



**Confidential Information Enclosed**

**SCOI ORTHO VAN NUYS** June 23, 2021  
6815 NOBLE AVE  
VAN NUYS CA 91405

FROM: Jennifer Ochoa  
Fax:  
Phone:

TO: Jenna  
Fax: 424-999-1970  
Phone:

Walls, Darlene  
CL#: 30191913252-0001

**IMPORTANT WARNING:** These documents are intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this communication in error, please immediately notify us by telephone at **310-794-8638** and return this original message or destroy it.

UCLA SCOI VAN NUYS  
6815 Noble Avenue  
VAN NUYS CA 91405-3730

Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 1/27/2021



**Walls, Darlene**

**MRN: 6389733**

Simic, Paul M., MD

Progress Notes

Creation Time: 01/18/21 1654

Physician

Signed

Specialty: Orthopaedic Surgery

Date: 1/27/2021

Sedgwick  
Sedgwick  
PO Box 14188  
LEXINGTON, KY 40512

RE: Darlene Walls  
DOB: 3/23/1967  
EMP: KAISER PERMANENTE/HOSPITALS  
D/I: 1/24/2019  
CL#: 30191913252-0001  
ACCT#: 6389733

*A COVID-19 questionnaire was filled out by the patient prior to the visit that included questions about having had a positive COVID-19 diagnosis in the last 14 days, contact with anybody diagnosed with COVID-19 in the last 14 days, fever, headaches, unexplained muscle pain, weakness, diarrhea, nausea, vomiting, abdominal pain, respiratory illness/cough, shortness of breath, loss of smell, loss of taste, rash, skin irritation, unexplained hemorrhage and fatigue. The responses to those questions were negative. A temperature was taken and it was less than 100 F.*

**Paul M. Simic, MD  
Alexander Kaye, PA-C**

Darlene Walls was seen in our Van Nuys office on 1/27/2021, for hand and upper extremity orthopedic consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

A comprehensive history was taken, a comprehensive physical examination was performed, and medical decision-making of high complexity was performed to complete this evaluation.

**Chief Complaint**

Patient presents with

- Right Shoulder - Pain
- Neck - Pain

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- Lower Back - Pain

**HISTORY OF PRESENT ILLNESS:** Darlene Walls is a 53 y.o. left-handed female who is employed by KAISER PERMANENTE/HOSPITALS as a CNA .

During the course of employment on 01/24/19, Ms. Walls reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, right shoulder, and neck. The injury was reported to her employer. The patient was referred by the employer to the industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of physical therapy to the right shoulder and lower back.

MRIs were obtained of the right shoulder, neck and back. She was administered cortisone injections into both shoulders a few years ago.

She underwent Qualified Medical Examination with Dr. Narendra Gurbani.

The patient requested her medical records be reviewed since she has poor recollection of treatments and doctors.

She has an examination with Dr. Barcohana on January 29, 2020 for her neck and back.

**PRESENT COMPLAINTS/REVIEW OF SYSTEMS:**

**MUSCULOSKELETAL:** The right shoulder pain comes and goes. Pain is dull. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with reaching overhead. There is no clicking and popping.

She has a left wrist cyst that is growing in size.

The neck pain comes and goes. Pain is dull and aching depending on movement. On a pain scale of 0 to 10, the patient rates the pain as 4. The patient has difficulty with turning the left. There is numbness and tingling in the left wrist.

The lower back pain comes and goes and is sharp. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with prolonged walking. There is radiating sharp pain in the right leg to the foot.

**DAILY LIVING:** The patient has pain getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

**NEUROLOGICAL:** There is left wrist numbness. Her left foot tingles.

**CARDIOVASCULAR:** There is no swelling.

**GASTROINTESTINAL:** There is no change in bowel movement.

**GENITOURINARY:** The patient does not have any changes in bladder functions.

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**INTEGUMENTARY:** The patient is not experiencing any rash, itching or changes in skin color.

**RESPIRATORY:** The patient does not have a chronic or frequent cough, shortness of breath or wheezing.

**HEMATOLOGIC/LYMPHATIC:** The patient is not slow to heal after cuts and does not have bleeding or bruising tendencies. There is no past history of clotting abnormalities.

**CONSTITUTIONAL SYMPTOMS:**

The patient has not had recent weight change, recent fever, chills or headache. The patient has not had a recent flu vaccination.

**ALLERGIES:**

**Allergies**

Allergen	Reactions
• Cephalexin	

**PAST HISTORY OF PRESENT ILLNESS:** The patient had a lower back injury with the same employer. She does not recall the year and recalls having therapy for the injury.

**WORK HISTORY:** The patient has been employed by the employer for 13 years. As an CNA the patient is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting, ambulating, assisting in feeding, transferring, dressing and undressing. The patient works full time. She has been off work since 02/14/2020 for "left wrist pain."

**HOBBIES/SPORTS:** None.

**PAST MEDICAL HISTORY:**

**Current Outpatient Medications**

Medication	Sig
• ACETAMINOPHEN-CODEINE #3 PO	Take by mouth.
• cyclobenzaprine 10 mg tablet	Take 10 mg by mouth three (3) times daily as needed for Muscle spasms.

No current facility-administered medications for this visit.

**Surgeries:**

**Past Surgical History:**

Procedure	Laterality	Date
• PARTIAL HYSTERECTOMY		

**Medical Conditions:**

**Past Medical History:**

Diagnosis	Date
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- Hypertension

**SOCIAL HISTORY:** The patient is a social drinker and smokes.

**LEGAL STATUS:** The patient has legal representation with Ms. Natalia Foley, Esq.

**SOURCE OF INFORMATION:** Initial history was recorded by Mary Klemens, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

**REVIEW OF OUTSIDE RECORDS:**

**PHYSICAL EXAM:**

**Constitutional:** Well appearing, no apparent distress. The patient's general appearance is well dressed well nourished. The body habitus is normal.

**Psychiatric:** Patient is alert and oriented to person, time and place, with a pleasant mood and affect.

**Eyes:** Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present; eyelids appear normal.

**Neck:** Supple, trachea midline.

**Cardiovascular:** No cyanosis, clubbing or edema is evident.

**Respiratory:** Respirations are regular & unlabored. Respiratory effort is normal with no evidence of abnormal intercostal retraction or excessive use of accessory muscles.

**Skin:** No lesions or rash noted. Intact.

**Musculoskeletal and Neurological:**

**Right Shoulder:**

No swelling

No tenderness

ROM (active and passive):

FF/ABD 170 degrees

ER 90 degrees

IR 80 degrees

Moderate painful arc of motion

Moderate impingement signs

Negative Lift-off sign

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**RTC strength:**

4/5 for supraspinatus Moderate pain

5/5 for infraspinatus Moderate pain

**Cervical spine:**

No tenderness

Mild pain with near full ROM.

Positive Spurling's and Lhermitte's sign

Unless otherwise stated above, sensation intact to light touch. Motor exam is 5/5 throughout bilateral upper extremities.

**TEST RESULTS:**

**Radiographs:** Ordered, obtained today in the office, and reviewed by me here in the SCOI office today, right shoulder 4 views, demonstrate type 2 arch, joint spaces maintained.

**MRI right shoulder for 2019: By report only**

**Partial-thickness supraspinatus rotator cuff tendon tear.**

**IMPRESSION:**

**1. Right shoulder impingement syndrome; partial rotator cuff tendon tear**

**2. C spine strain; radiculopathy/radiculopathy**

**PLAN:** Findings, diagnoses, prognosis, and treatment options were reviewed and discussed with the patient, with all questions answered.

Patient's history, physical exam, diagnostic studies, and medical record are consistent with above-stated work related injury, and diagnoses.

Due to the nature of the injury/condition, and with unsuccessful non-operative treatment, recommend proceeding with surgical intervention, to include **Right Shoulder Arthroscopic Rotator Cuff Repair, Subacromial Decompression with Partial Acromioplasty, Extensive Debridement.**

The risks, benefits, alternatives to care, and potential complications of both surgical and non-surgical treatments were discussed with the patient. The risks and complications of the surgery were explained to the patient including the risk of anesthesia, which includes heart attacks, stroke, and death, the risks of infection, risk of injury to arteries, nerves, and tendons, possible need for additional

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surgery, risk of continued pain, stiffness, and weakness, or recurrence of the problem, or the possibility of reflex sympathetic dystrophy. All of the above might occur despite adequate surgery. The patient also understands that they have a responsibility in their post-operative care and it is important that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient wishes to proceed with the above named surgical procedure(s). I have discussed with the patient the details, necessity, appropriateness and risks of the proposed procedure, as well as alternative treatments. The patient's questions were answered and informed consent was obtained.

Request consultation for medical clearance and testing prior to surgery as needed.

The patient is an appropriate candidate for surgery in the outpatient setting from an orthopedic perspective, pending medical pre-operative clearance if needed.

Due to her persistent left wrist/upper extremity pain, submit RFA for consult and treatment for her left upper extremity.

Recommend consultation treatment with Dr. Barcohana regarding her neck and lower back pain.

Submit request for MRI imaging and (full) report.

I recommend a course of treatment as checked below:

- Rest
- Activity modification to avoid aggravation of the above condition(s)
- Ice/cold therapy program.
- Elevation
- NSAIDs on a short term and intermittent basis.
- Splinting/Bracing/Immobilization program
- PT/OT Program
- Home PT/OT Program
- Aspiration/Injection
- Incision and Drainage
- Platelet Rich Plasma (PRP) Injection
- Ultrasound Guided Aspiration/Injection
- Ultrasound Exam
- Electrodiagnostic Testing
- MRI
- CT Scan
- DEXA Scan
- Consultation with
- Laboratory Studies
- Prescription medication []
- Surgical Consideration

**Next Appointment:** 1 month Telemedicine AK

Reassessment of chief complaint

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- No X-Ray
- X-rays

**COMMENTS AND CONCLUSIONS:** An extended period of time was spent with the patient today explaining the physical findings, test results, diagnostic impressions and therapeutic alternatives available. The patient's questions were answered in detail, and the patient was encouraged to contact me by phone should there be any additional questions that were not discussed at the time of this evaluation.

**DISABILITY STATUS:**

- TTD  TPD  P&S/MMI **with** Future Medical
- P&S/MMI **without** Future Medical  Not yet P&S / MMI
- ESTIMATED LENGTH OF DISABILITY: or Not yet determined

**WORK CAPACITY AND RESTRICTIONS:**

WORK STATUS

- RETURN TO NORMAL DUTY ON:
- RETURN TO WORK WITH RESTRICTIONS ON:
- DO NOT** RETURN TO WORK
- CANNOT WORK** UNTIL:
- Per Primary Treating Physician


**PREVIOUS P&S UNCHANGED**

UPPER BODY RESTRICTIONS

- Rt  Lt handed work only
- Limit repetitive hand activity: Max []  min /  hr
- No strong gripping  Rt Hand  Lt Hand.
  
- Limit lifting / carrying  Rt  Lt  Bil , [] lbs
- No forceful pushing / pulling / lifting.
- No repetitive overhead activity with the involved arm.
- Wear splint, cast, or sling
- Other:

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

If you have any questions regarding this report, please do not hesitate to contact me at this office.



PAUL M. SIMIC, M.D.  
ORTHOPEDIC SURGEON  
SURGERY OF THE HAND, WRIST, ELBOW, SHOULDER



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1/27/2021

Signed by Simic, Paul M., MD on 02/02/21 1626  
Initial consult on 1/27/2021

Note shared with patient



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**SCOI ORTHO VAN** June 23, 2021  
**NUYS**  
6815 NOBLE AVE  
VAN NUYS CA 91405

FROM: Jennifer Ochoa  
Fax:  
Phone:

TO: Jenna  
Fax: 424-999-1970  
Phone:

CL#: 30191913252-0001

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 2/24/2021



**Walls, Darlene**

**MRN: 6389733**

Kaye, Alexander N., PA  
Physician Assistant  
Specialty: Orthopaedic Surgery

Progress Notes   
Signed

Creation Time: 02/23/21 1707

Date: 2/24/2021

SEDGWICK  
SEDGWICK  
PO Box 14188  
LEXINGTON, KY 40512

RE: Darlene Walls  
DOB: 3/23/1967  
EMP: KAISER PERMANENTE/HOSPITALS  
D/I: 1/24/2019  
CL#: 30191913252-0001  
ACCT#: 6389733

*A COVID-19 questionnaire was filled out by the patient prior to the visit that included questions about having had a positive COVID-19 diagnosis in the last 14 days, contact with anybody diagnosed with COVID-19 in the last 14 days, fever, headaches, unexplained muscle pain, weakness, diarrhea, nausea, vomiting, abdominal pain, respiratory illness/cough, shortness of breath, loss of smell, loss of taste, rash, skin irritation, unexplained hemorrhage and fatigue. The responses to those questions were negative. A temperature was taken and it was less than 100 F.*

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT PR-2**

**Paul M. Simic, MD  
Alexander Kaye, PA-C**

Darlene Walls was seen in our Van Nuys office on 2/24/2021, for hand and upper extremity orthopedic consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

A comprehensive history was taken, a comprehensive physical examination was performed, and medical decision-making of high complexity was performed to complete this evaluation.

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---

The patient was examined and evaluated by Alexander Kaye, PA-C, for Paul M. Simic, MD.

### Chief Complaint

Patient presents with

- Right Shoulder - Pain
- Neck - Pain
- Lower Back - Pain

**HISTORY OF PRESENT ILLNESS:** Darlene Walls is a 53 y.o. left-handed female who is employed by KAISER PERMANENTE/HOSPITALS as a CNA .

During the course of employment on 01/24/19, Ms. Walls reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, right shoulder, and neck. The injury was reported to her employer. The patient was referred by the employer to the industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of physical therapy to the right shoulder and lower back.

MRIs were obtained of the right shoulder, neck and back. She was administered cortisone injections into both shoulders a few years ago.

She underwent Qualified Medical Examination with Dr. Narendra Gurbani.

The patient requested her medical records be reviewed since she has poor recollection of treatments and doctors.

She has an examination with Dr. Barcohana on January 29, 2020 for her neck and back.

C&T for the left wrist has been authorized.  
Stats symptoms have ben present from initial onset.  
Complains of numbness and tingling, worse in the thumb.  
Denies history of a nerve study.  
States had a brace but it broke from overuse.  
Reports numbness and tingling worse at night.

Right shoulder surgery has been authorized.

### PRESENT COMPLAINTS/REVIEW OF SYSTEMS:

**MUSCULOSKELETAL:** The right shoulder pain comes and goes. Pain is dull. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with reaching overhead. There is no clicking and popping.

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She has a left wrist cyst that is growing in size.

The neck pain comes and goes. Pain is dull and aching depending on movement. On a pain scale of 0 to 10, the patient rates the pain as 4. The patient has difficulty with turning the left. There is numbness and tingling in the left wrist.

The lower back pain comes and goes and is sharp. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with prolonged walking. There is radiating sharp pain in the right leg to the foot.

**DAILY LIVING:** The patient has pain getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

**NEUROLOGICAL:** There is left wrist numbness. Her left foot tingles.

**CARDIOVASCULAR:** There is no swelling.

**GASTROINTESTINAL:** There is no change in bowel movement.

**GENITOURINARY:** The patient does not have any changes in bladder functions.

**INTEGUMENTARY:** The patient is not experiencing any rash, itching or changes in skin color.

**RESPIRATORY:** The patient does not have a chronic or frequent cough, shortness of breath or wheezing.

**HEMATOLOGIC/LYMPHATIC:** The patient is not slow to heal after cuts and does not have bleeding or bruising tendencies. There is no past history of clotting abnormalities.

**CONSTITUTIONAL SYMPTOMS:**

The patient has not had recent weight change, recent fever, chills or headache. The patient has not had a recent flu vaccination.

**ALLERGIES:**

Allergies

Allergen

Reactions

- Cephalexin

**PAST HISTORY OF PRESENT ILLNESS:** The patient had a lower back injury with the same employer. She does not recall the year and recalls having therapy for the injury.

**WORK HISTORY:** The patient has been employed by the employer for 13 years. As an CNA the patient is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting, ambulating, assisting in feeding, transferring, dressing and undressing. The patient works full time. She has been off work since 02/14/2020 for "left wrist pain."

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---

**HOBBIES/SPORTS:** None.

**PAST MEDICAL HISTORY:**

**Current Outpatient Medications**

Medication	Sig
• ACETAMINOPHEN-CODEINE #3 PO	Take by mouth.
• cyclobenzaprine 10 mg tablet	Take 10 mg by mouth three (3) times daily as needed for Muscle spasms.

No current facility-administered medications for this visit.

**Surgeries:**

**Past Surgical History:**

Procedure	Laterality	Date
• PARTIAL HYSTERECTOMY		

**Medical Conditions:**

**Past Medical History:**

Diagnosis	Date
• Hypertension	

**SOCIAL HISTORY:** The patient is a social drinker and smokes.

**LEGAL STATUS:** The patient has legal representation with Ms. Natalia Foley, Esq.

**SOURCE OF INFORMATION:** Initial history was recorded by Mary Klemens, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

**REVIEW OF OUTSIDE RECORDS:**

**PHYSICAL EXAM:**

**Constitutional:** Well appearing, no apparent distress. The patient's general appearance is well dressed well nourished. The body habitus is normal.

**Psychiatric:** Patient is alert and oriented to person, time and place, with a pleasant mood and affect.

**Eyes:** Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present; eyelids appear normal.

**Neck:** Supple, trachea midline.

**Cardiovascular:** No cyanosis, clubbing or edema is evident.

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---

**Respiratory:** Respirations are regular & unlabored. Respiratory effort is normal with no evidence of abnormal intercostal retraction or excessive use of accessory muscles.

**Skin:** No lesions or rash noted. Intact.

**Musculoskeletal and Neurological:**

**Right Shoulder:**

No TTP

ROM:

FF/ABD 170 degrees

ER 90 degrees

IR 80 degrees

Moderate painful arc of motion

Moderate impingement signs

Negative Lift-off sign

RTC strength:

4/5 for supraspinatus Moderate pain

5/5 for infraspinatus Moderate pain

**Cervical Spine:**

No tenderness

Mild pain with near full ROM.

Positive Spurling's and Lhermitte's sign

**Left Wrist:**

Full wrist ROM

Mild volar wrist TTP

Mildly TTP over first extensor compartment

Positive Tinel's test over the median nerve at the carpal canal

Mildly positive Finkelstein's test

Bony prominence over distal radius near first extensor compartment

Unless otherwise stated above, sensation intact to light touch. Motor exam is 5/5 throughout bilateral upper extremities.

**TEST RESULTS:**

**Radiographs:** previously obtained, right shoulder 4 views, demonstrate type 2 arch, joint spaces

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Visit date: 2/24/2021

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maintained.

### **MRI Right Shoulder for 2019: By report only**

1. Partial-thickness supraspinatus rotator cuff tendon tear.

**Radiographs: left wrist, 3 views, ordered, obtained and read** today in the office, demonstrates no acute fracture, 0.1- 0.2 cm ulnar negative variance.

### **MRI Left Wrist: (06/08/20)**

1. Negative ulnar variance
2. Subcortical cyst in the lunate and capitate
3. Minimal fluid collection in the distal radioulnar and pisotriquetral joints
4. Subchondral cyst noted in head of 3rd metacarpal

### **IMPRESSION:**

1. **Right shoulder impingement syndrome; partial rotator cuff tendon tear**
2. **C spine strain; radiculopathy/radiculopathy**
3. **Left wrist strain/sprain; carpal tunnel syndrome; DeQuervain's tenosynovitis**

**PLAN:** Findings, diagnoses, prognosis, and treatment options were reviewed and discussed with the patient, with all questions answered.

### **Look to schedule surgery.**

Due to the nature of the injury/condition, and with unsuccessful non-operative treatment, recommend proceeding with surgical intervention, to include **Right Shoulder Arthroscopic Rotator Cuff Repair, Subacromial Decompression with Partial Acromioplasty, Extensive Debridement.**

The risks, benefits, alternatives to care, and potential complications of both surgical and non-surgical treatments were discussed with the patient. The risks and complications of the surgery were explained to the patient including the risk of anesthesia, which includes heart attacks, stroke, and death, the risks of infection, risk of injury to arteries, nerves, and tendons, possible need for additional surgery, risk of continued pain, stiffness, and weakness, or recurrence of the problem, or the possibility of reflex sympathetic dystrophy. All of the above might occur despite adequate surgery. The patient also understands that they have a responsibility in their post-operative care and it is important that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient wishes to proceed with the above named surgical procedure(s). I have discussed with the patient the details, necessity, appropriateness and risks of the proposed procedure, as well as alternative treatments. The patient's questions were answered and informed consent was obtained.

Request consultation for medical clearance and testing prior to surgery as needed.



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Visit date: 2/24/2021

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The patient is an appropriate candidate for surgery in the outpatient setting from an orthopedic perspective, pending medical pre-operative clearance if needed.

**Continue follow-up with Dr. Barcohana regarding her neck and lower back pain.**

**Submit RFA for nerve study.**

For the **left hand pain and numbness**, due to worsening symptoms over the last few months despite non-operative treatment, recommend EMG/NCS of the upper extremity to evaluate for possible peripheral nerve compression vs. other pathology.

Pending nerve study, further treatment options will be discussed.

**Submit RFA for new wrist brace. Wear at night and with activities.**

**Submit RFA for left wrist carpal tunnel and left wrist first extensor compartment US guided corticosteroid injection. US guidance required to ensure proper needle placement, required per Dr. Simic protocol.**

Also recommend a course of treatment as checked below:

- Splinting/Bracing/Immobilization
- Aspiration/Injection
- Fracture Care
- Decision for Surgery
- PT/OT
- HEP
- Ice/Heat Therapy
- Imaging study
- Consultation for electrodiagnostic studies
- Inflammatory/arthritis labs
- Prescription:
- Reviewed external notes

**Next Appointment:** Pre-op.

**COMMENTS AND CONCLUSIONS:** An extended period of time was spent with the patient today explaining the physical findings, test results, diagnostic impressions and therapeutic alternatives available. The patient's questions were answered in detail, and the patient was encouraged to contact me by phone should there be any additional questions that were not discussed at the time of this evaluation.

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MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 2/24/2021

**DISABILITY STATUS:**

TTD TPD P&S/MMI **with** Future Medical  
P&S/MMI **without** Future Medical  Not yet P&S / MMI  
ESTIMATED LENGTH OF DISABILITY: or Not yet determined

**WORK CAPACITY AND RESTRICTIONS:**

WORK STATUS

RETURN TO NORMAL DUTY ON:  
 RETURN TO WORK WITH RESTRICTIONS ON:  
 **DO NOT** RETURN TO WORK  
 **CANNOT WORK** UNTIL:  
 Per Primary Treating Physician

**PREVIOUS P&S UNCHANGED**

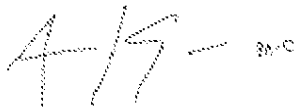
UPPER BODY RESTRICTIONS

Rt Lt handed work only  
 Limit repetitive hand activity: Max [] min / hr  
 No strong gripping Rt Hand Lt Hand.  
  
 Limit lifting / carrying Rt Lt Bil , [] lbs  
 No forceful pushing / pulling / lifting.  
 No repetitive overhead activity with the involved arm.  
 Wear splint, cast, or sling  
 Other:

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

If you have any questions regarding this report, please do not hesitate to contact me at this office.

The patient was examined and evaluated by Alexander Kaye, PA-C for Paul M. Simic, MD. The evaluation and plan were reviewed and approved by Paul M. Simic, MD.



Alexander Kaye, PA-C

Signed by Kaye, Alexander N., PA on 02/24/21 1126  
Office Visit on 2/24/2021

Note shared with patient



**Confidential Information Enclosed**

**SCOI ORTHO VAN** June 23, 2021  
**NUYS**  
6815 NOBLE AVE  
VAN NUYS CA 91405

FROM: Jennifer Ochoa  
Fax:  
Phone:

TO: Jenna  
Fax: 424-999-1970  
Phone:

Walls, Darlene  
CL#: 30191913252-0001

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UCLA SCOI VAN NUYS  
6815 Noble Avenue  
VAN NUYS CA 91405-3730

Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 3/24/2021



**Walls, Darlene**

**MRN: 6389733**

Kaye, Alexander N., PA  
Physician Assistant  
Specialty: Orthopaedic Surgery

Progress Notes   
Addendum

Creation Time: 03/23/21 1621

Date: 3/24/2021

SEDGWICK  
SEDGWICK  
PO Box 14188  
LEXINGTON, KY 40512

RE: Darlene Walls  
DOB: 3/23/1967  
EMP: KAISER PERMANENTE/HOSPITALS  
D/I: 1/24/2019  
CL#: 30191913252-0001  
ACCT#: 6389733

*A COVID-19 questionnaire was filled out by the patient prior to the visit that included questions about having had a positive COVID-19 diagnosis in the last 14 days, contact with anybody diagnosed with COVID-19 in the last 14 days, fever, headaches, unexplained muscle pain, weakness, diarrhea, nausea, vomiting, abdominal pain, respiratory illness/cough, shortness of breath, loss of smell, loss of taste, rash, skin irritation, unexplained hemorrhage and fatigue. The responses to those questions were negative. A temperature was taken and it was less than 100 F.*

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT PR-2**

**Paul M. Simic, MD  
Alexander Kaye, PA-C**

Darlene Walls was seen in our Van Nuys office on 3/24/2021, for hand and upper extremity orthopedic consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

A comprehensive history was taken, a comprehensive physical examination was performed, and medical decision-making of high complexity was performed to complete this evaluation.

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 3/24/2021

---

The patient was examined and evaluated by Alexander Kaye, PA-C, for Paul M. Simic, MD.

### Chief Complaint

Patient presents with

- Right Shoulder - Pain
- Neck - Pain
- Lower Back - Pain

**HISTORY OF PRESENT ILLNESS:** Darlene Walls is a 54 y.o. left-handed female who is employed by KAISER PERMANENTE/HOSPITALS as a CNA .

During the course of employment on 01/24/19, Ms. Walls reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, right shoulder, and neck. The injury was reported to her employer. The patient was referred by the employer to the industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of physical therapy to the right shoulder and lower back.

MRIs were obtained of the right shoulder, neck and back. She was administered cortisone injections into both shoulders a few years ago.

She underwent Qualified Medical Examination with Dr. Narendra Gurbani.

The patient requested her medical records be reviewed since she has poor recollection of treatments and doctors.

She has an examination with Dr. Barcohana on January 29, 2020 for her neck and back.

C&T for the left wrist has been authorized.

Received a wrist brace, wearing at night and with activities as needed.

Injections for the wrist have not been authorized.

Had a nerve study performed, would like to discuss results.

Right shoulder surgery was previously authorized.  
Patient has questions regarding surgery.

### PRESENT COMPLAINTS/REVIEW OF SYSTEMS:

**MUSCULOSKELETAL:** The right shoulder pain comes and goes. Pain is dull. On a pain scale of 0 to

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---

10, the patient rates the pain as 3. The patient has difficulty with reaching overhead. There is no clicking and popping.

She has a left wrist cyst that is growing in size.

The neck pain comes and goes. Pain is dull and aching depending on movement. On a pain scale of 0 to 10, the patient rates the pain as 4. The patient has difficulty with turning the left. There is numbness and tingling in the left wrist.

The lower back pain comes and goes and is sharp. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with prolonged walking. There is radiating sharp pain in the right leg to the foot.

**DAILY LIVING:** The patient has pain getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

**NEUROLOGICAL:** There is left wrist numbness. Her left foot tingles.

**CARDIOVASCULAR:** There is no swelling.

**GASTROINTESTINAL:** There is no change in bowel movement.

**GENITOURINARY:** The patient does not have any changes in bladder functions.

**INTEGUMENTARY:** The patient is not experiencing any rash, itching or changes in skin color.

**RESPIRATORY:** The patient does not have a chronic or frequent cough, shortness of breath or wheezing.

**HEMATOLOGIC/LYMPHATIC:** The patient is not slow to heal after cuts and does not have bleeding or bruising tendencies. There is no past history of clotting abnormalities.

**CONSTITUTIONAL SYMPTOMS:**

The patient has not had recent weight change, recent fever, chills or headache. The patient has not had a recent flu vaccination.

**ALLERGIES:**

Allergies

Allergen

Reactions

- Cephalexin

**PAST HISTORY OF PRESENT ILLNESS:** The patient had a lower back injury with the same employer. She does not recall the year and recalls having therapy for the injury.

**WORK HISTORY:** The patient has been employed by the employer for 13 years. As an CNA the patient is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting,

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ambulating, assisting in feeding, transferring, dressing and undressing. The patient works full time. She has been off work since 02/14/2020 for "left wrist pain."

**HOBBIES/SPORTS:** None.

**PAST MEDICAL HISTORY:**

**Current Outpatient Medications**

Medication	Sig
• ACETAMINOPHEN-CODEINE #3 PO	Take by mouth.
• cyclobenzaprine 10 mg tablet	Take 10 mg by mouth three (3) times daily as needed for Muscle spasms.

No current facility-administered medications for this visit.

**Surgeries:**

**Past Surgical History:**

Procedure	Laterality	Date
• PARTIAL HYSTERECTOMY		

**Medical Conditions:**

**Past Medical History:**

Diagnosis	Date
• Hypertension	

**SOCIAL HISTORY:** The patient is a social drinker and smokes.

**LEGAL STATUS:** The patient has legal representation with Ms. Natalia Foley, Esq.

**SOURCE OF INFORMATION:** Initial history was recorded by Mary Klemens, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

**REVIEW OF OUTSIDE RECORDS:**

**PHYSICAL EXAM:**

**Constitutional:** Well appearing, no apparent distress. The patient's general appearance is well dressed well nourished. The body habitus is normal.

**Psychiatric:** Patient is alert and oriented to person, time and place, with a pleasant mood and affect.

**Eyes:** Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present; eyelids appear normal.

**Neck:** Supple, trachea midline.

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---

**Cardiovascular:** No cyanosis, clubbing or edema is evident.

**Respiratory:** Respirations are regular & unlabored. Respiratory effort is normal with no evidence of abnormal intercostal retraction or excessive use of accessory muscles.

**Skin:** No lesions or rash noted. Intact.

**Musculoskeletal and Neurological:**

**Right Shoulder:**

No TTP

ROM:

FF/ABD 170 degrees

ER 90 degrees

IR 80 degrees

Moderate painful arc of motion

Moderate impingement signs

Negative Lift-off sign

RTC strength:

4/5 for supraspinatus Moderate pain

5/5 for infraspinatus Moderate pain

**Cervical Spine:**

No tenderness

Mild pain with near full ROM.

Positive Spurling's and Lhermitte's sign

**Left Wrist:**

Full wrist ROM

Mild volar wrist TTP

Mildly TTP over first extensor compartment

Positive Tinel's test over the median nerve at the carpal canal

Mildly positive Finkelstein's test

Bony prominence over distal radius near first extensor compartment

**Left Elbow:**

TTP at cubital tunnel

Positive tinel's test at the cubital tunnel for the ulnar nerve

Full ROM

Unless otherwise stated above, sensation intact to light touch. Motor exam is 5/5 throughout bilateral



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Visit date: 3/24/2021

---

upper extremities.

## TEST RESULTS:

**Radiographs:** previously obtained, right shoulder 4 views, demonstrate type 2 arch, joint spaces maintained.

### **MRI Right Shoulder for 2019: By report only**

1. Partial-thickness supraspinatus rotator cuff tendon tear.

**Radiographs:** previously obtained, left wrist, 3 views, demonstrates no acute fracture, 0.1- 0.2 cm ulnar negative variance.

### **MRI Left Wrist: (06/08/20)**

1. Negative ulnar variance
2. Subcortical cyst in the lunate and capitate
3. Minimal fluid collection in the distal radioulnar and pisotriquetral joints
4. Subchondral cyst noted in head of 3rd metacarpal

### **Nerve Study LUE: (03/12/2021)**

1. Mild left carpal tunnel syndrome
2. Severe left elbow cubital tunnel syndrome

## IMPRESSION:

1. Right shoulder impingement syndrome; partial rotator cuff tendon tear
2. C spine strain; radiculopathy/radiculopathy
3. Left wrist strain/sprain; carpal tunnel syndrome; DeQuervain's tenosynovitis
4. Left elbow cubital tunnel syndrome

**PLAN:** Findings, diagnoses, prognosis, and treatment options were reviewed and discussed with the patient, with all questions answered.

**Need MRI images prior to surgery.**

### **Submit RFA for C&T for the left elbow.**

Patient is aware that due to the severity and chronicity of the left elbow cubital tunnel syndrome, that

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Visit date: 3/24/2021

---

surgery may not fully correct the problem, and they have likely developed some permanent nerve damage already. Informed that it may take 1-2 years for the symptoms to resolve, if at all. Surgery will likely prevent worsening of the condition and help improve the numbness and weakness to some degree.

Advised on use of towel technique at night for cubital tunnel symptoms.

Continue follow-up with Dr. Barcohana regarding her neck and lower back pain.

Advised on use of wrist brace at night and with activities.

**Re-submit RFA for left wrist carpal tunnel and left wrist first extensor compartment US guided corticosteroid injection. US guidance required to ensure proper needle placement, required per Dr. Simic protocol.**

Due to the nature of the injury/condition, and with unsuccessful non-operative treatment, recommend proceeding with surgical intervention, to include **Right Shoulder Arthroscopic Rotator Cuff Repair, Subacromial Decompression with Partial Acromioplasty, Extensive Debridement.**

The risks, benefits, alternatives to care, and potential complications of both surgical and non-surgical treatments were discussed with the patient. The risks and complications of the surgery were explained to the patient including the risk of anesthesia, which includes heart attacks, stroke, and death, the risks of infection, risk of injury to arteries, nerves, and tendons, possible need for additional surgery, risk of continued pain, stiffness, and weakness, or recurrence of the problem, or the possibility of reflex sympathetic dystrophy. All of the above might occur despite adequate surgery. The patient also understands that they have a responsibility in their post-operative care and it is important that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient wishes to proceed with the above named surgical procedure(s). I have discussed with the patient the details, necessity, appropriateness and risks of the proposed procedure, as well as alternative treatments. The patient's questions were answered and informed consent was obtained.

Request consultation for medical clearance and testing prior to surgery as needed.

The patient is an appropriate candidate for surgery in the outpatient setting from an orthopedic perspective, pending medical pre-operative clearance if needed.

Recommend immobilization/protection with a shoulder immobilizer following surgery, which was applied and dispensed today to the patient in the office. The patient was instructed on the safe use and care for this DME.

Following surgery, patient may begin gentle pendulum ROM exercises as demonstrated in clinic.

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Discuss with patient they need to have someone drive them home and monitor them for 24 hours following the surgery.

I attest that today I reviewed the CURES (PDMP Prescription Drug Monitoring Program) website regarding this patient.

The patient was given a prescription for Percocet 5mg/325mg, 1-2 every 4 hours prn pain, #40.

Advised patient to fill prescriptions prior to surgery so they are immediately available following the surgery for pain symptoms. Take medications as instructed. Instructed patient that they are not for use prior to surgery.

Also recommend a course of treatment as checked below:

- Splinting/Bracing/Immobilization
- Aspiration/Injection
- Fracture Care
- Decision for Surgery
- PT/OT
- HEP
- Ice/Heat Therapy
- Imaging study
- Consultation for electrodiagnostic studies
- Inflammatory/arthritis labs
- Prescription: Percocet
- Reviewed external notes

**Next Appointment:** 2 weeks, post-op, w with x-rays, 2 views right shoulder (3 views with AC joint view if Mumford procedure performed), US exam.

**COMMENTS AND CONCLUSIONS:** An extended period of time was spent with the patient today explaining the physical findings, test results, diagnostic impressions and therapeutic alternatives available. The patient's questions were answered in detail, and the patient was encouraged to contact me by phone should there be any additional questions that were not discussed at the time of this evaluation.

**DISABILITY STATUS:**

- TTD  TPD  P&S/MMI **with** Future Medical
  - P&S/MMI **without** Future Medical  Not yet P&S / MMI
- ESTIMATED LENGTH OF DISABILITY: or Not yet determined

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Visit date: 3/24/2021

**WORK CAPACITY AND RESTRICTIONS:**

WORK STATUS

- RETURN TO NORMAL DUTY ON:
- RETURN TO WORK WITH RESTRICTIONS ON:
- DO NOT RETURN TO WORK**
- CANNOT WORK UNTIL:**
- Per Primary Treating Physician

**PREVIOUS P&S UNCHANGED**

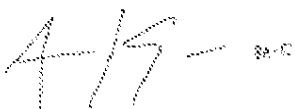
UPPER BODY RESTRICTIONS

- Rt  Lt handed work only
- Limit repetitive hand activity: Max []  min /  hr
- No strong gripping  Rt Hand  Lt Hand.
  
- Limit lifting / carrying  Rt  Lt  Bil , [] lbs
- No forceful pushing / pulling / lifting.
- No repetitive overhead activity with the involved arm.
- Wear splint, cast, or sling
- Other:

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

If you have any questions regarding this report, please do not hesitate to contact me at this office.

The patient was examined and evaluated by Alexander Kaye, PA-C for Paul M. Simic, MD. The evaluation and plan were reviewed and approved by Paul M. Simic, MD.



Alexander Kaye, PA-C

Signed by Kaye, Alexander N., PA on 03/24/21 1036  
Signed by Kaye, Alexander N., PA on 03/24/21 1104  
Signed by Kaye, Alexander N., PA on 03/24/21 1133  
Office Visit on 3/24/2021

Note shared with patient



**Confidential Information Enclosed**

**SCOI ORTHO VAN** June 23, 2021  
**NUYS**  
6815 NOBLE AVE  
VAN NUYS CA 91405

FROM: Jennifer Ochoa  
Fax:  
Phone:

TO: Jenna  
Fax: 424-999-1970  
Phone:

Walls, Darlene  
CL#: 30191913252-0001

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021



**Walls, Darlene**

**MRN: 6389733**

Simic, Paul M., MD  
Physician  
Specialty: Orthopaedic Surgery

Progress Notes   
Signed

Creation Time: 04/14/21 1048

Date: 4/14/2021

SEDGWICK  
SEDGWICK  
PO Box 14188  
LEXINGTON, KY 40512

RE: Darlene Walls  
DOB: 3/23/1967  
EMP: KAISER PERMANENTE/HOSPITALS  
D/I: 1/24/2019  
CL#: 30191913252-0001  
ACCT#: 6389733

*A COVID-19 questionnaire was filled out by the patient prior to the visit that included questions about having had a positive COVID-19 diagnosis in the last 14 days, contact with anybody diagnosed with COVID-19 in the last 14 days, fever, headaches, unexplained muscle pain, weakness, diarrhea, nausea, vomiting, abdominal pain, respiratory illness/cough, shortness of breath, loss of smell, loss of taste, rash, skin irritation, unexplained hemorrhage and fatigue. The responses to those questions were negative. A temperature was taken and it was less than 100 F.*

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT PR-2**

**Paul M. Simic, MD  
Alexander Kaye, PA-C**

Darlene Walls was seen in our Van Nuys office on 4/14/2021, for hand and upper extremity orthopedic consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

A comprehensive history was taken, a comprehensive physical examination was performed, and medical decision-making of high complexity was performed to complete this evaluation.

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

---

### Chief Complaint

Patient presents with

- Right Shoulder - Pain
- Neck - Pain
- Lower Back - Pain

**HISTORY OF PRESENT ILLNESS:** Darlene Walls is a 54 y.o. left-handed female who is employed by KAISER PERMANENTE/HOSPITALS as a CNA .

During the course of employment on 01/24/19, Ms. Walls reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, right shoulder, and neck. The injury was reported to her employer. The patient was referred by the employer to the industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of physical therapy to the right shoulder and lower back.

MRIs were obtained of the right shoulder, neck and back. She was administered cortisone injections into both shoulders a few years ago.

She underwent Qualified Medical Examination with Dr. Narendra Gurbani.

The patient requested her medical records be reviewed since she has poor recollection of treatments and doctors.

She has an examination with Dr. Barcohana on January 29, 2020 for her neck and back.

C&T for the left wrist has been authorized.

Received a wrist brace, wearing at night and with activities as needed.

Injections for the wrist have not been authorized.

Had a nerve study performed, would like to discuss results.

Right shoulder surgery was previously authorized.

Patient's left wrist and shoulder MRI has been obtained and reviewed today.

Today, patient reports that the shoulder pain has improved while at rest since she has been off work. She still reports persistent left wrist pain, mass, and numbness radiating from the elbow.

She still plans to return to work but is hesitant to return to work just yet out of concern for aggravating her symptoms.

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

---

**PRESENT COMPLAINTS/REVIEW OF SYSTEMS:**

**MUSCULOSKELETAL:** The right shoulder pain has improved.

She has a left wrist cyst that is growing in size.

The neck pain comes and goes. Pain is dull and aching depending on movement. On a pain scale of 0 to 10, the patient rates the pain as 4. The patient has difficulty with turning the left.

There is numbness and tingling in the left wrist.

The lower back pain comes and goes and is sharp. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with prolonged walking. There is radiating sharp pain in the right leg to the foot.

**DAILY LIVING:** The patient has pain getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

**NEUROLOGICAL:** There is left wrist/hand numbness. Her left foot tingles.

**CARDIOVASCULAR:** There is no swelling.

**GASTROINTESTINAL:** There is no change in bowel movement.

**GENITOURINARY:** The patient does not have any changes in bladder functions.

**INTEGUMENTARY:** The patient is not experiencing any rash, itching or changes in skin color.

**RESPIRATORY:** The patient does not have a chronic or frequent cough, shortness of breath or wheezing.

**HEMATOLOGIC/LYMPHATIC:** The patient is not slow to heal after cuts and does not have bleeding or bruising tendencies. There is no past history of clotting abnormalities.

**CONSTITUTIONAL SYMPTOMS:**

The patient has not had recent weight change, recent fever, chills or headache. The patient has not had a recent flu vaccination.

**ALLERGIES:**

Allergies

Allergen

Reactions

- Cephalexin

**PAST HISTORY OF PRESENT ILLNESS:** The patient had a lower back injury with the same employer. She does not recall the year and recalls having therapy for the injury.



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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

**WORK HISTORY:** The patient has been employed by the employer for 13 years. As an CNA the patient is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting, ambulating, assisting in feeding, transferring, dressing and undressing. The patient works full time. She has been off work since 02/14/2020 for "left wrist pain."

**HOBBIES/SPORTS:** None.

**PAST MEDICAL HISTORY:**

**Current Outpatient Medications**

Medication	Sig
• ACETAMINOPHEN-CODEINE #3 PO	Take by mouth.
• cyclobenzaprine 10 mg tablet	Take 10 mg by mouth three (3) times daily as needed for Muscle spasms.

No current facility-administered medications for this visit.

**Surgeries:**

**Past Surgical History:**

Procedure	Laterality	Date
• PARTIAL HYSTERECTOMY		

**Medical Conditions:**

**Past Medical History:**

Diagnosis	Date
• Hypertension	

**SOCIAL HISTORY:** The patient is a social drinker and smokes.

**LEGAL STATUS:** The patient has legal representation with Ms. Natalia Foley, Esq.

**SOURCE OF INFORMATION:** Initial history was recorded by Mary Klemens, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

**REVIEW OF OUTSIDE RECORDS:**

**PHYSICAL EXAM:**

**Constitutional:** Well appearing, no apparent distress. The patient's general appearance is well dressed well nourished. The body habitus is normal.

**Psychiatric:** Patient is alert and oriented to person, time and place, with a pleasant mood and affect.

**Eyes:** Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present; eyelids appear normal.

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MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

---

**Neck:** Supple, trachea midline.

**Cardiovascular:** No cyanosis, clubbing or edema is evident.

**Respiratory:** Respirations are regular & unlabored. Respiratory effort is normal with no evidence of abnormal intercostal retraction or excessive use of accessory muscles.

**Skin:** No lesions or rash noted. Intact.

**Musculoskeletal and Neurological:**

**Right Shoulder:**

No TTP  
No swelling

ROM:  
FF/ABD 170 degrees  
ER 90 degrees  
IR 80 degrees

No painful arc of motion  
No impingement signs  
Negative Lift-off sign

RTC strength:  
5/5 for supraspinatus No pain  
5/5 for infraspinatus No pain

**Cervical Spine:**

No tenderness  
Mild pain with near full ROM.  
Positive Spurling's and Lhermitte's sign

**Left Wrist:**

Mild swelling, palpable mass at first extensor compartment, moderate tender, positive Finkelstein's test

Full wrist ROM

Positive Tinel's test over the median nerve at the carpal canal  
Positive Finkelstein's test  
Bony prominence over distal radius near first extensor compartment

Digital ROM full, no triggering

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Visit date: 4/14/2021

---

Motor 4/5 for ulnar innovated intrinsics.  
Decreased sensation to all digits, especially the ulnar nerve on the left

**Left Elbow:**

Moderate tenderness at cubital tunnel  
No swelling  
Positive tinels test at the cubital tunnel for the ulnar nerve; ulnar nerve does not subluxate.  
Full ROM

Unless otherwise stated above, sensation intact to light touch. Motor exam is 5/5 throughout bilateral upper extremities.

**TEST RESULTS:**

**Radiographs:** previously obtained, right shoulder 4 views, demonstrate type 2 arch, joint spaces maintained.

**MRI Right Shoulder for 2019: By report only**

1. Partial-thickness supraspinatus rotator cuff tendon tear.

**Radiographs:** previously obtained, left wrist, 3 views, demonstrates no acute fracture, 0.1- 0.2 cm ulnar negative variance.

**MRI Left Wrist: (06/08/20)**

1. Negative ulnar variance
2. Subcortical cyst in the lunate and capitate
3. Minimal fluid collection in the distal radioulnar and pisotriquetral joints
4. Subchondral cyst noted in head of 3rd metacarpal

**Nerve Study LUE: (03/12/2021)**

1. Mild left carpal tunnel syndrome
2. Severe left elbow cubital tunnel syndrome

**DATE OF EXAMINATION: 06/08/21**

**MRI OF LEFT WRIST, NO CONTRAST:** Reviewed today.

**IMPRESSION:**

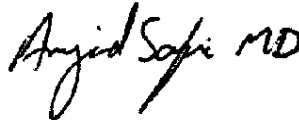
UCLA SCOI VAN NUYS  
6815 Noble Avenue  
VAN NUYS CA 91405-3730

Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

---

Impression:

1. Negative ulnar variance.
2. Subcortical cyst in the lunate and capitate.
3. Minimal fluid collection in the distal radioulnar and pisitriquetral joints.
4. Subchondral cyst noted in head of 3rd metacarpal.



AMJAD SAFVI  
RADIOLOGIST

---

Time Finalized: 2020-06-15 01:28:05

DATE OF EXAMINATION: 04/05/19

MRI OF LEFT SHOULDER, NO CONTRAST: Reviewed today.

IMPRESSION:

*Low grade partial thickness tear at the articular surface of the supraspinatus tendon insertion.*

Signed by Roger Han, MD.

**IMPRESSION:**

1. Right shoulder impingement syndrome; partial rotator cuff tendon tear; improved
2. C spine strain; radiculopathy/radiculopathy
3. Left wrist strain/sprain; 1st extensor tenosynovitis
4. Left elbow severe cubital tunnel syndrome
5. Left wrist carpal tunnel syndrome
6. Left wrist mass

**PLAN:** Findings, diagnoses, prognosis, and treatment options were reviewed and discussed with the patient, with all questions answered.

**Submit RFA for C&T for the left elbow.**

Patient is aware that due to the severity and chronicity of the left elbow cubital tunnel syndrome, that surgery may not fully correct the problem, and they have likely developed some permanent nerve damage already. Informed that it may take 1-2 years for the symptoms to resolve, if at all. Surgery will likely prevent worsening of the condition and help improve the numbness and weakness to some degree.

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Visit date: 4/14/2021

---

Advised on use of towel technique at night for cubital tunnel symptoms.

Continue follow-up with Dr. Barcohana regarding her neck and lower back pain.

Advised on use of wrist brace at night and with activities.

**Re-submit RFA for left wrist carpal tunnel US guided corticosteroid injection and carpal tunnel release surgery. US guidance required to ensure proper needle placement, required per Dr. Simic protocol.** RFA submitted.

Due to the nature of the injury/condition, and with unsuccessful non-operative treatment, recommend proceeding with surgical intervention, to include Left wrist carpal tunnel release, deep mass excision, abductor pollicis longus and extensor pollicis brevis tendon tenosynovectomy, first extensor compartment release; elbow cubital tunnel release.

The risks, benefits, alternatives to care, and potential complications of both surgical and non-surgical treatments were discussed with the patient. The risks and complications of the surgery were explained to the patient including the risk of anesthesia, which includes heart attacks, stroke, and death, the risks of infection, risk of injury to arteries, nerves, and tendons, possible need for additional surgery, risk of continued pain, stiffness, and weakness, or recurrence of the problem, or the possibility of reflex sympathetic dystrophy. All of the above might occur despite adequate surgery. The patient also understands that they have a responsibility in their post-operative care and it is important that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient wishes to proceed with the above named surgical procedure(s). I have discussed with the patient the details, necessity, appropriateness and risks of the proposed procedure, as well as alternative treatments. The patient's questions were answered and informed consent was obtained.

Request consultation for medical clearance and testing prior to surgery as needed.

The patient is an appropriate candidate for surgery in the outpatient setting from an orthopedic perspective, pending medical pre-operative clearance if needed.

Advised patient to defer scheduled right shoulder surgery since her symptoms have improved. Patient will consider rescheduling in the future if her symptoms persist and/or gets worse.

For the right shoulder, advised patient to advance activities as tolerated.

Also recommend a course of treatment as checked below:

- Splinting/Bracing/Immobilization
- Aspiration/Injection

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MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

- Fracture Care
- Decision for Surgery
- PT/OT
- HEP
- Ice/Heat Therapy
- Imaging study
- Consultation
- Inflammatory/arthritis labs
- Prescription: Percocet
- Reviewed external notes

**Next Appointment:** 1 month Telemedicine AK

**COMMENTS AND CONCLUSIONS:** An extended period of time was spent with the patient today explaining the physical findings, test results, diagnostic impressions and therapeutic alternatives available. The patient's questions were answered in detail, and the patient was encouraged to contact me by phone should there be any additional questions that were not discussed at the time of this evaluation.

**DISABILITY STATUS:**

- TTD  TPD  P&S/MMI **with** Future Medical
- P&S/MMI **without** Future Medical  Not yet P&S / MMI
- ESTIMATED LENGTH OF DISABILITY: or Not yet determined

**WORK CAPACITY AND RESTRICTIONS:**

WORK STATUS

- RETURN TO NORMAL DUTY ON:
- RETURN TO WORK WITH RESTRICTIONS ON:
- DO NOT RETURN TO WORK AND CANNOT WORK UNTIL:** 05/19/21
- Per Primary Treating Physician

**PREVIOUS P&S UNCHANGED**

UPPER BODY RESTRICTIONS

- Rt  Lt handed work only
- Limit repetitive hand activity: Max []  min /  hr
- No strong gripping  Rt Hand  Lt Hand.
  
- Limit lifting / carrying  Rt  Lt  Bil , [] lbs
- No forceful pushing / pulling / lifting.
- No repetitive overhead activity with the involved arm.
- Wear splint, cast, or sling
- Other:

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 4/14/2021

---

If you have any questions regarding this report, please do not hesitate to contact me at this office.



PAUL M. SIMIC, M.D.  
ORTHOPEDIC SURGEON  
SURGERY OF THE HAND, WRIST, ELBOW, SHOULDER  
4/14/2021

Signed by Simic, Paul M., MD on 04/14/21 1829  
Office Visit on 4/14/2021

Note shared with patient



**Confidential Information Enclosed**

**SCOI ORTHO VAN** June 23, 2021  
**NUYS**  
6815 NOBLE AVE  
VAN NUYS CA 91405

FROM: Jennifer Ochoa  
Fax:  
Phone:

TO: Jenna  
Fax: 424-999-1970  
Phone:

Walls, Darlene  
CL#: 30191913252-0001

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021



**Walls, Darlene**

**MRN: 6389733**

Kaye, Alexander N., PA  
Physician Assistant  
Specialty: Orthopaedic Surgery

Progress Notes   
Signed

Creation Time: 05/19/21 0733

Date: 5/19/2021

SEDGWICK  
SEDGWICK  
PO Box 14188  
LEXINGTON, KY 40512

RE: Darlene Walls  
DOB: 3/23/1967  
EMP: KAISER PERMANENTE/HOSPITALS  
D/I: 1/24/2019  
CL#: 30191913252-0001  
ACCT#: 6389733

*A COVID-19 questionnaire was filled out by the patient prior to the visit that included questions about having had a positive COVID-19 diagnosis in the last 14 days, contact with anybody diagnosed with COVID-19 in the last 14 days, fever, headaches, unexplained muscle pain, weakness, diarrhea, nausea, vomiting, abdominal pain, respiratory illness/cough, shortness of breath, loss of smell, loss of taste, rash, skin irritation, unexplained hemorrhage and fatigue. The responses to those questions were negative. A temperature was taken and it was less than 100 F.*

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT PR-2**

**Paul M. Simic, MD  
Alexander Kaye, PA-C**

Darlene Walls was seen in our Van Nuys office on 5/19/2021, for hand and upper extremity orthopedic consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

A comprehensive history was taken, a comprehensive physical examination was performed, and medical decision-making of high complexity was performed to complete this evaluation.

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021

---

The patient was examined and evaluated by Alexander Kaye, PA-C, for Paul M. Simic, MD.

### Chief Complaint

Patient presents with

- Right Shoulder - Pain
- Neck - Pain
- Lower Back - Pain

**HISTORY OF PRESENT ILLNESS:** Darlene Walls is a 54 y.o. left-handed female who is employed by KAISER PERMANENTE/HOSPITALS as a CNA .

During the course of employment on 01/24/19, Ms. Walls reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, right shoulder, and neck. The injury was reported to her employer. The patient was referred by the employer to the industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of physical therapy to the right shoulder and lower back.

MRIs were obtained of the right shoulder, neck and back. She was administered cortisone injections into both shoulders a few years ago.

She underwent Qualified Medical Examination with Dr. Narendra Gurbani.

The patient requested her medical records be reviewed since she has poor recollection of treatments and doctors.

She has an examination with Dr. Barcohana on January 29, 2020 for her neck and back. States they recommended for C&T pain management specialist. States has not been evaluated by pain management specialist for back pain symptoms.

C&T for the left wrist was previously authorized.

Had a nerve study performed previously.

Had an MRI of the left wrist and right shoulder performed previously.

Right shoulder surgery was previously authorized but the pain symptoms have improved.

Received a wrist brace, wearing at night and with activities intermittently.

Injection for the left wrist have not been authorized.

C&T for the left elbow has not been authorized.

Surgery for the left wrist and elbow have not been authorized.

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021

---

Today reports continued pain numbness and tingling in the left wrist/hand. Reports symptoms improve with rest.

**PRESENT COMPLAINTS/REVIEW OF SYSTEMS:**

**MUSCULOSKELETAL:** The right shoulder pain has improved.

She has a left wrist cyst that is growing in size.

The neck pain comes and goes. Pain is dull and aching depending on movement. On a pain scale of 0 to 10, the patient rates the pain as 4. The patient has difficulty with turning the left.

There is numbness and tingling in the left wrist.

The lower back pain comes and goes and is sharp. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with prolonged walking. There is radiating sharp pain in the right leg to the foot.

**DAILY LIVING:** The patient has pain getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

**NEUROLOGICAL:** There is left wrist/hand numbness. Her left foot tingles.

**CARDIOVASCULAR:** There is no swelling.

**GASTROINTESTINAL:** There is no change in bowel movement.

**GENITOURINARY:** The patient does not have any changes in bladder functions.

**INTEGUMENTARY:** The patient is not experiencing any rash, itching or changes in skin color.

**RESPIRATORY:** The patient does not have a chronic or frequent cough, shortness of breath or wheezing.

**HEMATOLOGIC/LYMPHATIC:** The patient is not slow to heal after cuts and does not have bleeding or bruising tendencies. There is no past history of clotting abnormalities.

**CONSTITUTIONAL SYMPTOMS:**

The patient has not had recent weight change, recent fever, chills or headache. The patient has not had a recent flu vaccination.

**ALLERGIES:**

*Allergies*

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Visit date: 5/19/2021

Allergen	Reactions
----------	-----------

- Cephalexin

**PAST HISTORY OF PRESENT ILLNESS:** The patient had a lower back injury with the same employer. She does not recall the year and recalls having therapy for the injury.

**WORK HISTORY:** The patient has been employed by the employer for 13 years. As an CNA the patient is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting, ambulating, assisting in feeding, transferring, dressing and undressing. The patient works full time. She has been off work since 02/14/2020 for "left wrist pain."

**HOBBIES/SPORTS:** None.

**PAST MEDICAL HISTORY:**

**Current Outpatient Medications**

Medication	Sig
• ACETAMINOPHEN-CODEINE #3 PO	Take by mouth.
• cyclobenzaprine 10 mg tablet	Take 10 mg by mouth three (3) times daily as needed for Muscle spasms.

No current facility-administered medications for this visit.

**Surgeries:**

**Past Surgical History:**

Procedure	Laterality	Date
• PARTIAL HYSTERECTOMY		

**Medical Conditions:**

**Past Medical History:**

Diagnosis	Date
• Hypertension	

**SOCIAL HISTORY:** The patient is a social drinker and smokes.

**LEGAL STATUS:** The patient has legal representation with Ms. Natalia Foley, Esq.

**SOURCE OF INFORMATION:** Initial history was recorded by Mary Klemens, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

**REVIEW OF OUTSIDE RECORDS:**

**PHYSICAL EXAM:**

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Visit date: 5/19/2021

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**Constitutional:** Well appearing, no apparent distress. The patient's general appearance is well dressed well nourished. The body habitus is normal.

**Psychiatric:** Patient is alert and oriented to person, time and place, with a pleasant mood and affect.

**Eyes:** Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present; eyelids appear normal.

**Neck:** Supple, trachea midline.

**Cardiovascular:** No cyanosis, clubbing or edema is evident.

**Respiratory:** Respirations are regular & unlabored. Respiratory effort is normal with no evidence of abnormal intercostal retraction or excessive use of accessory muscles.

**Skin:** No lesions or rash noted. Intact.

**Musculoskeletal and Neurological:**

**Right Shoulder:**

No TTP  
No swelling

ROM:  
FF/ABD 170 degrees  
ER 90 degrees  
IR 80 degrees

No painful arc of motion  
No impingement signs  
Negative Lift-off sign

RTC strength:  
5/5 for supraspinatus No pain  
5/5 for infraspinatus No pain

**Cervical Spine:**

No tenderness  
Mild pain with near full ROM.  
Positive Spurling's and Lhermitte's sign

**Left Wrist:**

Mild swelling, palpable mass at first extensor compartment  
TTP at first extensor compartment  
Positive Finkelstein's test

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Visit date: 5/19/2021

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## Full wrist ROM

Positive Tinel's test over the median nerve at the carpal canal

Digital ROM full, no triggering

Motor 4/5 for ulnar innervated intrinsics.

Decreased sensation to all digits, especially the ulnar nerve on the left

## **Left Elbow:**

Moderate TTP at cubital tunnel

No swelling

Positive tinel's test at the cubital tunnel for the ulnar nerve; ulnar nerve does not subluxate.

Full ROM

Unless otherwise stated above, sensation intact to light touch. Motor exam is 5/5 throughout bilateral upper extremities.

## **TEST RESULTS:**

**Radiographs:** previously obtained, right shoulder 4 views, demonstrate type 2 arch, joint spaces maintained.

### **MRI Right Shoulder for 2019: By report only**

1. Partial-thickness supraspinatus rotator cuff tendon tear.

**Radiographs:** previously obtained, left wrist, 3 views, demonstrates no acute fracture, 0.1- 0.2 cm ulnar negative variance.

### **MRI Left Wrist: (06/08/20)**

1. Negative ulnar variance
2. Subcortical cyst in the lunate and capitate
3. Minimal fluid collection in the distal radioulnar and pisotriquetral joints
4. Subchondral cyst noted in head of 3rd metacarpal

### **Nerve Study LUE: (03/12/2021)**

1. Mild left carpal tunnel syndrome
2. Severe left elbow cubital tunnel syndrome

### **MRI Left Wrist: (6/8/22)**

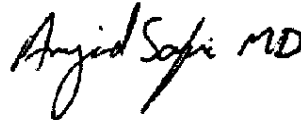
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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021

---

Impression:

1. Negative ulnar variance.
2. Subcortical cyst in the lunate and capitate.
3. Minimal fluid collection in the distal radioulnar and pisitriquetral joints.
4. Subchondral cyst noted in head of 3rd metacarpal.



AMJAD SAFVI  
RADIOLOGIST

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Time Finalized: 2020-06-15 01:28:05

**MRI Left Shoulder, no contrast: (4/5/19)**

1. Low grade partial thickness tear at the articular surface of the supraspinatus tendon insertion.
- Signed by Roger Han, MD.

**IMPRESSION:**

1. **Right shoulder impingement syndrome; partial rotator cuff tendon tear; improved**
2. **C spine strain; radiculopathy/radiculopathy**
3. **Left wrist strain/sprain; 1st extensor tenosynovitis**
4. **Left elbow severe cubital tunnel syndrome**
5. **Left wrist carpal tunnel syndrome**
6. **Left wrist mass**

**PLAN:** Findings, diagnoses, prognosis, and treatment options were reviewed and discussed with the patient, with all questions answered.

**Submit RFA for a C&T with a pain management specialist, such as Dr. Wahba, SCOI, Van Nuys, CA.**

**Re-submit RFA for C&T for the left elbow.**

Patient is aware that due to the severity and chronicity of the left elbow cubital tunnel syndrome, that surgery may not fully correct the problem, and they have likely developed some permanent nerve damage already. Informed that it may take 1-2 years for the symptoms to resolve, if at all. Surgery will likely prevent worsening of the condition and help improve the numbness and weakness to some

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021

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degree.

Advised on use of towel technique at night for cubital tunnel symptoms.

Continue follow-up with Dr. Barcohana regarding her neck and lower back pain.

Advised on use of wrist brace at night and with activities.

**Re-submit RFA for left wrist carpal tunnel US guided corticosteroid injection.  
US guidance required to ensure proper needle placement, required per Dr. Simic protocol.**

**Re-submit RFA for left wrist and elbow surgery.**

Due to the nature of the injury/condition, and with unsuccessful non-operative treatment, recommend proceeding with surgical intervention, to include **Left wrist carpal tunnel release; left wrist deep mass excision; left wrist abductor pollicis longus and extensor pollicis brevis tendon tenosynovectomy, first extensor compartment release; left elbow cubital tunnel release pending authorization for C&T left elbow.**

The risks, benefits, alternatives to care, and potential complications of both surgical and non-surgical treatments were discussed with the patient. The risks and complications of the surgery were explained to the patient including the risk of anesthesia, which includes heart attacks, stroke, and death, the risks of infection, risk of injury to arteries, nerves, and tendons, possible need for additional surgery, risk of continued pain, stiffness, and weakness, or recurrence of the problem, or the possibility of reflex sympathetic dystrophy. All of the above might occur despite adequate surgery. The patient also understands that they have a responsibility in their post-operative care and it is important that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient wishes to proceed with the above named surgical procedure(s). I have discussed with the patient the details, necessity, appropriateness and risks of the proposed procedure, as well as alternative treatments. The patient's questions were answered and informed consent was obtained.

Request consultation for medical clearance and testing prior to surgery as needed.

The patient is an appropriate candidate for surgery in the outpatient setting from an orthopedic perspective, pending medical pre-operative clearance if needed.

Advised patient to defer scheduled right shoulder surgery since her symptoms have improved. Patient will consider rescheduling in the future if her symptoms persist and/or gets worse. Advised patient to advance activities as tolerated.



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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021

---

Also recommend a course of treatment as checked below:

- Splinting/Bracing/Immobilization
- Aspiration/Injection
- Fracture Care
- Decision for Surgery
- PT/OT
- HEP
- Ice/Heat Therapy
- Imaging study
- Consultation
- Inflammatory/arthritis labs
- Prescription: Percocet
- Reviewed external notes

**Next Appointment:** 4 weeks, no x-rays.

**COMMENTS AND CONCLUSIONS:** An extended period of time was spent with the patient today explaining the physical findings, test results, diagnostic impressions and therapeutic alternatives available. The patient's questions were answered in detail, and the patient was encouraged to contact me by phone should there be any additional questions that were not discussed at the time of this evaluation.

**DISABILITY STATUS:**

- TTD TPD P&S/MMI **with** Future Medical
- P&S/MMI **without** Future Medical  Not yet P&S / MMI
- ESTIMATED LENGTH OF DISABILITY: or Not yet determined

**WORK CAPACITY AND RESTRICTIONS:**

WORK STATUS

- RETURN TO NORMAL DUTY ON:
- RETURN TO WORK WITH RESTRICTIONS ON:
- DO NOT RETURN TO WORK AND CANNOT WORK UNTIL: 5/19/2021**
- Per Primary Treating Physician

**PREVIOUS P&S UNCHANGED**

UPPER BODY RESTRICTIONS

- Rt Lt handed work only
- Limit repetitive hand activity: Max [] min / hr
- No strong gripping Rt Hand Lt Hand.
  
- Limit lifting / carrying Rt Lt Bil , [] lbs
- No forceful pushing / pulling / lifting.

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VAN NUYS CA 91405-3730

Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 5/19/2021

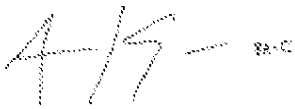
---

- No repetitive overhead activity with the involved arm.
- Wear splint, cast, or sling
- Other:

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

If you have any questions regarding this report, please do not hesitate to contact me at this office.

The patient was examined and evaluated by Alexander Kaye, PA-C for Paul M. Simic, MD. The evaluation and plan were reviewed and approved by Paul M. Simic, MD.



Alexander Kaye, PA-C

Signed by Kaye, Alexander N., PA on 05/19/21 1038  
Office Visit on 5/19/2021

Note shared with patient



**Confidential Information Enclosed**

**SCOI ORTHO VAN** June 23, 2021  
**NUYS**  
6815 NOBLE AVE  
VAN NUYS CA 91405

FROM: Jennifer Ochoa  
Fax:  
Phone:

TO: Jenna  
Fax: 424-999-1970  
Phone:

Walls, Darlene  
CL#: 30191913252-0001

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Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 6/18/2021



**Walls, Darlene**

**MRN: 6389733**

Kaye, Alexander N., PA  
Physician Assistant  
Specialty: Orthopaedic Surgery

Progress Notes   
Signed

Creation Time: 06/18/21 1637

The patient was not seen in our office today.  
Patient consented to a consultation held via telephone.  
Patient Darlene Walls and provider Alex Kaye PA-C were present during this telephone encounter.

Date: 6/18/2021

SEDGWICK  
SEDGWICK  
PO Box 14188  
LEXINGTON, KY 40512

RE: Darlene Walls  
DOB: 3/23/1967  
EMP: KAISER PERMANENTE/HOSPITALS  
D/I: 1/24/2019  
CL#: 30191913252-0001  
ACCT#: 6389733

**PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT PR-2**

**Paul M. Simic, MD  
Alexander Kaye, PA-C**

Darlene Walls was spoken to on 6/18/2021, for hand and upper extremity orthopedic consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

A comprehensive history was taken, a comprehensive physical examination was performed, and medical decision-making of high complexity was performed to complete this evaluation.

**Chief Complaint**

Patient presents with

- Right Shoulder - Pain
- Neck - Pain

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VAN NUYS CA 91405-3730

Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 6/18/2021

---

- Lower Back - Pain

**HISTORY OF PRESENT ILLNESS:** Darlene Walls is a 54 y.o. left-handed female who is employed by KAISER PERMANENTE/HOSPITALS as a CNA .

During the course of employment on 01/24/19, Ms. Walls reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, right shoulder, and neck. The injury was reported to her employer. The patient was referred by the employer to the industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of physical therapy to the right shoulder and lower back.

MRIs were obtained of the right shoulder, neck and back. She was administered cortisone injections into both shoulders a few years ago.

She underwent Qualified Medical Examination with Dr. Narendra Gurbani.

The patient requested her medical records be reviewed since she has poor recollection of treatments and doctors.

She has an examination with Dr. Barcohana on January 29, 2020 for her neck and back. States they recommended for C&T pain management specialist. States has not been evaluated by pain management specialist for back pain symptoms.

C&T for the left wrist was previously authorized.

Had a nerve study performed previously.

Had an MRI of the left wrist and right shoulder performed previously.

Right shoulder surgery was previously authorized but the pain symptoms have improved.

US guided injection for the left wrist have not been authorized.

C&T for the left elbow has not been authorized.

Surgery for the left wrist and elbow have not been authorized.

Today reports no change in symptoms from the previous visit. Complains of continued numbness and tingling. States symptoms wake her up at night.

Wearing wrist brace at night.

Using towel technique at night with mild improvement of symptoms.

UCLA SCOI VAN NUYS  
6815 Noble Avenue  
VAN NUYS CA 91405-3730

Walls, Darlene  
MRN: 6389733, DOB: 3/23/1967, Sex: F  
Visit date: 6/18/2021

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**PRESENT COMPLAINTS/REVIEW OF SYSTEMS:**

**MUSCULOSKELETAL:** The right shoulder pain has improved.

She has a left wrist cyst that is growing in size.

The neck pain comes and goes. Pain is dull and aching depending on movement. On a pain scale of 0 to 10, the patient rates the pain as 4. The patient has difficulty with turning the left.

There is numbness and tingling in the left wrist.

The lower back pain comes and goes and is sharp. On a pain scale of 0 to 10, the patient rates the pain as 3. The patient has difficulty with prolonged walking. There is radiating sharp pain in the right leg to the foot.

**DAILY LIVING:** The patient has pain getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

**NEUROLOGICAL:** There is left wrist/hand numbness. Her left foot tingles.

**CARDIOVASCULAR:** There is no swelling.

**GASTROINTESTINAL:** There is no change in bowel movement.

**GENITOURINARY:** The patient does not have any changes in bladder functions.

**INTEGUMENTARY:** The patient is not experiencing any rash, itching or changes in skin color.

**RESPIRATORY:** The patient does not have a chronic or frequent cough, shortness of breath or wheezing.

**HEMATOLOGIC/LYMPHATIC:** The patient is not slow to heal after cuts and does not have bleeding or bruising tendencies. There is no past history of clotting abnormalities.

**CONSTITUTIONAL SYMPTOMS:**

The patient has not had recent weight change, recent fever, chills or headache. The patient has not had a recent flu vaccination.

**ALLERGIES:**

Allergies

Allergen

Reactions

- Cephalexin

**PAST HISTORY OF PRESENT ILLNESS:** The patient had a lower back injury with the same employer. She does not recall the year and recalls having therapy for the injury.

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**WORK HISTORY:** The patient has been employed by the employer for 13 years. As an CNA the patient is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting, ambulating, assisting in feeding, transferring, dressing and undressing. The patient works full time. She has been off work since 02/14/2020 for "left wrist pain."

**HOBBIES/SPORTS:** None.

**PAST MEDICAL HISTORY:**

**Current Outpatient Medications**

Medication	Sig
• ACETAMINOPHEN-CODEINE #3 PO	Take by mouth.
• cyclobenzaprine 10 mg tablet	Take 10 mg by mouth three (3) times daily as needed for Muscle spasms.

No current facility-administered medications for this visit.

**Surgeries:**

**Past Surgical History:**

Procedure	Laterality	Date
• PARTIAL HYSTERECTOMY		

**Medical Conditions:**

**Past Medical History:**

Diagnosis	Date
• Hypertension	

**SOCIAL HISTORY:** The patient is a social drinker and smokes.

**LEGAL STATUS:** The patient has legal representation with Ms. Natalia Foley, Esq.

**SOURCE OF INFORMATION:** Initial history was recorded by Mary Klemens, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

No physical exam on telephone encounter.

**TEST RESULTS:**

**Radiographs:** previously obtained, right shoulder 4 views, demonstrate type 2 arch, joint spaces maintained.

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**MRI Right Shoulder for 2019: By report only**

1. Partial-thickness supraspinatus rotator cuff tendon tear.

**Radiographs:** previously obtained, left wrist, 3 views, demonstrates no acute fracture, 0.1- 0.2 cm ulnar negative variance.

**MRI Left Wrist: (06/08/20)**

1. Negative ulnar variance
2. Subcortical cyst in the lunate and capitate
3. Minimal fluid collection in the distal radioulnar and pisotriquetral joints
4. Subchondral cyst noted in head of 3rd metacarpal

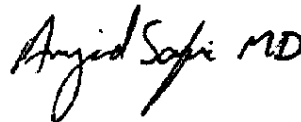
**Nerve Study LUE: (03/12/2021)**

1. Mild left carpal tunnel syndrome
2. Severe left elbow cubital tunnel syndrome

**MRI Left Wrist: (6/8/22)**

Impression:

1. Negative ulnar variance.
2. Subcortical cyst in the lunate and capitate.
3. Minimal fluid collection in the distal radioulnar and pisotriquetral joints.
4. Subchondral cyst noted in head of 3rd metacarpal.



AMJAD SAFVI  
RADIOLOGIST

Time Finalized: 2020-06-15 01:28:05

**MRI Left Shoulder, no contrast: (4/5/19)**

1. Low grade partial thickness tear at the articular surface of the supraspinatus tendon insertion.
- Signed by Roger Han, MD.

**IMPRESSION:**

1. Right shoulder impingement syndrome; partial rotator cuff tendon tear; improved
2. C spine strain; radiculopathy/radiculopathy
3. Left wrist strain/sprain; 1st extensor tenosynovitis
4. Left elbow severe cubital tunnel syndrome
5. Left wrist carpal tunnel syndrome
6. Left wrist mass



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**PLAN:** Findings, diagnoses, prognosis, and treatment options were reviewed and discussed with the patient, with all questions answered.

Continue follow-up with Dr. Barcohana regarding her neck and lower back pain.

**Re-submit RFA for a C&T with a pain management specialist, such as Dr. Wahba, SCOI, Van Nuys, CA.**

**Re-submit RFA for C&T for the left elbow.**

Patient is aware that due to the severity and chronicity of the left elbow cubital tunnel syndrome, that surgery may not fully correct the problem, and they have likely developed some permanent nerve damage already. Informed that it may take 1-2 years for the symptoms to resolve, if at all. Surgery will likely prevent worsening of the condition and help improve the numbness and weakness to some degree.

Advised on use of towel technique at night for cubital tunnel symptoms.

Advised on use of wrist brace at night and with activities.

**Re-submit RFA for left wrist carpal tunnel and left wrist first extensor compartment US guided corticosteroid injections.**

US guidance required to ensure proper needle placement, required per Dr. Simic protocol.

**Re-submit RFA for left wrist and elbow surgery.**

Due to the nature of the injury/condition, and with unsuccessful non-operative treatment, recommend proceeding with surgical intervention, to include **Left wrist carpal tunnel release; left wrist deep mass excision; left wrist abductor pollicis longus and extensor pollicis brevis tendon tenosynovectomy, first extensor compartment release; left elbow cubital tunnel release pending authorization for C&T left elbow.**

The risks, benefits, alternatives to care, and potential complications of both surgical and non-surgical treatments were discussed with the patient. The risks and complications of the surgery were explained to the patient including the risk of anesthesia, which includes heart attacks, stroke, and death, the risks of infection, risk of injury to arteries, nerves, and tendons, possible need for additional surgery, risk of continued pain, stiffness, and weakness, or recurrence of the problem, or the possibility of reflex sympathetic dystrophy. All of the above might occur despite adequate surgery. The patient also understands that they have a responsibility in their post-operative care and it is

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important that post-operative instructions are followed regarding bandage care, wound care, range of motion exercises and specific precautions.

The patient wishes to proceed with the above named surgical procedure(s). I have discussed with the patient the details, necessity, appropriateness and risks of the proposed procedure, as well as alternative treatments. The patient's questions were answered and informed consent was obtained.

Request consultation for medical clearance and testing prior to surgery as needed.

The patient is an appropriate candidate for surgery in the outpatient setting from an orthopedic perspective, pending medical pre-operative clearance if needed.

Advised patient to defer scheduled right shoulder surgery since her symptoms have improved. Patient will consider rescheduling in the future if her symptoms persist and/or gets worse. Advised patient to advance activities as tolerated.

Also recommend a course of treatment as checked below:

- Splinting/Bracing/Immobilization
- Aspiration/Injection
- Fracture Care
- Decision for Surgery
- PT/OT
- HEP
- Ice/Heat Therapy
- Imaging study
- Consultation
- Inflammatory/arthritis labs
- Prescription: Percocet
- Reviewed external notes

**Next Appointment:** 4 weeks, no x-rays.

**COMMENTS AND CONCLUSIONS:** An extended period of time was spent with the patient today explaining the physical findings, test results, diagnostic impressions and therapeutic alternatives available. The patient's questions were answered in detail, and the patient was encouraged to contact me by phone should there be any additional questions that were not discussed at the time of this evaluation.

**DISABILITY STATUS:**

TTD   TPD   P&S/MMI **with** Future Medical

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P&S/MMI **without** Future Medical  Not yet P&S / MMI  
ESTIMATED LENGTH OF DISABILITY: or Not yet determined

**WORK CAPACITY AND RESTRICTIONS:**

WORK STATUS

- RETURN TO NORMAL DUTY ON:
- RETURN TO WORK WITH RESTRICTIONS ON:
- DO NOT RETURN TO WORK AND CANNOT WORK UNTIL: 6/18/2021**
- Per Primary Treating Physician

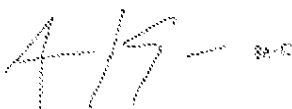
**PREVIOUS P&S UNCHANGED**

UPPER BODY RESTRICTIONS

- Rt  Lt handed work only
- Limit repetitive hand activity: Max []  min /  hr
- No strong gripping  Rt Hand  Lt Hand.
- Limit lifting / carrying  Rt  Lt  Bil , [] lbs
- No forceful pushing / pulling / lifting.
- No repetitive overhead activity with the involved arm.
- Wear splint, cast, or sling
- Other:

**DISCLOSURE:** I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

If you have any questions regarding this report, please do not hesitate to contact me at this office.



Alexander Kaye, PA-C

Signed by Kaye, Alexander N., PA on 06/18/21 1643  
Telephone on 6/18/2021

Note shared with patient