb. He washed it and put tape on it He reported the injury to his supervisor and went home in pain. He had a restless night and returned to work the next day. He completed his shift in pain.

REVIEW OF MEDICAL RECORDS (Cont'd):

After a couple of days, he was provided with a helper and soon after referred for medical care. He was initially examined in the emergency room at Memorial Hospital in Pasadena. X-rays s to his right wrist/hand and thumb were taken, consistent with a fracture in the right thumb. His right hand and thumb were splinted and taped. Within a week, he was examined by a company orthopedic surgeon. His right hand and thumb was set in a hard cast, which was removed in late September 2012. At that time, his right hand was set in a removable cast. He had 12 sessions of physical therapy to his right wrist/hand and thumb with temporary pain relief. He remains off work since July 12, 2012. The patient's job description was reviewed. Current complaints: Right Wrist/Hand/Thumb: Continuous aching in his right wrist, hand, and thumb, at times becoming sharp, shooting, and throbbing pain. His pain travels to his forearm. He has episodes of numbness and tingling in his right hand. He complains of cramping and weakness in his right hand. He is losing muscle tone in the right hand and thumb. He has difficulty sleeping and awakens with pain and discomfort His pain level varies throughout the day depending on activities. Past medical history: The patient is diabetic. Activities of daily living limitations were reviewed. A physical examination was performed. Medical records were reviewed. **X-rays of the right hand revealed relatively normal findings. There is no articulation of the scaphoid and lunate. There is no evidence of any fractures.** Diagnoses: Right carpal tunnel syndrome status post right thumb fracture which has healed. Right hand contusion. Discussion: The patient's history of injury and course of treatment were reviewed. Treatment recommendations: The patient has been provided with 12 sessions of physical therapy without significant reduction of pain. Authorization for the following was requested: Six sessions of acupuncture; MRI study of the right wrist and hand; see Dr. Kohan for pain management consultation to rule out reflex sympathetic dystrophy in the right upper extremity. Neurodiagnostic studies of the bilateral upper extremities do reveal right carpal tunnel syndrome; psychological evaluation recommended with four sessions of psychotherapy; right wrist support with a thumb spica. Medications prescribed: Medrox patch. Treatment diabetes with private physician. Causation: The patient sustained industrial injuries to the right wrist, hand, and thumb due to his industrial work accident. Follow-up visit recommended. Work status: Modified duties with the following restrictions: No use of the right hand.

REVIEW OF MEDICAL RECORDS (Cont'd):

02-18-13 – Doctor's First Report of Occupational Injury or Illness – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Description of injury: A wall struck him on his right hand. Subjective complaints: Pain to the right wrist, right hand and first right digit. A physical examination was performed. X-rays reviewed no fracture. Treatment plan: Right wrist MRI study without intra-articular contrast; pain management consultation rule out to RSD; 4 sessions of psychotherapy; psychological evaluation; acupuncture 2x3 weeks to the right wrist and right hand. Medications prescribed: Baclofen; Medrox Patch; Prilosec; Relafen; Thumb spica; Ultram. Work status: Modified duties with the following restrictions: No use of the right hand – TTD if the work modifications cannot be accommodated.

02-18-13 – Whole Person Impairment – Edwin Haronian, M.D. – The final whole person impairment is 11%. Left upper extremity combined whole person impairment is 2%. Right upper extremity combined whole person impairment is 9%.

03-18-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient with a complaint of a chronic unremitting pain in his wrist and hand on the right side following previous fracture. Pain level: 7-8/10. At this point, he awaits authorization for MRI of the right wrist without contrast, pain management consultation to rule out RSD, four sessions of psychotherapy and acupuncture for his right wrist and right hand. He tolerated medications well; however, he does not report significant amount of improvement. A physical examination was performed. Treatment plan: Medications refilled: Therapeutic cream; Neurontin 300 mg; start trial of Elavil 25 mg; trial of vitamin C 500 mg. MRI of the right wrist without contrast, consult with the pain management, psychological evaluation and acupuncture six times for the right wrist and hand recommended. Consider requesting triple phase bone scan on the next visit. Work status: modified work duties. Diagnosis: Wrist Tend/Burs; Hand Contusion.

04-01-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Current complaints: Continued pain and numbness. Neurontin makes

REVIEW OF MEDICAL RECORDS (Cont'd):

him spacey. Wean the patient off of the Neurontin as the patient is not seeing benefit from it. Start Lexapro for the patient instead of the Elavil since the patient did not like the Elavil as well. The patient does have evidence of some depression. Psychotherapy has been authorized, and the patient will be scheduled accordingly. At this time, the patient is still guarding his right hand. There is an increased suspicion for reflex sympathetic dystrophy. There is some redness in the hand, and the above may be early complex regional pain syndrome. Diagnosis: Wrist Tend/Burs; Hand Contusion. Treatment plan: Formal authorization for a triple phase bone scan.

04-11-13 – X-ray examination of the right wrist – Eagle Eye Imaging Centers, LLC – Justin Pham, M.D. – Clinical history: Right hand and wrist pain since July 11, 2012. Findings: The bone marrow signal appears unremarkable. There are degenerative changes at the 1st carpometacarpal and first metacarpophalangeal joint. There is no evidence of a fracture. No joint dislocation or subluxation is visualized. No abnormal Joint fluid is appreciated. The median nerve appears within normal limits. The tendons appear intact. The triangular fibrocartilage complex appears intact. **Impression: 1. Osteoarthritis at the 1st carpometacarpal and first metacarpophalangeal joints.**

04-11-13 – Secondary Physician Pain Management Initial Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. History of injury: He had been utilizing a saw to cut through an opening in a wall when a large piece of the wall came down and forcefully struck his right wrist and right thumb. He experienced immediate pain at the right wrist and hand. He sustained a laceration to the right thumb. He cleaned his laceration and bandaged his thumb. He notified his employer; however, no immediate medical treatment was provided. He went home in pain. He returned to work the following day despite ongoing pain. He was provided with a helper. He notified his employer again on the third day and was sent to Memorial Hospital in Pasadena. He was examined in the emergency room and x-rays were obtained. He was provided with medication. He was diagnosed with a fracture of the right thumb. His right hand/ thumb were splinted and taped. Within a week, he was evaluated by an orthopedic surgeon. He was placed in a short arm cas.t Once the cast was removed, he underwent physical therapy with only temporary relief.

REVIEW OF MEDICAL RECORDS (Cont'd):

He underwent EMG studies of the right upper extremity. He was diagnosed with carpal tunnel syndrome at the right wrist. He was last seen on February 8, 2013. On February 18, 2013, the patient was seen for an orthopedic evaluation with Dr. Haronian. This physician reviewed Dr. Haronian's treatment recommendations. MRI scan of the right hand and thumb was performed on April 11, 2013. Recommendations included acupuncture, psychological evaluation, and authorization to undergo a right carpal tunnel release. Current complaints: Right Hand/Wrist/Thumb: Ongoing pain at the right hand/ thumb. He experiences numbness and tingling that extends to the forearm and radiates to the hand and fingers. He has difficulty bending his thumb. He notes grip weakness and has difficulty with holding objects and with fine motor coordination. The pain level becomes worse throughout the day depending on activities. He also has difficulty sleeping and awakens with pain and discomfort. Hand/wrist/thumb pain level: 8/1-10. Psyche/insomnia: Continuous episodes of anxiety, stress and depression due to chronic pain and disability status. He feels fatigued through the day. He finds himself lacking concentration and memory at times. He worries over his medical condition and the future. Weight: The patient states that his weight has not fluctuated since the date of injury. The patient has significant difficulty performing his activities of daily living. He has difficulties with grooming, bathing, dressing, household chores and driving. Past medical history: History of diabetes mellitus. Medications were noted. Electrodiagnostic studies from January 15, 2013 by Dr. Levin shows mild carpal tunnel syndrome on the right. Impression: History of right hand contusion. Sympathetically-mediated neuropathic pain, right upper extremity, possible mild CRPS. Treatment recommendations: The patient's history of injury, complaints, and course of treatment were reviewed. The patient has been maintained on a regimen that includes Neurontin. Continuation of Elavil is reasonable. This patient does not present with all signs that would warrant a definite diagnosis of CRPS. Triple phase bone scan will help with the diagnosis. He may undergo a series of stellate ganglion injection to address his current symptomatology. This physician would like to first review the results of the bone scan. Follow-up visit recommended. Meanwhile, disability, work status, and medications are deferred.

04-29-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict

REVIEW OF MEDICAL RECORDS (Cont'd):

Plumbing. Reason for examination: Patient continues to complain of significant pain in the right wrist and hand with weakness. The MRI of the right wrist was reviewed and was relatively normal. The patient was seen by Dr. Kohan to evaluate him for reflex sympathetic dystrophy. Treatment recommendations: Bone scan was requested previously and authorization is pending. Medications refilled. Follow-up visit recommended. The patient's disability status remains unchanged. Diagnosis: Wrist Tendinitis/Bursitis; Finger fracture; Hand contusion.

04-29-13 – Disability Status Report – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled if the modified duties of no use of the right hand cannot be accommodated.

05-07-13 – Initial Comprehensive Psychological Consultation and Report – Hinze Psychological Services, PC – Heath Hinze, Psy.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient's history of injury and course of treatment were reviewed. Current Physical Complaints: The patient complains of continuous aching in his right wrist, hand, and thumb, at times becoming sharp, shooting, and throbbing pain. Current Psychological Complaints: The patient endorsed the following symptoms: Forgetting things, anxious, unable to concentrate, agitated, lacking motivation, depressed, unable to enjoy activities, indecisive, feeling helpless, hopeless, moody, nauseated, losing things, restless, feeling tired, losing appetite, sleep disturbances, sexual problems and crying spells. A mental status evaluation was performed. Psychological testing was performed. Diagnosis: Axis I: Depressive Disorder NOS. Anxiety Disorder NOS. Sleep Disorder Due To Pain, Insomnia Type. Male Erectile Disorder. Axis II: No Diagnosis. Axis III: Deferred to appropriate medical specialist. Axis IV: Psychosocial and Environmental Problems: Chronic pain, disability status, ongoing need for medical attention, financial strain. Axis V: GAF: 56 (Time of evaluation). Causation: The psychological injury described above is the result of the work injury. Any issues of apportionment will be discussed in detail once the patient has reached maximum medical improvement. Work Restrictions: Deferred to primary treating physician. Treatment recommendations: Four sessions of psychotherapy and he will be scheduled accordingly. Patient will be administered intermittent diagnostic measures to

REVIEW OF MEDICAL RECORDS (Cont'd):

assess change in his condition. The patient is recommended for a psychiatric consultation.

05-09-13 – Primary Treating Physician Pain Management Follow-Up Report, Review of Diagnostic Records, and Request for Authorization – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Chronic unremitting pain in his right hand with numbness and tingling. Pain level: 7/10. Medications were noted. The patient continues to await authorization for bone scan. The patient is being seen by a psychologist. He is also awaiting authorization for acupuncture therapy. Report of MRI of the right wrist, dated April 11, 2013, revealed osteoarthritis at the first carpometacarpal and first metacarpophalangeal joints. A physical examination was performed. Impression: Wrist bursitis. Rule out complex regional pain syndrome type 1. Treatment recommendations: Await authorization for the bone scan. Medications prescribed: start trial of Elavil; Neurontin 300 mg; vitamin C 500 mg; Lexapro. Follow-up visit recommended. The patient's work status and further course of conservative treatment shall be deferred.

05-31-13 – Disability Status Report – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Work status: Temporarily totally disabled if the modified duties of no use of the right hand cannot be accommodated.

05-31-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Chief complaints: Patient with a complaint of a chronic unremitting pain in his right hand and wrist with numbness and tingling. Pain level: 6/10. It is important to mention that he obtains medication from Dr. Kohan. His sleep and depression have improved after start of Elavil 50 mg at bedtime. The patient also has less numbness and tingling and burning pain after the Neurontin 300 mg three times a day. He is scheduled for the bone scan of the right hand and wrist. He is being seen by a psychologist. A physical examination was performed. Treatment recommendations: Defer further handling of medications to Dr. Kohan; obtain the report of triple bone phase scan. The patient presents with a clinical picture of complex regional pain syndrome. Pain management needed.

REVIEW OF MEDICAL RECORDS (Cont'd):

Adjustment of medications to include increase of Neurontin, Elavil, and Lyrica. Follow-up visit recommended. Diagnoses: Wrist tendinitis/bursitis; hand contusion.

06-13-13 – Secondary Treating Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient reports no changes in his overall health. His complaints of the right hand and wrist remains with numbness and tingling, which increases by any frequent use. He has undergone a recommended triple-phase bone scan just recently but meanwhile has continued his medication. This include use of Relafen and Neurontin. He was also provided with Elavil 50 mg on nighttime. No side effects with any of his medications reported. In addition, he continues his regular visits with the psychologist. A physical examination was performed. Impression: Right wrist tendinitis/bursitis. Treatment recommendations: Review triple-phase bone scan. The patient does not present with the required criteria for CRPS. If the symptoms of neuropathic pain and changes in temperature remain he may consider undergoing a stellate ganglion injection that may give him some relief with respect to his complaints. Medications continued: Neurontin, Elavil, and Relafen. He may, however, meanwhile increase his Neurontin. Follow-up visit recommended.

06-22-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Patient presents with a complaint of a persistent pain in his right wrist and hand and forearm. He is also being seen by pain management specialist. He was prescribed Elavil in light of his good response to 50 mg. However, he did not tolerate it well. His pain is not well controlled. A physical examination was performed. Treatment recommendations: Taper down Elavil; start trial of Norco. All medications to be addressed by Dr. Kohan. Medications are being provided only to avoid interruption with treatment. Request made for previous medical records. His work status remains to be unchanged at the moment, which is modified work duties. Right wrist support did not fit well. Diagnosis: Wrist tendinitis/bursitis.

REVIEW OF MEDICAL RECORDS (Cont'd):

06-24-13 – Treatment Determination – CID Management – Treatment recommendation and determination: Certified – 1 prescription of Neurontin 600 mg; 1 prescription of Elavil 100 mg.

07-09-13 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, fear, feeling hopeless, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

07-11-13 – Secondary Physician Pain Management Follow-Up Report, Review Of Diagnostic Records And Request For Authorization – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Clinical indication: Patient presents with a complaint of a chronic unremitting pain in his right hand and wrist with numbness and tingling. His sleeping pattern has improved significantly. He has decreased sensation of numbness and tingling. Nevertheless, he still remains to be symptomatic. Medical records were reviewed. A physical examination was performed. Impression: wrist tendinitis/bursitis; rule out Complex Regional Pain Syndrome type 1. Treatment recommendations: The diagnostic study did not directly indicate the diagnosis of complex regional pain syndrome. Nevertheless, the patient could undergo stellate ganglion injection. However, at this point he would like to concentrate on the pharmacological regimen. Medications refilled: Elavil. Formally requesting authorization for purchase of wrist support. Work status and further course of conservative treatment shall be deferred.

07-25-13 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient with a complaint of a chronic pain in his right upper extremity. Pain level: 6/10. Medications being taken include the following: 600 mg of Neurontin, therapeutic cream, Docuprene and Relafen prescribed by Dr. Kohan; Elavil 75 mg and Norco 5 mg from Dr. Haronian. He does not report any side effects. His neuropathic pain has improved after the doubling dose of

REVIEW OF MEDICAL RECORDS (Cont'd):

Neurontin. The patient did not tolerate Elavil 100 mg well. His sleeping patterns and depression have improved after the initiation of Elavil overall. A physical examination was performed. Impression: Rule out complex regional pain syndrome type 1. Chronic wrist and hand pain. Treatment recommendations: Increase Neurontin to 700 mg; Lyrica. Defer other medications to Dr. Haronian. Follow-up visit recommended. His work status and further course of conservative treatment shall be deferred.

08-06-13 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, fear, feeling hopeless, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

08-19-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Patient with chronic pain in his right hand and wrist. The pain is burning with radiation to the tips of his fingers. He will also be seen by Dr. Kohan who is providing him with medications. The patient is responding well to 75 mg of Elavil which improves and controls insomnia and his neuropathic pain. A physical examination was performed. Treatment plan: Medications refilled: Elavil with addition of Norco 5 mg. Physician opinion: stellate ganglion injections were recommended. After that, the patient remains to be symptomatic, spinal cord stimulator could be considered. Follow-up visit recommended. His work status remains to be unchanged at the present moment, which is modified work duties. Diagnosis: Wrist tendinitis/bursitis.

08-22-13 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient with a complaint of a chronic unremitting pain in his right upper extremity including wrist and hand. Pain level: 6/10. Medications were noted. A physical examination was performed. Impression: Rule out complex regional pain syndrome type 1. Chronic wrist and hand pain on the right

REVIEW OF MEDICAL RECORDS (Cont'd):

side. Treatment recommendations: Medications refilled. Authorization for the following was requested: One stellate ganglion injection on the right side. If the patient remains to be symptomatic, the next logical step would be to consider a spinal cord stimulator trial with prior psychological clearance. Medical records were reviewed.

09-10-13 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, fear, feeling hopeless, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

09-13-13 – Treatment Determination – CID Management – Treatment requested: 1. The prospective request for 1 right stellate ganglion injection between 8/22/2013 and 11/10/2013 is certified. 2. The prospective request for 1 prescription of Neurontin 300 mg #200 between 8/22/2013 and 8/22/2013 is certified. 3. The prospective request for 1 prescription of Norco 5/325 mg #30 between 8/22/2013 and 8/22/2013 is certified. 4. The prospective request for 1 prescription of Prilosec 20 mg #90 between 8/22/2013 and 8/22/2013 is non-certified. 5. The prospective request for 1 prescription of Docuprene 100 mg #60 between 8/22/2013 and 8/22/2013 is certified. 6. The prospective request for 1 prescription of Relafen 750 mg #100 between 8/22/2013 and 8/22/2013 is certified.

09-16-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Patient with a complaint of a chronic unremitting pain in his right upper extremity including wrist and hand. Pain level: 6/10. The patient has been approved for steroid ganglion injection from Dr. Kohan. A physical examination was performed. Allodynia is noted. Medications refilled: Elavil. Continue to observe unfolding events in regard to injection. Follow-up visit recommended. Work status: Unchanged from this physician's previous report. Diagnosis: Wrist Tend/Bursitis.

REVIEW OF MEDICAL RECORDS (Cont'd):

09-19-13 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient with a complaint of a chronic unremitting pain in his right hand, wrist, and distal forearm. Pain level is 8/10. Medications were noted. He has been approved for one right stellate ganglion injection. A physical examination was performed. Impression: Rule out complex regional pain syndrome type 1. Chronic wrist and hand pain on the right side. Treatment recommendations: Medications refilled: Lyrica 50 mg; Norco. Follow-up visit recommended. His work status and further course of conservative treatment along with Elavil shall be deferred.

10-08-13 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, fear, feeling hopeless, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

10-14-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient presented with complaints of chronic unremitting pain in the right hand and wrist. Patient diagnosed with Complex Regional Pain Syndrome type 1. He is going to have stellate ganglion cyst injection by Dr. Kohan. He is obtaining medications. A physical examination was performed. Patient's course of pain management treatment deferred to Dr. Kohan. Follow-up visit recommended. Work status: Wrist tendinitis/bursitis; hand contusion.

10-14-13 – Disability Status – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Work status: Patient should remain on temporarily totally disabled if the work modifications cannot be accommodated by the employer – no use of the right hand. Employer response: "I feel I cannot accept this offer of Modified or Alternative work indicating the need to declare the employee temporarily totally disabled."

REVIEW OF MEDICAL RECORDS (Cont'd):

10-17-13 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient with a complaint of a chronic unremitting pain in his left forearm, wrist and hands on the right side. Pain level is 7/10. He is status post stellate ganglion injection conducted yesterday. He tolerated procedure well; however, he does not report any significant amount of improvement at this point. The patient is also being seen by psychologist He is presently maintained on combination of Norco 7.5 mg twice a day, Norco 5 mg once a day, Elavil 50 mg at bedtime. He tolerated Lyrica 50 mg twice a day well without any side effects. A physical examination was performed. Impression: Complex Regional Pain Syndrome type 1 of the right forearm and hand. Treatment recommendations: Medications refilled: Lyrica; Norco. Discussed spinal cord stimulator trial. Request psychological clearance by a psychologist. Request made for previous medical records.

11-11-13 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient is status post stellate ganglion block on the upper extremity conducted on October 16, 2013. He states minimal benefit from this intervention provided by the pain management physician, Dr. Kohan. The patient is returning with continued complaint of right hand pain with hypersensitivity and reduced function. He is status post a right thumb fracture with closed treatment only. The patient's medications will continue to be deferred to the pain management physician. He continues with work restrictions including no use of the right hand. Treatment recommendations: Authorization for the following was requested: Psychological clearance to provide a spinal cord stimulating device. The patient has now failed to respond to stellate ganglion block and it is this physician's opinion that the spinal cord stimulation is the next appropriate step. Obtain psychological clearance for this intervention. Follow-up visit recommended. Diagnosis: Hand Contusion; WristTend/Bursitis; Finger Fracture.

11-11-13 – Disability Status – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Work status: Patient should remain on

REVIEW OF MEDICAL RECORDS (Cont'd):

temporarily totally disabled if the work modifications cannot be accommodated by the employer-no use of the right hand.

11-12-13 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

11-14-13 – Secondary Physician Pain Management Follow-Up Report and Request for Authorization – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Chief complaints: Chronic unremitting pain in his right hand, wrist and distal forearm. Pain level: 9/10. Medications were noted. Unfortunately, the patient was unable to obtain the clearance from psychologist to series of vicissitudes. He was deemed to be a candidate for spinal cord stimulator trial. A physical examination was performed. Impression: Rule out complex regional pain syndrome type 1; Chronic wrist end hand pain on the right side. Treatment recommendations: Lyrica discontinued. Neurontin will be tapered. Psychological consultation for clearance to establish realistic expectations after the implantation of a spinal cord stimulator. His work status and further course of conservative treatment shall be deferred.

12-10-13 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

12-12-13 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient with a complaint of a chronic pain in his left arm, wrist and hands on the right side. Pain level is 6-7/10. In spite of the fact that patient

REVIEW OF MEDICAL RECORDS (Cont'd):

failed to improve with other means, he is being considered for spinal cord stimulator to address his complex regional pain syndrome type 1 on the right side, Continue to await authorization for psychological consultation for clearance. Medications were noted. A physical examination was performed. Impression: Complex Regional Pain Syndrome type 1 with right forearm and hand. Treatment recommendations: Medications refilled; continue to await authorization for the psychological clearance; requesting authorization for purchase of right wrist brace. Follow-up visit recommended.

12-13-13 – Treatment Determination – Bunch CareSolutions – Employer: Benedict and Benedict Plumbing Company. Treatment requested: 1. Spinal cord Stimulator Trial. Decision: Denied. 2. Psychological Clearance. Decision: Certified.

01-06-14 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient continues to complain of significant pain in the right upper extremity. He is being seen by Dr. Kohan who has diagnosed him with reflex sympathetic dystrophy. Dr. Kohan has requested the spinal cord stimulator; however, the patient requires to be cleared psychologically prior to the spinal cord stimulator. Authorization was requested for the patient to be seen by the psychologist and the patient indicates that he is being provided with authorization. He will be scheduled for the above. Diagnoses: Reflex Sympathetic Dystrophy of Lower Limb; Anxiety Disorder, OS; Depressive Disorder, NOS; Male Erectile Disorder; Sleep Disorder Due to Pain, Insomnia; Hand Contusion; Wrist Tend/Bursitis; Finger Fracture.

01-07-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger, anxiety, and inability to gain pleasure in life. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

REVIEW OF MEDICAL RECORDS (Cont'd):

01-09-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient with a complaint of a chronic unremitting pain in his right forearm, wrist and hand. Pain is 9/10 with medications. Medications were noted. His pain is notably controlled. A physical examination was performed. Impression: Complex regional pain syndrome type 1 with right forearm wrist and hand. Treatment recommendations: Norco will be increased. Neurontin will be increased. Elavil will be tapered down. He is awaiting authorization for psychological consultation to be cleared for the spinal cord stimulator trial. Follow-up visit recommended. His work status and further course of conservative treatment shall be deferred.

02-04-14 – Comprehensive Psychological Consultation and Clearance Evaluation of a Spinal Cord Stimulator Trial – Hinze Psychological Services, PC – Heath Hinze, Psy.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient's history of injury and course of treatment were reviewed. Current Physical Complaints: The patient complains of continuous aching in his right wrist, hand, and thumb, at times becoming sharp, shooting, and throbbing pain. His pain travels to his forearm. He has episodes of numbness and tingling in his right hand. Past medical history: Diabetes. A mental status evaluation was performed. Psychological testing was performed. Medical records were reviewed. The patient is a qualified candidate from a psychological perspective to undergo the recommended spinal cord stimulator trial. Authorization is therefore requested for 6 sessions of CBT. Relevant literature was reviewed.

02-06-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient with a complaint of a chronic unremitting pain in his right forearm, wrist and hand. Pain level is 8-9/10 with medications. He complains of tingling, numbness and burning sensation in his right upper extremity. Medications were noted. The patient has been cleared by psychologist for the spinal cord stimulator trial. A physical examination was performed. Impression: Complex regional pain syndrome type 1 with right forearm wrist and hand. Treatment recommendations: Medications refilled. Formal request

REVIEW OF MEDICAL RECORDS (Cont'd):

authorization for spinal cord stimulator trial on an industrial basis. His work status and further course of conservative treatment shall be deferred.

02-11-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports depressed mood. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

02-17-14 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. He is continuing to experience significant symptomatology of chronic regional pain syndrome in the right upper extremity. Spinal cord stimulator was cleared by the psychologist and we are awaiting its placement. A physical examination was performed. Diagnosis: Hand contusion; Wrist tendinitis/bursitis; Finger fracture. Treatment recommendations: Medication per pain management physician. The patient states that he was declined his medications at the pharmacy. His work restrictions will continue per the previous visit. He should not use his right hand in his workplace. Follow-up visit recommended. Continue to conservatively monitor the patient and we look forward to the provision of the spinal cord stimulating device.

03-06-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. He reports no changes in his symptoms and continues to be treated for diabetes. He also remains under the care of psychologist with weekly psychotherapy sessions. He has longstanding right upper extremity symptoms of Complex Regional Pain Syndrome. These have not responded to multiple interventions and he reports some increasing level of pain after his most recent medication regimen was delayed. Medications were noted. A physical examination was performed. Impression: Complex regional pain syndrome type 1, right upper extremity. Diabetes. Treatment recommendations: Norco; Neurontin 900 mg; Amitriptyline 40 mg. He would like to proceed with

REVIEW OF MEDICAL RECORDS (Cont'd):

neurostimulation trial. The request will be submitted formally along with psychological clearance of Dr. Hinze. Follow-up visit recommended. Disability and work status are deferred.

03-06-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Depressed mood. A physical examination was performed. Treatment plan: Neurontin; Norco; Elavil. Work status: Deferred to primary treating physician.

03-20-14 – Treatment Determination – CID Management – Treatment requested: 1. The prospective request for 1 prescription of Neurontin 900 mg #90 between 3/6/2014 and 5/17/2014 is certified. 2. The prospective request for 1 prescription of Norco 10 mg #90 between 3/6/2014 and 5/17/2014 is certified.

03-31-14 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient was still complaining of pain. The patient has been cleared from a psychological point of view for the spinal cord stimulator. The patient is scheduled to be seen by Dr. Kohan. This physician was in agreement with the psychologist as well as Dr. Kohan to proceed with a spinal cord stimulator. Work status: Patient to remain off work, as he has significant difficulty with the use of his right arm. Follow-up visit recommended. Diagnosis: Reflex Sympathetic Dystrophy of Lower Limb; Depressive Disorder NOS; Male Erectile Disorder; Sleep Disorder Due to Pain Insomnia Type; Hand Contusion; Wrist Tend/Bursitis; Finger Fracture.

04-01-14 – Treatment Determination – CID Management – Treatment requested: 1. The prospective request for 1 spinal cord stimulator trial between 3/6/2014 and 5/27/2014 is certified. 2. The prospective request for 1 psychological clearance for SCS (spinal cord stimulator) trial between 3/6/2014 and 5/27/2014 is non-certified.

REVIEW OF MEDICAL RECORDS (Cont'd):

04-03-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient with a complaint of a chronic unremitting pain in his right arm with numbness, tingling and burning sensation. His pain precludes him from performing activities of daily living. He was diagnosed with complex residual pain syndrome type 1 of the right upper extremity. He is also receiving treatment for his diabetes. To remind, we requested authorization for spinal cord stimulator trial as patient had failed to improve with all conservative treatment provided before. A physical examination was performed. Impression: Complex regional pain syndrome type 1 of right upper extremity. Right wrist tendinitis/bursitis. Treatment recommendations: Medications refilled: Norco; Neurontin; Elavil. Requesting authorization for spinal cord stimulator trial on industrial basis as occupational injury precipitated onset of the patient symptoms. Follow-up visit recommended.

04-03-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Depressed mood, anxiety, anger, irritability, and feeling hopeless. A physical examination was performed. Diagnosis: Wrist tendinitis/bursitis; hand contusion. Treatment plan: Neurontin; Elavil; Norco. Work status: Deferred to primary treating physician – recommend TTD.

04-22-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports depressed mood. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. 4. Male erectile Disorder. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

05-01-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient with a complaint of a chronic pain in his right arm with numbness, tingling and burning sensation. Pain is unremitting. It precludes him from activities of daily living. He is scheduled for the spinal cord stimulator

REVIEW OF MEDICAL RECORDS (Cont'd):

trial on May 14, 2014. The patient is also receiving treatment for his diabetes. His pharmacological regimen is not causing any side effects; however, there is information that patient was having difficulty obtaining Elavil. A physical examination was performed. Impression: Complex regional pain syndrome type 1 of right upper extremity. Right wrist tendinitis/bursitis. Treatment recommendations: Medications refilled: Norco; Neurontin; Elavil. Return in three weeks to assess response to spinal cord stimulator trial. Corresponding recommendation will be made accordingly. His work status and further course of conservative treatment shall be deferred.

05-01-14 – X-ray of the Chest – Alinea Medical Imaging – Monish Laxpati, M.D. – Clinical history: Preoperative evaluation. **Impression: Normal chest.**

05-01-14 – Secondary Treating Physician's Progress Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict Plumbing. Date of injury: 07-11-12. Subjective complaints: Depression with anxiety. Patient reports: Depressed mood. Diagnosis: Wrist Tend/Burs. Treatment Plan: Norco, Neurontin, Levaquin. Work status: Defer to Primary Treating Physician. Recommend temporarily totally disabled for 6 weeks

05-08-14 – Medical Report – Pristine Medical Group, Inc. – Mallu Reddy, M.D. – Employer: Benedict and Benedict Plumbing. Date of injury: 07-11-12. History of present illness: Patient presents for pre-operative consultation for surgical spinal cord stimulator. The patient suffered an industrial injury on 07/11/14, to his right forearm, wrist and hand. The patient is now scheduled for surgery with Jonathan F. Kohan, M.D., on 05/14/14. Injured body parts: Right forearm, wrist and hand. Past medical history: Injuries: Has a history of fractures. A physical examination was performed. Diagnoses: 1. Neuropathy. 2. Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled. 3. Benign essential hypertension. 4. Fracture of hand. Comment: The patient is medically cleared for surgery with minimal risk for cardiovascular event prior and post operatively. No further testing is required; he is ready to proceed with planned surgery. The patient was additionally instructed to follow-up with primary care physician regarding his diabetes and hypertension and to

REVIEW OF MEDICAL RECORDS (Cont'd):

avoid aspirin and non-steroidal anti-inflammatory medications one week prior to his surgery, as well as to hold on antiplatelet agents five days before surgery.

05-12-14 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Patient still complaining of pain. The patient has been cleared to proceed with the spinal cord stimulator. The above will be placed this upcoming Wednesday. For now, patient to remain off of work. The patient's examination is unchanged. Monitor response to the spinal cord stimulator. The patient was also noted to be smoking. The patient was instructed in regards to smoking cessation as well as its negative effect on wound healing. Diagnosis: Reflex Sympathetic Dystrophy of lower limb; anxiety disorder; 4 Wrist Tend/Bursitis. Depressive Disorder NOS. Male Erectile Disorder. Sleep Disorder Due to Pain Insomnia Type.

05-12-14 – Disability Status – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Work status: Patient is temporarily totally disabled.

05-19-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient reports more than 70% improvement of his upper extremity symptoms after undergoing neuromodulation trial last week. He reports no aberrant coverage or sensation and had benefited from the unit significantly over the trial period to the point that he was able to use it slightly more than average. He has continued Norco, and Gabapentin. He was not provided with Elavil. A physical examination was performed. Impression: Complex Regional Pain Syndrome; Success with neuromodulation trial. Treatment recommendations: A request will be submitted for permanent placement of the SCS unit. He would like to proceed as soon as possible. He was previously cleared from a psychological standpoint. Medications continued: Norco; Neurontin; Elavil. Follow-up visit recommended. Disability Status and Work status: Deferred.

05-19-14 – Secondary Treating Physician's Progress Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict Plumbing. Date of injury: 07-

REVIEW OF MEDICAL RECORDS (Cont'd):

11-12. Subjective complaints: Hand pain, wrist pain. A physical examination was performed. Diagnosis: 1. Hand Contusion. 2. Wrist Tend/Burs. 3. Finger fracture. 4. Anxiety Disorder, NOS. 5. Depressive Disorder, NOS. 6. Male erectile disorder. 7. Sleep Disorder due to pain, Insomnia type. 8. Reflex Sympathetic Dystrophy of Lower Limb. Treatment plan: Neurontin, Norco; LAVIL. Work status: Defer to Primary Treating Physician.

05-20-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports depressed mood, feeling hopeless, inability to gain pleasure in life, isolation from others, sleep disturbance, struggling with activities of daily living, withdrawing from family and friends, worry about financial strain, worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. 4. Male erectile Disorder. Treatment plan: Transportation required, 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

06-02-14 – Treatment Determination – CID Management – Treatment requested: 1. Elavil. Decision: Certified.

06-17-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports that he feels more depressed and lonely and has lost motivation for improvement and "is disgusted with himself' from his injuries and that everything feels like a "drag". Patient reports loss of motivation and interest. Depressed mood significantly increased moods of depression. Patient reports depressed mood, feeling hopeless, inability to gain pleasure in life, isolation from others, sleep disturbance, struggling with activities of daily living, withdrawing from family and friends, worry about financial strain, worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. 4. Male erectile Disorder. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

REVIEW OF MEDICAL RECORDS (Cont'd):

06-19-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The request for permanent placement of his neuromodulation unit has been submitted for review on June 13, 2014, something he would like to proceed with as soon as possible. He has significant improvement after undergoing the trial on May 14, 2014, but since then he has been using his medication to address his current complaints, which is providing partial improvement. Medications were noted. A physical examination was performed. Impression: Complex regional pain syndrome type 1 of right upper extremity. Right wrist tendinitis/bursitis. Treatment recommendations: Continue with prescribed medication. Follow-up visit recommended.

06-19-14 – Secondary Physician Progress Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Subjective Complaints: Patient reports that he feels more depressed and lonely and has lost motivation for improvement and "is disgusted with himself" from his injuries and that everything feels like a "drag". Patient reports loss of motivation and interest. Depressed mood significantly increased moods of depression, feeling hopeless, inability to gain pleasure in life, isolation from others, sleep disturbances, struggling with activities of daily living, withdrawing from family and friends, worry about financial strain, and worry about persistent pain. A physical examination was performed. Diagnosis: Hand contusion; wrist tendinitis/bursitis; ringer fracture; anxiety disorder, NOS; depressive disorder, NOS; male erectile disorder; sleep disorder due to pain; insomnia. Treatment plan: Elavil; Neurontin; Gabapentin. Work status: Deferred to primary treating physician.

06-23-14 – Follow-Up Report of Primary Treating Physician – Edwin Haronian, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. The patient returning with continued significant right hand and right upper extremity pain with numbness, weakness, and a "pins and needles" sensation. He complains of temperature changes as well as color changes of the right upper extremity. As a reminder, the patient is status post right thumb fracture with resultant complex regional pain syndrome. The patient underwent a spinal cord stimulator trial on May 14, 2014, with fairly significant improvement in

REVIEW OF MEDICAL RECORDS (Cont'd):

his pain and range of motion. It is our understanding that authorization is pending for a permanent spinal cord stimulator placement at this time and we feel the patient is an appropriate candidate. Unfortunately, the patient has developed left wrist pain with decreased range of motion, weakness, and numbness as a compensatory consequence of favoring his right upper extremity. Work restrictions remain unchanged. He should remain on total temporary disability. Medications were noted and to be continued. The patient is wearing a thumb Spica brace for the right hand. Follow-up visit recommended. Diagnosis: Hand Contusion; Wrist Tendinitis/Bursitis; Finger Fracture; Reflex Sympathetic Dystrophy of Upper Limb.

06-23-14 – Disability Status – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Work status: Patient is temporarily totally disabled.

07-17-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. There are no changes in his complaints in his upper extremities, which are more severe on the right side. Currently, he is relying on medications for his complaints. He is eager to proceed with a spinal cord stimulation implantation, which is scheduled for late August 2014. Evert though bulk of his complaints remain over the right upper extremity due to his diagnosis of CRPS, he also has been experiencing left lower extremity symptoms with weakness and numbness which he has discussed with Dr. Haronian. His current regimen of medication includes gabapentin. Norco and Elavil. Treatment recommendations: Medications prescribed: Levaquin 500 mg; other medications continued. Work status: total and temporary disabled at least three month after his procedure.

07-22-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports being approved for the spinal cord stimulator in 3 months, which he is looking forward to. In the meantime, he is unable to sleep due to pain. He is also stressed from financial difficulties, which has impacted his moods. Patient reports no improvement with depression and is still struggling with the same

REVIEW OF MEDICAL RECORDS (Cont'd):

symptoms. Patient reports loss of motivation and interest. Depressed mood significantly increased moods of depression. Feeling hopeless. Inability to gain pleasure in life. Isolation from others. Sleep disturbances. Struggling with activities of daily living. Withdrawing from family and friends. Worry about financial strain. Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. 4. Male erectile Disorder. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

08-04-14 – Disability Status – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Work status: Patient is temporarily totally disabled.

08-04-14 – Follow-up Report of a Primary Treating Physician – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Present complaints: Patient continues to complain of significant pain in the right upper extremity. He has been diagnosed with reflex sympathetic dystrophy. He is treating with Dr. Kohan who is the pain management physician in this case. Authorization has been provided for permanent placement of the spinal cord stimulator. The patient is scheduled for the above surgery on August 28, 2014. He should continue with Dr. Kohan at this time. For now, he will remain on temporary total disability since he is significantly symptomatic. Follow-up visit recommended. Diagnosis: 1. Anxiety Disorder NOS. 2. Depressive Disorder NOS. 3. Male Erectile Disorder. 4. Sleep Disorder Due to Pain, Insomnia Type.

08-15-14 – X-ray of the Chest – Alinea Medical Imaging – Monish Laxpati, M.D. – Clinical history: Preoperative evaluation. **Impression: Normal chest.** No change compared to 05-01-14.

08-19-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports having setback in progress. Patient reports increased feelings of anger, resentment, frustration, depression and anxiety due to financial strains and health issues. Patient reports having increased "negative thoughts" and

REVIEW OF MEDICAL RECORDS (Cont'd):

suicidal ideation. Patient reports struggling with coping skills. Patient reports loss of motivation and interest. Depressed mood significantly increased moods of depression. Feeling hopeless. Inability to gain pleasure in life. Isolation from others. Sleep disturbances. Struggling with activities of daily living. Withdrawing from family and friends. Worry about financial strain. Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder. 2. Depressive Disorder. 3. Sleep Disorder due to pain, Insomnia Type. 4. Male erectile Disorder. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

09-04-14 – Secondary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. History: He has been using the unit already and reports significant improvement of his neuropathic pall over the right upper extremity, denying any issues with any aberrant sensation, coverage, or charging. He has continued Levaquin without any side effects. A physical examination was performed. Impression: 1. History of Complex Regional Pain Syndrome. 2. Status post recent spinal cord stimulation implantation, cervical spine. Recommendation: Take Levaquin for another few days due to the fact that he has a history of diabetes. He does not report any issues with the unit itself, but re-evaluation was needed. Work status: Temporarily totally disabled for at least three months after last week procedure, and he is to also continue to use soft cervical collar.

09-09-14 – Secondary Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: Patient returns for evaluation after last appointment a week ago. The patient underwent permanent replacement of his cervical neural modulation system on August 27, 2014, and already has been benefited from it greatly. His burning pain has resolved with the use of the stimulator and he does not report any coverage or sensation nor any changes in charging of the unit He has continued with the gabapentin at 900 mg three times a day in addition to Norco and Elavil. He denies nausea, vomiting, constipation, over sedation, or epigastric pain. A physical examination was performed. Impression: History of complex regional pain syndrome. Status post recent neural modulation

REVIEW OF MEDICAL RECORDS (Cont'd):

implantation. Recommendation: He may discontinue his antibiotic at this point and I will see him back in a month. Refill of his medication will be provided but because of the improvement gabapentin will be reduced gradually one tablet every four days. Norco will also be decreased from three times a day to twice a day and depending on how he will do further reduction in this medication will be considered on the next visit. He may continue with Elavil at 50 mg at nighttime which has been beneficial for his both pain and insomnia.

09-15-14 – Follow-up Report of a Primary Treating Physician – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: The patient is status post spinal cord stimulator implantation by Dr. Kohan who is the pain management physician in this case. The surgery was performed on August 27, 2014. He is following up with Dr. Kohan at this time. He indicates that he has left burning sensation in the right upper extremity, however, he does continue to be symptomatic. His medications will be provided by Dr. Kohan. He has difficulty with his daily activities along with difficulty with prolonged periods of sitting, standing, walking, stair climbing, lifting, pushing, pulling, gripping, and grasping. A well-healed incision is noted over the operative site. Work status: Remain on temporary total disability. Treatment recommendations: Scheduled to see an AME in November 2014. Follow-up visit recommended in four to six weeks. Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Reflex Sympathetic Dystrophy of Lower Limb. 3. Hand Contusion. 4. Wrist Tend/Burs. 5. Finger Fracture.

09-15-14 – Disability Status – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Work status: Patient is temporarily totally disabled.

09-16-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports shared hardships in personal life and struggling with a falling out of a friendship and relationship discord with partner. Patient reports searching for a place to live and is financially strained., Anger, Anxiety, Depressed mood, Feeling a loss of control, Feeling hopeless, Inability to gain pleasure in life, Irritability, Isolation from others, Loss of appetite, Sleep disturbances, Struggling

REVIEW OF MEDICAL RECORDS (Cont'd):

with activities of daily living, withdrawing from family and friends, Worry about financial strain, Worry about pending deposition. Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Reflex Sympathetic Dystrophy of Lower Limb. 3. Hand Contusion. 4. Wrist Tend/Burs. 5. Finger Fracture. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

10-14-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports to adjusting with the spinal cord stimulator and feeling sharp pain in abrupt movements, however reports that he no longer feels burning sensation in his arms. Patient reports still struggling with financial strain, which is a constant stressor for him. Patient reports that he feels as if he is devalued as a person by the lack of respect he receives from his attorneys and doctors, which has impacted his self-esteem. Anger, Anxiety, Depressed mood, Feeling a loss of control, Feeling hopeless, Inability to gain pleasure in life, Irritability, Isolation from others, Loss of appetite, Sleep disturbances, Struggling with activities of daily living, Withdrawing from family and friends, Worry about financial strain, Worry about pending deposition. Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder, NOS. 2. Depressive Disorder, NOS. 3. Male Erectile Disorder. 4. Sleep Disorder Due to Pain, Insomnia Type. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

10-16-14 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He is now recovered from his recent procedure in the form of implantation of his spinal cord stimulation, but continuous benefit from it. He has been using the unit around-the-clock and reports 50% improvement in his upper extremity symptoms and particularly reports improvement of the burning pain, which was his major issue before the implantation was done. He has had some symptoms on the left upper extremity, but not as severe, but reports that both are being covered by the stimulator and he does not report any advanced coverage or issues with the charging of the unit which has been every other

REVIEW OF MEDICAL RECORDS (Cont'd):

week. Medications were noted. A physical examination was performed. Impression: Complex Regional Pain Syndrome right upper extremity. Status post spinal cord stimulation implantation. Recommendation: The patient reports some pain on the left hand due to overcompensation, but most upper extremity complaints are covered with this unit and he has been using it around-the-clock. This physician reprogrammed his unit and it will be able to give him additional programs, which will also over his left upper extremity. Follow-up visit recommended in 4 weeks. He reports about 50% improvement overall and, he is to reduce his Gabapentin. Patient to continue Norco and Elavil. By the next visit, he will require less Neurontin and possibly Norco. He was advised to rely on the use of his stimulator and attempt to take less medication, in particular his Norco.

10-27-14 – Follow-up Report of a Primary Treating Physician – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He continues to have significant RSD in the right upper extremity. He states that this sensation is now spreading to the left upper extremity as well. He is status post spinal cord stimulator implantation with some benefit, but continues to be significantly symptomatic. Physical examination today is unchanged from the previous visit. His medications are being addressed by the pain management physician. A full and final regimen is attempting to be provided, but the patient continues to experience decline. Work restrictions will continue per the previous visit. He is on temporary total disability. Treatment recommendations: Follow-up visit recommended in 4-6 weeks. Continue to conservatively monitor the patient until the pain management physician indicates that he has reached a stable regimen. Proceed with a permanent and stationary report. The patient is also scheduled for a medical-legal evaluation in November, Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Reflex Sympathetic Dystrophy of Lower Limb. 3. Hand Contusion. 4. Wrist Tend/Bursitis.

11-04-14 – Treatment Determination – CID Management – Treatment requested: 1. Neurontin. Decision: Certified. 2. Norco. Decision: Certified.

11-14-14 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury:

REVIEW OF MEDICAL RECORDS (Cont'd):

07-11-12. Interim history: He continues to benefit from a spinal cord stimulation unit for his upper extremity symptoms and reports not less than 40% improvement. He has had no burning in the upper extremity and denies any aberrant sensation or any issues with the charging of the unit. He has been feeling buzzing in his right leg, which believes is due to his stimulator. He continues his sessions with psychologist and Dr. Haronian, but currently, he is not undergoing any physical therapy sessions and does not report any changes in his overall health. His gabapentin was reduced as a result of the improved pain and he has not overall required the same amount of medication to address his upper extremity symptoms of CRPS. He has been feeling sick since none of his medication were provided to him. A physical examination was performed. Impression: History of Complex Regional Pain Syndrome. History of spinal cord stimulation implantation. Recommendation: X-rays of the cervical spine recommended; reprogramming of his unit. Improvement noted. He may still require residual medication - Gabapentin and Norco.

11-18-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports increased anxiety and increased anxiety when driving as well. Patient reports increase in irritability and anger. Patient reports increased stressors at the possibility of being evicted from his home and of financial strains. Anger, Anxiety, Depressed mood, Feeling a loss of control, Feeling hopeless, Inability to gain pleasure in life, Irritability, Isolation from others, Loss of appetite, Sleep disturbances, Struggling with activities of daily living, Withdrawing from family and friends, Worry about financial strain, Worry about pending deposition. Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder, NOS. 2. Depressive Disorder, NOS. 3. Male Erectile Disorder. 4. Sleep Disorder Due to Pain, Insomnia Type. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

11-24-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports attempting to maintain progress of coping skills however reports feels that maintenance is very difficult to do as his former coping patters have

REVIEW OF MEDICAL RECORDS (Cont'd):

been unhealthy habits and his current financial situation is the primary stressor. Patient reports having recently changed the settings on his spinal cord stimulator to assist with pain management, however feels as he is getting "shocked" by sudden movements such as a sneeze or coughs., Anger, Anxiety, Concentration problems, Depressed mood, Feeling a loss of control, Feeling hopeless, Irritability, Panic attacks, Sleep disturbances, Struggling with activities of daily living, Worry about financial strain, Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Anxiety Disorder, NOS. 2. Depressive Disorder, NOS. 3. Male Erectile Disorder. 4. Sleep Disorder Due to Pain, Insomnia Type. Treatment plan: 4 sessions of cognitive behavioral therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

12-08-14 – Follow-up Report of a Primary Treating Physician – Edwin Haronian, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: Patient was scheduled to be seen by the AME in November of 2014, however, this was cancelled. Authorization was requested previously for the patient to be seen by a psychologist and Elavil was requested. The patient is significantly depressed, anxious, describes insomnia, and is stressed. He was taking Elavil previously, which helped to improve his psychological/emotional complaints. The patient is treating with Dr. Kohan, who performed surgery for the spinal cord stimulator implantation. The spinal cord stimulator has helped with pain and increase functional capacity. However, he remains symptomatic. He has difficulty with his daily activities and difficulty gripping, grasping, lifting, pushing, and pulling. He has difficulty sleeping and is awakened due to pain and discomfort. Treatment plan: Request authorization for 12 sessions of physical therapy. Work status: Temporary total disability. Diagnosis: Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Reflex Sympathetic Dystrophy of Lower Limb. 3. Hand Contusion. 4. Wrist Tend/Burs. 5. Finger Fracture. 6. Mononeuritis Not Otherwise Specified.

12-12-14 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective Complaints: Patient reports attempting to maintain progress of coping skills however reports feels that maintenance is very difficult to do as his former coping patters have been unhealthy habits and his current

REVIEW OF MEDICAL RECORDS (Cont'd):

financial situation is the primary stressor. Patient reports having recently changed the settings on his spinal cord stimulator to assist with pain management, however feels as he is getting "shocked" by sudden movements such as a sneeze or coughs, anger, anxiety, concentration problems, depressed mood, feeling a loss of control, feeling hopeless, irritability, panic attacks, sleep disturbances, struggling with activities of daily living, worry about financial strain, and worry about persistent pain. Diagnosis: Reflex Sympathetic Dystrophy of Upper Limb. Treatment plan: Norco; Neurontin. Work status: Deferred to primary treating physician.

12-12-14 – Secondary Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: Patient with complaints of chronic pain in his right upper extremity with burning, tingling. The patient is suffering from complex regional pain syndrome type II. He is status post spinal cord stimulator implantation, which is addressing his neuropathic pain. In addition to that device, that patient is taking medication. The patient was having difficulty obtaining his medication. There was a denial for Elavil with rationale being that psych is not an accepted body part. A physical examination was performed. Diagnosis: Complex regional pain syndrome type II of right upper extremity. Status post spinal cord stimulator implantation. Recommendations: Formally requesting authorization for Norco, gabapentin; appeal Elavil denial. Follow-up visit recommended in 4 weeks for further updates of all his medical and diagnostic records and to refill his medications. Work status: Deferred to primary treating physician.

12-30-14 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports difficulty staying positive, financial stress due to inability to work and reduction in money being received, constant discomfort as a result of the spinal cord stimulator (feels like he is being shocked), sleep disturbances, unhealthy interpersonal relationships, and concentration problems. Depressed mood. A physical examination was performed. Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Anxiety Disorder. 3. Depressive Disorder. Treatment plan: Transportation required, authorization for 4 additional sessions of cognitive therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

REVIEW OF MEDICAL RECORDS (Cont'd):

01-16-15 – Primary Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He continues to benefit from a spinal cord stimulation unit for his upper extremity symptoms and reports not less than 40% improvement. He has had no burning in the upper extremity and denies any aberrant sensation or any issues with the charging of the unit. He has been feeling buzzing in his right leg, which believes is due to his stimulator. He continues his sessions with psychologist and Dr. Haronian, but currently, he is not undergoing any physical therapy sessions and does not report any changes in his overall health. The gabapentin has helped, but he is still symptomatic. He has not overall required the same amount of medication to address his upper extremity symptoms of CRPS. He, however, clarifies and states that he has been feeling sick since none of his medication were provided to him. A physical examination was performed. Impression: History of Complex Regional Pain Syndrome. History of spinal cord stimulation implantation. Recommendation: X-rays of the cervical spine do not show any movement of the leads, but to assess the buzzing sensation that he is reporting. Patient to undergo reprogramming of his unit. He may however still require residual medication, Gabapentin and Norco.

01-21-15 – Secondary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Patient reports difficulty staying positive, financial stress due to inability to work and reduction in money being received, constant discomfort as a result of the spinal cord stimulator (feels like he is being shocked), sleep disturbances, unhealthy interpersonal relationships, and concentration problems. Depressed mood. A physical examination was performed. Diagnosis: Reflex Sympathetic Dystrophy of upper limb. Treatment plan: Elavil; Norco. Work status: Deferred to primary treating physician.

01-21-15 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: Patient presents with a complaint of a chronic pain in his right upper extremity with burning and tingling. The patient is suffering from

REVIEW OF MEDICAL RECORDS (Cont'd):

complex regional pain syndrome type 2. He is status post spinal cord stimulator implantation. This particular device is addressing his neuropathic pain. It is better controlled with his pain device and list of medication. Previously discussed appeal for the denied medications. The patient also previously was using high dose of gabapentin and today expressed his desire to change the dose for the most optimal control of neuropathic pain. A physical examination was performed. Diagnosis: Complex regional pain syndrome type I of right upper extremity. Status post spinal cord stimulator implantation. Recommendations: Request authorization for Norco, Elavil and increase gabapentin tablets. This physician addressed the patient's nociceptive and neuropathic pains, depression and insomnia. His current condition is a direct result of occupational injury as it is evident from his mechanism of injury. Follow-up visit recommended in four weeks. In case if patient needs an adjustment of the device corresponding arrangement will be made with the company representative. Work status: His work status remains to be unchanged at the moment.

01-27-15 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports resentment towards doctors, attorney, and former employer; feeling unheard and unappreciated, Anger, Depressed mood, Feeling hopeless, Inability to gain pleasure in life, Increased perception of pain, Irritability, Sleep disturbances, Struggling with activities of daily living, Worry about financial strain, Worry about pending deposition, Worry about persistent pain. A physical examination was performed. Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Anxiety Disorder. 3. Depressive Disorder. 4. Male Erectile Disorder. 5. Sleep Disorder Due to Pain, Insomnia Type. Treatment plan: Transportation required, authorization for 4 additional sessions of cognitive therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

02-05-15 – Treatment Determination – CID Management – Treatment requested: 1. Norco. Decision: Certified. 2. Neurontin. Decision: Certified. 3. Elavil. Decision: Certified.

REVIEW OF MEDICAL RECORDS (Cont'd):

02-17-15 – Primary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Patient reports resentment towards doctors, attorney, and former employer; feeling unheard and unappreciated, anger, depressed mood, feeling hopeless, inability to gain pleasure in life, increased perception on of pain, irritability, sleep disturbances, struggling with activities of daily living, worry about financial strain, worry about pending deposition, worry about persistent pain. A physical examination was performed. Diagnoses: Reflex Sympathetic Dystrophy of Upper Limb; Sleep Disorder Due to Pain; Insomnia Type; Hand Contusion; Wrist tendinitis/bursitis; Finger fracture. Treatment plan: Elavil; Neurontin.

02-17-15 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: Patient is returning with continued right upper extremity pain and burning. The patient has complex regional pain syndrome type 2. He is status post a spinal cord stimulator with significant improvement in his symptoms. The patient reports over 50 % improvement on a continuous basis. However, he reports that he continues to need gabapentin to control the residual paresthesia. Medications noted. Elavil has helped him to sleep better and Norco has reduced his pain allowed him to better facilitate his activities of daily living. A physical examination was performed. Impression: Complex regional pain syndrome type I of the right upper extremity. Status post spinal cord stimulator implantation. Recommendations: Formally requesting authorization for medications including Norco, Elavil, and gabapentin. Work restrictions remain unchanged. He shoulder remain on total temporary disability. We have received indication that the cervical spine and the bilateral upper extremities are not part of the patient's claim. This is somewhat puzzling considering that the patient's right hand and wrist were injured and the hand/wrist are part of the upper extremity. Await resolution of the legal issues.

02-24-15 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger and frustration with treatment providers and insurance companies, fear and anxiety about pending procedure and approaching court

REVIEW OF MEDICAL RECORDS (Cont'd):

settlement, feeling unheard and unappreciated, anger, anxiety, anxiety about pending procedure, concentration problems, depressed mood. Feeling a loss of control, feeling hopeless, and inability to gain pleasure in life, irritability, and sleep disturbances. Struggling with activities of daily living, worry about financial strain, worry about pending deposition, worry about persistent pain. A physical examination was performed. Diagnosis: 1. Reflex Sympathetic Dystrophy of Upper Limb. 2. Anxiety Disorder. 3. Depressive Disorder. 4. Male Erectile Disorder. 5. Sleep Disorder Due to Pain, Insomnia Type. 6. Hand Contusion. 7. Wrist Tend/Burs. 8. Finger fracture. Treatment plan: Transportation required, authorization for 4 additional sessions of cognitive therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

02-27-15 – Treatment Determination – CID Management – Treatment requested: 1. The prospective request for 1 prescription of Elavil 50 mg #30 with 5 refills has been modified to a certification of 1 prescription of Elavil 50 mg #30 between 2/17/2015 and 8/25/2015. 2. The prospective request for 1 prescription of Neurontin 300 mg #120 with 5 refills has been modified to a certification of 1 prescription of Neurontin 300 mg #120 between 2/17/2015 and 8/25/2015. 3. The prospective request for 1 prescription of Norco 7.5/325 mg #60 with 5 refills has been modified to a certification of 1 prescription of Norco 7.5/325 mg #45 between 2/17/2015 and 8/25/2015.

03-06-15 – Treatment Determination – CID Management – Treatment requested: 1. Elavil #30 with 5 refills. Decision: Modified to Elavil #30 between 02/17/15 and 08/25/15. 2. Neurontin #90 with 5 refills. Decision: Modified to Neurontin #90 between 02/17/15 and 08/25/15. 3. Norco #60 with 5 refills. Decision: Modified to Norco #60 between 02/17/15 and 08/25/15.

03-18-15 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He continues to have significant improvement of the upper extremity as a result of his spinal cord stimulation that he is using all day long. As a result of buzzing sensation that becomes worse on a supine position, however, he has not been able to use it overnight. Despite the improvement, he still needs medications for the residual pain. Despite the fact that the stimulator

REVIEW OF MEDICAL RECORDS (Cont'd):

has been helping him significantly, he reports residual pain, which is being addressed by gabapentin. For the dull aching pain, he has benefited from Norco and taking Elavil at nighttime. A physical examination was performed. Impression: History of right upper extremity fracture. Complex regional pain syndrome of the right upper extremity. Depression/anxiety. Recommendation: X-rays did not show any abnormality of the leads. Medications refilled: Neurontin and Elavil; reduction in Norco 7.5 mg. His issues of depression and anxiety should be treated aggressively. Otherwise, he will make his recovery from the injury and his diagnosis more complicating and difficult even though he has received neuromodulation unit.

03-18-15 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He continues to have significant improvement of the upper extremity as a result of his spinal cord stimulation that he is using all day long. As a result of buzzing sensation that becomes worse on a supine position, however, he has not been able to use it overnight. Despite the improvement, he still needs medications for the residual pain, which includes Gabapentin. Despite the fact that the stimulator has been helping him significantly, he reports residual pain, which is being addressed gabapentin. For the dull aching pain, he has benefited from Norco and taking Elavil at nighttime. A physical examination was performed. Impression: History of right upper extremity fracture. Complex regional pain syndrome of the right upper extremity. Depression/ anxiety. Recommendation: Benefit greatly from the stimulator and does not report any significant issues or problems in charging of the unit which is on a weekly basis. He does not feel the buzzing sensation when he is supine and the x-ray did not show any abnormality of the leads. Medications refilled: Neurontin; Elavil; reduction in Norco. Follow-up visit recommended. His issues of depression and anxiety should be treated aggressively. Otherwise, he will make his recovery from the injury and his diagnosis more complicating and difficult even though he has received neuromodulation unit.

03-25-15 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger and frustration with treatment providers and insurance

REVIEW OF MEDICAL RECORDS (Cont'd):

companies, fear and anxiety about pending procedure and approaching court settlement, feeling unheard and unappreciated, anxiety, concentration problems, depressed mood, feeling a loss of control. Feeling hopeless, increased perception of pain, irritability, sleep disturbances, struggling with activities of daily living, suicidal ideation, worry about financial strain, worry about persistent pain. A physical examination was performed. Diagnosis: 1. Sleep Disorder Due to Pain, Insomnia Type. 2. Depressive Disorder, NOS. 3. Male Erectile Disorder. 4. Anxiety Disorder, NOS. Treatment plan: Transportation required, authorization for 4 additional sessions of cognitive therapy and relaxation training sessions. Patient is recommended for medication consultation. Work status: Defer to Primary Treating Physician.

04-15-15 – Primary Physician Pain Management Follow-Up Report – Jonathan Kohan, M.D. – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Subjective complaints: Patient reports anger and frustration with treatment providers and insurance companies, fear and anxiety about pending procedure and approaching court settlement. The patient's psychological and emotional complaints were reviewed. A physical examination was performed. Diagnosis: Hand Contusion; Wrist Tend/Bursitis, Finger Fracture; Anxiety Disorder. Treatment Plan: Elavil; Norco; Neurontin. Work status: Temporarily totally disabled.

04-15-15 – Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D. – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He is benefitting greatly from his stimulator even though he still has residual pain. He has been using it almost around the clock charging it twice a month, denying any issue with the charging. He still has zapping sensation when he lies flat but overall he has had less pain and sensitive to touch or other symptoms as a result of its use. For the residual pain, numbness, tingling, pins, and needle sensation he is using Gabapentin. He benefits from Elavil and Norco for the residual pain that remains. He still complains of pain in other body parts but his upper extremity symptoms have all along been the chief complaint as a result of his work-related injury. A physical examination was performed. Impression: History of right wrist and hand contusion. Complex Regional Pain Syndrome right upper extremity. Status post

REVIEW OF MEDICAL RECORDS (Cont'd):

spinal cord stimulation implantation. Depression and anxiety. Recommendation: No programing of the unit is required at this point but as noted above and before, he has benefitted greatly and should use his right upper extremity more and more gradually. Decrease his Norco. He has benefitted greatly from Gabapentin even though stimulator has been beneficial. Elavil has been beneficial for his overnight discomfort and insomnia pain. Authorization for the following was requested: Norco 7.5 mg\, Gabapentin 600 mg, Elavil 50 mg. Follow-up visit recommended. Considering his prior employment as a carpenter it's unlikely that he will be able to go back to the same job even on a modified basis and therefore should be considered total and temporary disabled.

04-29-15 – Treatment Determination – CID Management – Treatment requested: 1. The prospective request for 1 prescription of Elavil 50 mg #30 with 5 refills has been modified to a certification of 1 prescription of Elavil 50 mg #30 between 4/15/2015 and 10/24/2015. 2. The prospective request for 1 prescription of Neurontin 600 mg #90 with 5 refills has been modified to a certification of 1 prescription of Neurontin 600 mg #90 between 4/15/2015 and 10/24/2015. 3. The prospective request for 1 prescription of Norco 7.5/325 mg #60 with 5 refills has been modified to a certification of 1 prescription of Norco 7.5/325 mg #34 between 4/15/2015 and 10/24/2015.

05-06-15 – Physician's Progress Report – Hinze Psychological Services – Heath Hinze, Psy.D. – Employer: Benedict and Benedict. Subjective complaints: Patient reports anger and frustration with treatment providers and Insurance companies, fear and anxiety about pending procedure and approaching court settlement, feeling unheard and unappreciated, decreased anxiety, depressed mood, feeling a loss of control, increased perception of pain, irritability, sleep disturbances, struggling with activities of daily living, suicidal ideation. Worry about financial strain, worry about persistent pain. A physical examination was performed. Diagnosis: 1. Sleep Disorder Due to Pain, Insomnia Type. 2. Depressive Disorder, NOS. 3. Male Erectile Disorder. 4. Anxiety Disorder, NOS. Treatment plan: Transportation required, authorization for 4 additional sessions of cognitive therapy and relaxation training sessions. Work status: Defer to Primary Treating Physician.

REVIEW OF MEDICAL RECORDS (Cont'd):

05-13-15 – **Primary Treating Physician Pain Management Follow-up Report – Jonathan F. Kohan, M.D.** – Employer: Benedict and Benedict. Date of injury: 07-11-12. Interim history: He does not report any issues with his stimulator and still continued to help him about 40 to 50% for his right upper extremity complaints. He has much less sensitivity to touch and his pain in the form of burning pain has improved but for the residual pain that remains in his neck, right upper extremity, and hand. Medications were noted. Patient maintains his visits with a psychologist. A physical examination was performed. Impression: Complex regional pain syndrome, right upper extremity. Status post spinal cord stimulation insertion with overall Improvement. Depression and anxiety. Recommendation: Due to continuation of improvement with the stimulator, decrease Norco while maintaining him at Neurontin 600 mg and Elavil 50 mg at nighttime. He should continue to see his psychologist, which has been beneficial, and this physician will see him back on a regular basis. Work status: Modified duties with the following restrictions: He should not be using his right upper extremity.

08-20-13 **through** 05-27-15 – **Notes – physician signature illegible/not provided** – This document is handwritten and difficult to read. These documents detailed the patient's psychological and emotional complaints. The patient was provided with group support and cognitive behavioral therapy.

Also reviewed but not summarized are the following documents: Proof of Service documents; Declaration of Custodian of Records; Health Insurance Claim Form; Fax Coversheets; Attorney Letters; Notice and Request for Allowance of Lien documents from Worker's Compensation Appeals Board; Request for Authorization forms; Anesthesia Records from Osteon Surgery Center and Kinetix Surgery Center; DWC Form RFA from Division of Worker's Compensation; Laboratory Reports from Whitefield Medical Labs, Inc.

REVIEW OF NON-MEDICAL RECORDS:

07-13-12 – **Worker's Compensation Claim Form** – Date of injury: 07-11-12. Employer: Benedict and Benedict Plumbing. Description of injury: Right thumb injury.

REVIEW OF MEDICAL RECORDS (Cont'd):

01-17-13 – Application for Adjudication of Claim – Worker's Compensation Appeals Board – Employer: Benedict and Benedict Plumbing. Date of injury: 07-11-2012. Job title: Plumber. Body part affected: 330 hand; 842 psych; 999 unclass; sleep dysfunction. The injury occurred as follows: "Wall collapsed."

01-17-13 – Worker's Compensation Claim Form – Date of injury: 07-11-12. Description of injury: Right hand, wrist, sleep dysfunction, and depression. Employer: Benedict and Benedict Plumbing.

SMA /rbr
101719
0715