Sameer Gupta, M.D.

DIPLOMATE, AMERICAN BOARDS OF INTERNAL MEDICINE
& Allergy and Immunology
Mailing Address:
1680 Plum Lane
Redlands, CA 92374
(909) 335-2323

September 20, 2022

Department of Industrial Relations
Subsequent Benefits Trust Fund
1750 Howe Avenue, Suite 370
Sacramento, CA 95825

Law Office of Natalia Foley
Attn: Natalia Foley
751 South Weir Canyon Road, Suite 157-445
Anaheim, CA 92808

OD Legal
355 S. Grand Ave., Suite 1400
Los Angeles, CA 90071

RE:	**DARLENE WALLS**
Employer:	Kaiser Foundation Hospital DBA Medical Center for Diabetes
Date of Subsequent Injury:	CT: January 3, 2018- January 4, 2019
WCAB #	ADJ13026215
SIBTF No.:	SIF13026215
Date of Birth:	March 23, 1967
Date of Service:	September 17, 2022

COMPREHENSIVE INDEPENDENT MEDICAL-LEGAL EVALUATION
SUBSEQUENT INJURY BENEFITS TRUST FUND

Dear Natalia Foley, LLP,

Per your request I performed an Independent Medical-Legal Evaluation of the above-noted applicant to determine eligibility for the Subsequent Injury Benefits Trust Fund pursuant to Labor Code 4751. This evaluation is not for the applicant's current function and is not related to their above-noted industrial injury. This evaluation is being performed to address the applicant's pre-existing disability to differing body parts, other than the industrial injury. I have been requested to evaluate the industrial injury and any pre-existing problems. I have also been advised to order further evaluations if needed from other specialists.

The Applicant was informed that a doctor-patient relationship was not established today and that a copy of my medical-legal report would be sent to the requesting parties. This history and physical is not intended to be construed as a general or complete medical evaluation; it is intended solely for medical-legal purposes and focuses on those issues in question by the parties. By performing this medical-legal examination, no treatment relationship is established or implied.

This evaluation was performed via Tele-health at the agreement of the parties, on September 17, 2022. I have personally consulted this patient and the following represents my findings opinions and conclusions in this matter.

Per code of regulation 9795, this report is billed as ML 201 (Comprehensive Initial Medical Legal Evaluation) and a ML-PPR, which is used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. I have received and reviewed medical records which included a declaration and attestation (copy enclosed). The total attested pages reviewed was 1268.

INTRODUCTION

Per labor code 4751: If an employee who is permanently partially disabled receives a subsequent compensable injury resulting in **additional** permanent partial disability so that the degree of disability caused by the **combination of both disabilities** is greater than that which would have resulted from the subsequent injury alone, and the combined effect of the last injury and the previous disability or impairment is a permanent disability equal to **70% or more** of total, he shall be paid in addition to the compensation due under this code for the permanent partial disability caused by the last injury compensation for the remainder of the combined permanent disability existing after the last injury as provided in this article; provided, that either (a) the previous disability or impairment **affected** a hand, an arm, a foot, a leg, or an eye, and the permanent disability resulting from the subsequent injury **affects the opposite and corresponding member**, and such latter permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to **5%** or more of total, **or** (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to **35%** or more of total.

The Subsequent Injury Benefits Trust Fund (SIBTF) liability deals with pre-existing impairment and/or pre-existing disability. In other words, disability which was present prior to the industrial injury noted above. In essence, we are looking into the past to determine to what extent the injured worker was disabled, at some time prior to the settled industrial injury noted above.

A contemporaneous and retrospective review of the medical history and medical records is performed to determine if it is medically probable that there was labor disabling impairment, which pre-existed the date of the last injury in question and whether or not the sum of the combined industrial and nonindustrial impairment rates to 70% disability or more. Prior impairment ratings for industrial injuries are reviewed for accuracy and if necessary, re-rated.

INITIAL SIBTF SUMMARY:

1. **Did the worker have industrial injury?**

   Yes. The applicant suffered cumulative trauma injury -- Compromise and Release dated 08/03/21, w/DOI: **CT: 01/01/15 - 01/20/20**. Arm, wrist, back, shoulder, LE, legs, hips, and neck. **CT: 07/01/18 - 12/31/18**. Head, stress, and psych. Employed by Kaiser Permanente Downey Med Ctr as a Nursing Assistant. Settlement Amount: 100,000.00.

2. **Did the industrial injury rate to 35% disability without modification for age and occupation?**

   Unknown await for the evaluation of SIBTF Musculoskeletal specialist, mental health/psychology specialist and sleep specialist.

3. **Did the worker have a preexisting labor disabling permanent disability?**

   Yes— Hypertension and Recurrent bronchitis consistent with asthma and chronic sinusitis.

   Additionally, the applicant is to be seen by Musculoskeletal specialist, mental health/psychology specialist and sleep specialist. to determine if other preexisting labor disabling permanent disability exists that are outside my area of expertise.

4. **Did the preexisting disability affect an upper or lower extremity, or eye?**

   Unknown, await for the musculoskeletal specialist.

5. **Did the industrial permanent disability affect the opposite and corresponding body part?**

   Unknown, await for the musculoskeletal specialist.

6. **Is the total disability equal to or greater than 70% after modification?**

   Unknown, await for the specialists evaluations.

7. **Is the employee 100% disabled or unemployable from other preexisting disability and work duties together?**

   Unknown at this time.

The patient is currently not working. Once the total disability is determined, it would be prudent for the patient to undergo an evaluation with a licensed vocational rehabilitation specialist to determine employability.

8. Is the patient 100% disabled from the industrial injury?

Unknown

9. Additional records reviewed?

Yes, defer to review of records for summary of pertinent records reviewed.

10. Evaluation or diagnostics needed?

Yes, I am recommending that the patient undergo a SIBTF Musculoskeletal specialist, mental health/psychology specialist and sleep specialist.

It is also my understanding that her attorney has scheduled her to see a neurologist and an ophthalmologist. These are medically appropriate evaluations in this case.

COMPLAINTS SECONDARY TO THE INDUSTRIAL INJURY FROM 2017 TO FEBRUARY 14, 2020

1. UPPER THORACIC SPINE: Per applicant, complaints in the upper back radiates from the shoulders.
2. RIGHT SHOULDER: The applicant complains of intermittent sharp right shoulder pain. She rates the pain as 4 on a pain scale of 1 to 10. The symptoms are aggravated by grocery shopping, heavy lifting, and pushing, pulling, and reaching for objects. The symptoms are alleviated with hot baths, ice application, acetaminophen, ibuprofen, cyclobenzaprine, and muscle relaxant.
3. RIGHT WRIST: The applicant denies complaints to the right wrist.
4. RIGHT HAND: Per applicant, complaints in the right hand have resolved.
5. LUMBAR SPINE: The applicant complains of intermittent sharp low back pain associated with numbness. The pain radiates to her legs. She rates the pain as 4 on a pain scale of 1 to 10. The symptoms are aggravated by lying down in awkward position and prolonged walking or sitting. The symptoms are alleviated with hot baths, heat application, acetaminophen, ibuprofen, cyclobenzaprine, and muscle relaxant.
6. LEGS: Per applicant, pain in the legs radiate from the low back intermittently.

7. The applicant relates complaints of intermittent sharp **left shoulder** pain which she attributes to her 2017 to February 14, 2020 cumulative trauma injury. She rates the pain as 4 on a pain scale of 1 to 10. The symptoms are aggravated by grocery shopping, heavy lifting, and pushing, pulling, and reaching objects. The symptoms are alleviated with hot baths, ice application, acetaminophen, ibuprofen, cyclobenzaprine, and muscle relaxant.

8. The applicant relates complaints of intermittent throbbing **left wrist** pain associated with numbness and tingling. She attributes her left wrist pain to her 2017 to February 14, 2020 cumulative trauma injury. The symptoms are aggravated by heavy lifting and carrying objects. The symptoms are alleviated with hot baths, heat application, acetaminophen, ibuprofen, cyclobenzaprine, and muscle relaxant.

9. The applicant relates complaints of intermittent throbbing **left hand** pain associated with numbness and tingling. She attributes her left hand pain to her 2017 to February 14, 2020 cumulative trauma injury. The symptoms are aggravated by heavy lifting and carrying objects. The symptoms are alleviated with hot baths, heat application, acetaminophen, ibuprofen, cyclobenzaprine, and muscle relaxant.

10. Sleep issues started **after she stopped working – around February 14 of 2020.** Typically cannot sleep until 2 o'clock in the morning. She thinks she has sleep apnea but is not sure. Post injury. ESS score today 11/21.

COMPLAINTS SECONDARY TO PRE-EXISTING INJURIES OR CONDITIONS

1. Hypertension since 2012

2. Recurrent sinus issues ever since she was a child with antibiotics once a year to treat acute on chronic sinusitis issues. with development of recurrent bronchitis issues typically once a year with need for albuterol inhaler, and cough syrup with codeine to treat the acute on chronic issues.

3. Previous divorce, prior to the injury, with resultant depression and saw a specialist at that time, but is unaware of the details.

HISTORY OF SUBSEQUENT INDUSTRIAL INJURY AS DESCRIBED BY APPLICANT

MECHANISM OF INJURY: Ms. Walls attributes her cumulative trauma injury in the shoulders, left wrist, hands, and low back from 2017 to February 14, 2020 to her repetitive and prolonged work activities such as lifting patients, repositioning patients, transferring patients from bed to wheelchair and vice versa, pushing and pulling patients in wheelchairs, standing, and walking. She noticed the pain started in 2017. She reported the injury to her employer in 2017 and a report was filed through her lawyer.

INITIAL TREATMENT: The applicant was referred by her employer to Kaiser On-the-Job. She does not recall further details of the initial visit.

SUBSEQUENT TREATMENT: The applicant completed 10 to 12 sessions of physical therapy for the shoulders, left wrist, and low back as recommended by Dr. Hong at Kaiser On-the-Job which were not beneficial.

She received two cortisone injections, one in each shoulder at Kaiser On-the-Job which were not beneficial.

She completed three sessions of acupuncture for the right shoulder and low back at Kaiser On-the-Job which were not beneficial.

She underwent an EMG/nerve conduction study of the right shoulder and legs.

The applicant obtained legal representation and was referred by her lawyer to Dr. Jung in Long Beach. Physical therapy for the right shoulder, left wrist, low back, and right leg was recommended.

She completed 30 sessions of physical therapy for the right shoulder, left wrist, low back, and right leg which were not beneficial.

On July 28, 2019, she underwent an MRI of the right shoulder, left wrist, and low back as recommended by Dr. Jung.

She completed three sessions of acupuncture for the left shoulder and left wrist which were not beneficial.

The applicant specifically denies receiving treatments other than stated above.

Currently, she is not under the care of a physician.

PAST MEDICAL HISTORY PRIOR TO 2017 to February 14, 2020

INDUSTRIAL: In 2016, while working for Kaiser Foundation Hospital DBA Medical Center for Diabetes, the applicant was pulling a patient out of the bed when she felt pain in her right shoulder. She was prescribed pain medication. She completed physical therapy for the right shoulder. She reports full recovery from the injury.

The applicant relates sustaining multiple work-related specific injuries but she does not recall further details of the injury.

NONINDUSTRIAL: None.

Comment:
The above outlines a historical record, which includes significant impairment and disability which predates the subsequent industrial injury from 2017 to February 14, 2020.

OCCUPATIONAL HISTORY

The applicant began employment with Kaiser Foundation Hospital DBA Medical Center for Diabetes in February 2008. She last worked on February 14, 2020. She was forced to resign in August 2021.

Employers:

1. Mediscan (Nursing Assistant): Two years.

2. Los Angeles Unified School District (Teacher): 1988 to 2005 or 2006.

OUTCOME ASSESSMENT INSTRUMENTS

- **Epworth sleepiness Scale – 11/21 done verbally today via Televisit.**

SOCIO-ECONOMIC HISTORY

The applicant presents as a very courteous and cooperative 55-year-old, left-handed, divorced, African American female appearing her stated height of 5 feet-7 inches and weight of 181 pounds.

HOSPITALIZATIONS/SURGERIES

The applicant was hospitalized after her surgery.

OUTPATIENT SURGERIES: Partial hysterectomy, 2004 or 2006.

MEDICATIONS

1. Tylenol #3 for the chronic pain – takes 2 pills every other day and switch to Ibuprofen every other day.
2.Ibuprofen 800 mg every other day for pain.
3. Cyclobenzaprine 5 mg at night, started about two months ago, for pain, muscle relaxant.
4.Bisoprolol for hypertension – 10 mg one tablet once a day. Seems to control the blood pressure, prior was taking losartan / HCTZ one tablet once a day – dx with hypertension in 2012. She feels like this is now better controlled.
5.Albuterol inhaler at least once a year most years for bronchitis typically using it for 1-2 weeks at a time.

ALLERGIES

The applicant has no known allergies.

FAMILY HISTORY

Father: 75, healthy.
Mother: 72, has epilepsy.
Sister: 54, healthy.
Brother: 53, healthy.
Sister: 52, healthy.
Sister: 49, healthy.
Brother: 48, healthy.
Brother: 38, healthy.
Sister: 34, healthy.

SOCIAL HISTORY

The applicant was born and raised in Los Angeles, California.

EDUCATION HISTORY:	The applicant has a Certified Nursing Assistant diploma.
HISTORY OF ABUSE:	The applicant denies any history of substance abuse.
LEGAL HISTORY:	The applicant denies any history of lawsuits, arrests, prison sentences, etc.
MILITARY EXPERIENCE:	The applicant denies having any military experience.
INCOME SOURCE:	None. While working, the applicant earned $1200 per week.
MARRIAGE/CHILDREN:	The applicant is divorced and has four children, ages 39, 37, 36, and 34.
HABITS:	Tobacco: She smokes 20 cigarettes per day. Caffeine: None. Alcohol: She consumes four beers per week.

ACTIVITIES OF DAILY LIVING

Self-Care, Personal Hygiene:
The applicant has ***no difficulty*** urinating, defecating, brushing teeth, or eating. The applicant ***has some*** difficulty combing hair, bathing, and dressing oneself.

Communication:
The applicant has ***no difficulty*** writing, typing, seeing, hearing, or speaking.

Physical Activity:
The applicant has ***some difficulty*** standing, sitting, reclining, walking, and climbing stairs.

Sensory Function:
The applicant has ***no difficulty*** hearing, seeing, tactile feeling, tasting, or smelling.

Non-Specialized Hand Activities:
The applicant has ***some difficulty*** grasping, lifting, and tactile discrimination.

Travel:
The applicant has ***some difficulty*** riding, driving, or flying.

Sexual Function:
The applicant has ***some difficulty*** with orgasm and lubrication.

Sleep:
The applicant has ***some difficulty*** with restful and nocturnal sleep pattern.

REVIEW OF SYSTEMS

General: Reports weight change. Denies fever, fatigue, sweats, or appetite change.

Skin: Denies itching, pigmentation change, warts, or hair or nail problems.

Head: Reports occasional headaches. Denies dizzy spells, fainting, poor vision, watery/itchy eyes, ringing in ears, ear pain, or poor hearing.

Respiratory: Denies loss of smell, sinus pain, nose bleed, runny nose, sore throat, cough, excessive sputum production, or wheezing.

Hematologic: Denies easy bruising or swollen lymph nodes.

Cardiovascular: Denies chest pains, unable to breathe with walking, waking at night short of breath, palpitations, ankle swelling, or calf cramping with walking.

Genitourinary: Denies frequent urination at night, pain on urination, blood in urine, or incontinence.

Musculoskeletal: Reports pain in the shoulders, left wrist, left hand, low back, and legs, muscle pain, and joint pain and swelling.

Abdominal: Reports constipation. Denies trouble swallowing, nausea, vomiting, stomach pain, heartburn, diarrhea, blood in stool, or black stool.

Neurologic: Reports numbness, depression, and anxiety. Denies weakness, poor coordination, difficulty speaking, poor memory, tremor, poor sleep patterns, or daytime sleepiness.

Endocrinology: Denies hot/cold intolerance or excessive facial or body hair. Denies excessive thirst/urination or excessive urination at night.

OFF WORK ACTIVITIES

As a result of the alleged injury, the applicant feels she can no longer participate in dancing and bowling.

PHYSICAL EXAMINATION:

Tele-Health visit therefore the vitalS were not taken.

GENERAL EXAM

Patient is a well-developed, well-nourished female in no acute distress. On visual examination.

HEENT: No conjunctivitis. No scleral icterus.

NEUROLOGIC EXAMINATION: No gross focal neurological deficits on visual examination .

DIAGNOSES ASSOCIATED WITH THE SUBISIQUENT INDUSTRIAL INJURY

1. Musculoskeletal issues, defer to the appropriate specialist, will likely need a SIBTF musculoskeletal specialist to evaluated the issues

2. Psychiatric issues, defer to the appropriate specialist, will likely need a SIBTF mental health specialist like a psychologist to quantify the issues.

3. Post injury development of sleep issues including evidence of day time sleepiness with and ESS of 11/21 likely industrial in nature attributed to the pain medication, and stress of the injuries in question by the applicant, defer to SIBTF sleep specialist – typically a pulmonary physician or neurologist or psychiatrist with sleep specialist sub-designation.

DIAGNOSES ASSOCIATED WITH PRE-EXISTING CONDITIONS

1. Hypertension for many years since 2012 onwards pre-existing prior to the subsequent injury, labor disabling given the length of time and symptoms and affects on the heart.

2. Recurrent bronchitis for many years, with associated recurrent sinusitis, consistent with asthma and chronic sinusitis, pre-existing and labor disabling disease given the exertional lung affects and shortness of breath.

DISCUSSION

Based on my consultation, examination and review of available records, it is my medical opinion that the claimants has disability from a subsequent injury as well as significant pre-existing medical impairments and that the disability and labor impairment are greater than that which resulted from the subsequent disabilities alone. I will focus on the diagnosis associated with the pre-existing conditions.

Dates of Permanent and Stationary Status Relative to Pre-Existing Conditions:

Again, based upon my consultation and examination of the applicant as well as upon review of the medical records and my clinical experience, it is my opinion that within reasonable medical probability, that all this applicant's conditions which pre-existed the above dated subsequent industrial injury, had reached a permanent and stationary plateau prior to the day preceding the specific subsequent industrial injury.

CAUSATION

Pre-Existing Causation

HYPERTENSION:
It **is** within a reasonable degree of medical probability that the subsequent injury did not **cause or aggravated** the applicant's hypertension **condition. I make this opinion based on the fact that the hypertension developed prior to the subsequent injury, and did not appear to have a sustained change after the subsequent injury.**

RECURRENT BRONCHITIS CONSISTENT WITH ASTHMA:
It **is** within a reasonable degree of medical probability that the that the subsequent injury did not **cause or aggravated** the applicant's asthma **condition. I make this opinion based on the fact the recurrent bronchitis/ asthma condition started prior to the subsequent injury and did not meaningfully change after the subsequent injury.**

In the process of formulating opinions pertaining to causation, I take into account numerous factors. These include the mechanism of injury, the type of temporal onset of symptoms, the history given by the applicant, the response to various treatments, the physical examination findings, radiographic findings and the results of other pertinent objective tests, knowledge of the pathology and the pathophysiology of specific disease or injuries, knowledge of the overall health of the individual, and other pertinent information including my experience, knowledge and training.

PERMANENT & STATIONARY

Based on my consultation, evaluation, review of the available medical records and my professional experience, it is more probable than not that all pre-existing diagnosis and conditions had reached a permanent and stationary statue, and were labor disabling prior to the date of the industrial injury.

According to the *Guides,* Maximum Medical Improvement is reached when a condition or state is well stabilized and is unlikely to change substantially in the next year, with or without medical treatment. Although over time there may be some change, further deterioration or change is not anticipated. As used in the worker's Compensation Act [51-1-1 NMSA 1978], "date of maximum medical improvement' means the date after which further recovery from or lasting improvement to an injury can no longer be

reasonably anticipated based upon reasonable medical probability as determined by a health care provider.

AMA IMPAIRMENT RATING, 5TH ED.

PRE-EXISTING IMPAIRMENTS:

Using the *Guides to the Evaluation of Permanent Impairment Fifth Edition, AMA:*

Given the fact that the applicant has had hypertension for many years since 2012, and given the fact I do not have an echocardiogram in the available records reviewed below I use the research article cited below – "Izzo, Raffaele, et al. "Development of left ventricular hypertrophy in treated hypertensive outpatients: the Campania Salute Network." *Hypertension* 69.1 (2017): 136-142."— this applicant more likely than not has LVH and therefore, would best fit class 3 impairment of the whole person as it states on page 66, table 4-2 of the AMA guides. **Therefore, I opine a 30% impairment of the whole person as it relates to the hypertensive cardiovascular disease.**

As for the asthma, given the fact that the applicant uses the albuterol intermittently, using page 104, table 5-9 the applicant has asthma score of 1, and therefore using table 5-10 the asthma score of 1 translates to class 2 impairment of the whole person, and **therefore has a 10% whole person impairment as it relates to the asthma/ recurrent bronchitis issues.**

The applicant's pre-existing condition resulted in the above noted impairment rating, and was labor disabling.

Almaraz-Guzmán Consideration

Recent case law, Almaraz-Guzman II charge the rating physician with providing a Whole Person Impairment rating utilizing any chapter, table or method in the AMA Guides 5th Edition that most accurately reflects the injured applicant's impairment. The AMA Guides state, "impairment percentages or ratings developed by medical specialists are consensus derived, estimated to reflect the severity of the medical condition and the degree to which the impairment decreases an individual's ability to perform common Activities of Daily Living, excluding work". In the course of this evaluation, I have critically analyzed the injured worker's Activities of Daily Living, and applied Almaraz-Guzman II. The issues surrounding Activities of Daily Living may be problematic as these activities are subjective in nature and not something that I can actually measure. However, my job is to compare what the applicant reports in the loss of Activities of Daily Living with what was expected from the objective findings and pathology.

I opine that the Whole Person Impairment rating given in this report adequately addresses the legitimate objective medical factors in pathology and constitutes substantial medical evidence using the AMA Guides 5th Edition and taking into account Almaraz-Guzman II.

APPORTIONMENT

APPORTIONMENT RELATIVE TO THE HYPERTENSIVE CARDIOVASCULAR DISEASE AND ASTHMA:

Based upon my examination and consultation with this applicant, as well as upon my review of the medical records provided and my clinical experience, it is my opinion that within reasonable medical probability, 100% of this applicant's **hypertensive cardiovascular disease and asthma** impairment would be apportioned to pre-existing causation with 0% apportioned to the subsequent industrial injury.

SPECIALTY REFERRAL

It is my medical opinion that the applicant needs the following specialist evaluations to more specifically address possible impairment and disabilities which are outside my scope of expertise:

1. **Mental Health Specialist**: Based upon my examination and consultation with this applicant Therefore, this applicant will require an evaluation with a psychological specialist to determine issues relative to the applicant's SIBTF claim.

2. **Musculoskeletal Specialist:**

3. **Sleep Specialist**

It is also my understanding that her attorney has scheduled her to see a neurologist and an ophthalmologist. These are medically appropriate evaluations in this case.

CONCLUSIONS

PRE-EXISTING IMPAIRMENT:
This applicant suffers permanent impairment/disability that pre-existed the subsequent industrial injury. Upon combining the pre-existing impairment, without regard to any disability conversion nor any impairment which may arise from further information from specialty consultations or diagnostic studies, we come to the following impairment rating based upon the combined values chart within the AMA Guides Fifth Edition, page 604.:

30 C 10 = 37**% Whole Person Impairment.**
This impairment rating would be considered a basic preliminary impairment rating without consideration of further impairment which may be opined by consulting physicians or evidenced by further diagnostic testing.

It is my opinion that neither the pre-existing disability, nor the subsequent industrial injury, caused this applicant to become permanently totally disabled but rather, the combined effects of both partial disabilities is what has led to a greater disability, than the industrial injury when considered exclusively.

The last injury taken by itself and without consideration of the pre-existing disabilities did not led to a total disability. It is my opinion that the synergy between the prior pre-existing conditions and the subsequent industrial injury led to this applicant in becoming permanently partially or totally disabled.

REASONS FOR OPINION

1. History as related by the patient.
2. Findings on examination.
3. Review of the medical file.
4. Consistency of the objective findings with subjective complaints.
5. Genuineness of the patient.

DISCLOSURE:

Pursuant to labor code §46.2. QME Emergency Regulation in Response to COVID-19 I attest that this evaluation met the following criteria this Telehealth evaluation: A physical examination is not necessary, the injured worker was not required to travel outside of their immediate household to accomplish the telehealth evaluation; and there is a medical issue in dispute which involves whether or not the injury is AOE/COE (Arising Out of Employment / Course of Employment), or the physician is asked to address the termination of an injured worker's indemnity benefit payments or address a dispute regarding work restrictions; and there is agreement in writing to the telehealth evaluation by the injured worker The telehealth visit under the circumstances was consistent with appropriate and ethical medical practice, as determined by the QME; and the QME attests in writing that the evaluation does not require a physical exam

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted here-in, that I believe it to be true."

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my know-ledge. This statement is made under penalty of perjury." Assistance with preparation of this report was provided by Nimrod Samonte, Historian, Rapid Care/Firdouse Taj, Record Reviewer ,all who has been trained by Arrowhead Evaluation Services, Inc.

This is to certify that Sameer Gupta, M.D., performed the above evaluation and examination and that he prepared this report.

Date of Report: September 20, 2022. Signed this 20th day of September 2022, in in San Bernardino County, California.

Sincerely,

Sameer Gupta, MD.

REVIEW of MEDICAL RECORDS

In compliance with Labor Codes 4062.3 (d), 4628 (a) (2), and Title 8 CCR 10606 and Title 8 CCR 41 (b)(2), attached at the end of this report is a listing and summary of the records that I received, reviewed, and relied upon in the preparation of this report.

Per regulations 9793 (n), any documents sent to the physician for review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.5 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided.

Per the attached declaration and attestation, 1278 pages of medical records were reviewed (see attached listing).

Compromise and Release dated 08/03/21, w/DOI: **CT: 01/01/15 - 01/20/20**. Arm, wrist, back, shoulder, LE, legs, hips, and neck. **CT: 07/01/18 - 12/31/18**. Head, stress, and psych. Employed by Kaiser Permanente Downey Med Ctr as a Nursing Assistant. Settlement Amount: 100,000.00.

Undated - Work History.

01/25/08 - Application for Employment from Kaiser.

02/25/08 - New Hire Datasheet.

07/27/11 - Performance Evaluation Report from Kaiser.

06/13/12 - Performance Evaluation Cover Sheet from Kaiser.

09/19/12 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

06/17/13 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

06/18/13 - Performance Evaluation Report from Kaiser.

02/24/14 - Leave of Absence - Medical Leave from Kaiser.

03/08/14 - Leave of Absence - Return from Kaiser.

06/02/14 - Performance Evaluation Cover Sheet from Kaiser.

09/13/15 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

01/30/16 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

08/17/16 - Leave of Absence - Medical Leave - Intermittent.

03/18/17 - Leave of Absence - Medical Leave - Intermittent.

06/28/17 - Telephone Encounter by Jin Hong, MD at Kaiser. Called pt as she needs to be re-evaluated regarding FMLA. Booked appointment.

06/29/17 - Progress Note by Jin Hong, MD/Internal Medicine at Kaiser. Pt is a KP CNA who presents with chronic R shoulder pain. Seen by an ortho and diagnosed with probably impingement syndrome. Had cortisone shot x 2. She reports symptoms worse with consecutive working days if > 4 days. Overall symptoms were controlled with Cortisone shot, Naproxen, and intermittent leave for exacerbation of symptoms. She quit smoking a few months ago but relapsed under stress from family issues. States dizziness side effect from Nicotine patch, "too strong" per patient. PMH: Smoker, L breast lump, HTN, s/p total hysterectomy, nervousness, and L forearm contusion. PSH: Total abdominal hysterectomy in 2008 and excision axillary mass in 2008. Current Meds: Naproxen 500mg, Albuterol 90 mcg, and Losartan-Hydrochlorothiazide 50-12.5 mg. Allergies: Penicillin and Keflex. Vitals: BP: 137/79. Pulse: 85. Temp: 99.1. Ht: 5'7". Wt.: 178 lbs. BMI 27.41 kg/m2. Dx: 1) R shoulder joint pain. 2) HTN. 3) Smoking cessation counseling. Rx: Naproxen 500 mg, Hyzaar, and Bupropion 150 mg. Plan: FMLA extended.

09/02/17 - Leave of Absence - Medical Leave - Intermittent.

09/13/17 - Leave of Absence - Care for Family Member.

09/16/17 - Leave of Absence - Care for Family Member.

09/21/17 - Telephone Encounter by Jin Hong, MD. Pt is requesting a call from Dr. Hong's office regarding FMLA.

10/15/17 - Leave of Absence - Medical Leave - Intermittent.

12/18/17 - Progress Note by Jin Hong, MD. Pt c/o body aching, feverish, cough with chest congestion, and facial pressure for one day. Still smokes. Reports chronic R shoulder pain with intermittent flareup. She reports R shoulder pain exacerbation after moving a 300 lb. patient a few days ago. Vitals: BP: 112/77. Pulse: 77. Temp: 98.4. Ht: 5'7". Wt.: 180 lbs. PE: Resp: Decreased left side breath sound, mild rhonchi. Dx: 1) Bronchitis. 2) HTN. 3) R shoulder internal impingement. 4) Smoking cessation counseling. Rx: Ventolin HFA 90 mcg, Azithromycin 250 mg, Codeine-Guaifenesin 10-100 mg, Hyzaar. Plan: Will extend pt.'s FMLA.

12/18/17 - Telephone Appointment Visit by Daniel Edward Gavino, MD/Family Medicine at Kaiser. Pt c/o cold symptoms, nasal congestion, body aches, and persistent cough with phlegm. Symptoms started yesterday. She used Tylenol and is requesting antibiotics. She does smoke cigarettes. Dx: URI. Plan: Requested to use cough suppressant.

01/03/18 - Leave of Absence - Medical Leave - Intermittent.

01/11/18 - Message by Jin Hong, MD. Last seen 12/18/17 and 06/29/17, intermittent basis 01/03/17 to 07/03/18.

02/12/18 - Telephone Encounter by Jin Hong, MD. Pt has been waiting since January. She needs a form for her employer.

05/17/18 - Progress Note by Jin Hong, MD at Kaiser. Pt c/o R hip and R buttock pain over the past few weeks, which radiates to her pelvic area. Abdomen symptoms are worse with walking and only partially relieved with Naproxen. C/o constipation with abdomen bloating. Vitals: BP: 122/77. Pulse: 73. Temp: 98.5. Ht: 5'7". Wt.: 179 lbs. Dx: 1) Sciatica, R side. 2) Female pelvic pain. 3) Constipation. Rx: Motrin 800 mg, Acetaminophen-Codeine 300-30 mg, Hyzaar, and Lactulose 10 g/15 ml. Plan: Ordered x-ray of R hip and labs. Referral to an ob-gyn.

05/17/18 - X-ray of Right Hip interpreted by Tina Hardley, MD at Kaiser.
Impression: No acute fx is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

06/08/18 - Progress Note by John K. Moran, MD/OB/Gyn at Kaiser. Pt c/o R hip and R buttock pain over the past few weeks radiate to her pelvic area. States abdomen symptoms are worse with walking and only partially relieved with Naproxen. C/o LLQ abdominal discomfort for 1 month, off and on only in early mornings. Also, c/o some vaginal irritation, usually after working and may be from the toilet tissue used at work. PMH: NSVD x4, HTN, and sciatica. PSH: TAH in 2008. SH: Smoker. FH: HTN. Vitals: BP: 133/78. Pulse: 76. Ht: 5'7". Wt.: 180 lbs. Dx: LLQ pain only in AM and relieved by BM C/W GI origin, BV, desires STD screening. Rx: Flagyl 500 mg. Plan: Advised to eat healthily and exercise.

06/08/18 - Laboratory Report from Kaiser. CBC, Electrolyte panel, ALT, Lipid Panel, TSH, Glucose, Fasting, Creatinine, Urinalysis and WBC are within normal limits.

06/11/18 - Telephone Appointment Visit by Jin Hong, MD. Pt requests an extension for FMLA due to chronic shoulder pain and sciatica. Dx: 1) Tobacco smoker. 2) Sciatica R side. 3) R shoulder internal impingement. Plan: Okay to extend FMLA and advised to contact medical correspondence office.

06/11/18 - Patient Message by John K. Moran, MD. Pt's STD cultures for chlamydia, gonorrhea, syphilis, and HIV were all negative.

07/25/18 - Message by Jin Hong, MD. Electronic FMLA documentation signed.

08/02/18 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

08/13/18 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

10/15/18 - Allied Health/Nurse Visit from Kaiser. Pt c/o UTI symptoms. Vitals: BP: 136/78. Pulse: 80. Temp: 98.6. Ht: 5'7". Wt.: 175 lbs. Plan: Scheduled with Dr. Kerestedjian. Given flu vaccine 0.5 ml.

10/15/18 - Progress Note by Lisa Kerestedjian, MD at Kaiser. Pt c/o possible UTI symptoms including dysuria and urinary frequency started 1 week ago. Additional symptoms include burning with urination, frequency and urgency. Current Meds: Ibuprofen 800 mg, Losartan-Hydrochlorothiazide 50-12.5 mg. PMH: HTN, breast lump, and tobacco smoker. PSH: Total abdominal hysterectomy and excision axillary mass. SH: Current every day smoker, smokes 0.50 cigarettes per day. Vitals: BP: 136/78. Pulse: 80. Temp: 98.6. Ht: 5'7". Wt.: 175 lbs. PE: Abdomen: Mild suprapubic tenderness. Dx: 1) UTI. 2) Nicotine dependence. 3) Smoking cessation counseling. 4) Screening for colon cancer. 5) Hypertension. 6) Overweight. 7) Prediabetes. Rx: Nitrofurantoin Monohydrate 100 mg and Nicotine 4 mg. Plan: Ordered labs. Referral to GI. Advised low salt diet and encouraged aerobic exercise. Continue current meds.

11/15/18 - Telephone Note by Jin Hong, MD. Pt states her med Losartan manufacturer was changed and the current prescription causes dry mouth and aches. She wants PCP to change back to old meds.

11/16/18 - Progress Note by Jin Hong, MD. Pt c/o dry mouth and nocturnal leg cramp over the past two months. **She believes symptoms are due to side effects from HCTZ in her BP meds. She has been on Losartan/HCTZ since 2012.** She states medication appears different and requests switching back to the original manufacturer. Also requests to check electrolytes. Vitals: BP: 130/80. Pulse: 81. Temp: 98.1. Ht: 5'7". Wt.: 182 lbs. Dx: 1) HTN. 2) R shoulder joint pain. Rx: Naproxen 500 mg. Plan: Ordered labs.

11/16/18 - Laboratory Report from Kaiser. LDL (H) 126. UA HGB (A) 0.03 (1+). RBC urine HPF (A) 4-10.

11/20/18 - Telephone Note by Jin Hong, MD. Pt has stopped taking Losartan-HCTZ 50-12.5 mg as this was causing dry mouth and feeling dry. **Currently, her BP readings are 158/105, and 157/87. Requesting new Rx for Losartan 50 mg without HCTZ**. Dr. Hong stopped her med for 2 weeks, but her BP is rising. Also, pt informed Dr. Hong of a very small amount of blood in her urine. Cholesterol mild elevated. Recommended taking Crestor.

11/20/18 - Allied Health /Nurse Visit by Julie Oda, PharmD at Kaiser. Pt identified with elevated BP. She meets the criteria for a care manager to review BP and meds. Vitals: BP: 154/92. Pulse: 62. Ht: 5'7". Wt.: 180 lbs. Plan: Requested to start Losartan 50 mg. Repeat non-fasting labs.

11/28/18 - Laboratory Report from Kaiser. UA HGB (A) 0.03 (1+). RBC urine HPF (A) 4-10.

11/30/18 - Telephone Note by Jin Hong, MD. Pt reports persistent mild blood in the urine. The doctor will refer to have kidney ultrasound and urology for further eval. Both ordered.

11/30/18 - Progress Note by Jin Hong, MD. Pt c/o leg cramps due to HCTZ, although she has been on Losartan/HCTZ for yrs. States symptoms resolved after taking Losartan alone. Current Meds: Rosuvastatin 10 mg, Losartan 50 mg, Naproxen 500 mg, and Ibuprofen 800 mg. Vitals: BP: 130/80. Pulse: 79. Temp: 98.6. Ht: 5'7". Wt.: 173 lbs. Dx: 1) HTN. 2) Smoking cessation counseling. 3) Tobacco smoker. 4) Screening mammograms for breast cancer. 5) Screening for colon cancer. Rx: Losartan. Plan: Ordered labs and mammogram.

11/30/18 - Bilateral Digital Screening Mammogram interpreted by Elisa M. Chen, MD at Kaiser.
Positive Findings: The tissue of both breasts is heterogeneously dense. This may lower the sensitivity of mammography. There are benign calcifications in the L breast.
Impression: Benign. 1) There is no mammographic evidence of malignancy. A routine screening mammogram is recommended within 2 years. 2) Kaiser Permanente regional guidelines recommend annual screening mammography for high-risk patients and screening mammography within 2 years for normal low-risk patients. The determination of risk assessment by radiology is limited and ultimately should be determined by pt.'s PCP in collaboration with the pt. 3) Mammograms do not detect all breast cancer. Up to 15 percent of breast cancer can't be detected by mammography. Pt with palpable abnormalities may require further investigation.

12/13/18 - Progress Note by William G. Chu, MD/Urology at Kaiser. Pt is scheduled today for asymptomatic microscopic hematuria. Dx: Microscopic hematuria. Plan: Request to complete upper tract workup with the renal US.

12/13/18 - Ultrasound of the Kidneys interpreted by Christopher Starr, MD at Kaiser.

Positive Findings: A simple cyst is visualized in the far lateral aspect of the L kidney measuring 1.1 x 1.0 x 1.0 cm.
Impression: 1) Cyst visualized in L kidney. 2) Otherwise, normal exam.

12/17/18 - Consultation Note by Allen Chang, MD/Urology at Kaiser. Pt with PMH of HTN, and prediabetes presents for microhematuria. Smokes 1/4 PPD for 20 yrs. Vitals: BP: 133/83. Pulse: 71. Temp: 98.7. Ht: 5'7". Dx: Asymptomatic microscopic hematuria. Plan: Ordered upper tract imaging, cystoscopy, urine culture, and urine cytology.

01/16/19 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

01/17/19 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

01/24/19 - PTP's Initial Comprehensive Eval by Kurt Cline, DC/Edward Komberg, DC/Chiropractor at Tri-City Medical Center. DOI: CT 01/03/18 - 01/04/19. During employment as a Nurse Assistant for Kaiser, pt sustained an injury to the neck, shoulders, wrists, hands, back, hips, and legs. She sustained CT injuries while working 8-12 hours a day, and five days per week since 01/25/08. Her symptoms developed as a result of her customary job duties which included but are not limited to changing patients, turning, repositioning, transferring, toileting, grooming, hygiene, feeding, changing pads, remove soiled linens if necessary. The onset of symptoms began sometime in 2015 approximately. She procured a tx with the physician that placed her off duty two days per month. Every six months she renewed her restrictions. She underwent PT to her R shoulder with temporary benefit. An x-ray of R shoulder was also done. Pain medication was prescribed periodically. Three cortisone injections were administered to her R shoulder. The third injection worsened her pain. She continues working full duty, the only restriction is being off two days a month. She c/o frequent severe neck pain, intermittent moderate low back pain radiating to R leg with numbness, frequent severe R shoulder pain, intermittent moderate to severe L wrist pain radiating to hand with numbness and tingling, and intermittent mild to moderate R wrist pain. PMH: HTN. Allergies: Codeine and Keflex. SH: She has 5-6 cigarettes daily and consumes occasional alcohol. Vitals: Ht: 5'7". Wt.: 181 lbs. BP: 161/96. Pulse:86. Dx: 1) Cervical musculoligamentous injury. 2) Cervical muscle spasm. 3) R/o cervical disc. 4) R/o cervical radiculitis versus radiculopathy. 5) Lumbar musculoligamentous injury. 6) Lumbar muscle spasm. (Partial Document).

01/24/19 - Request for Authorization by Edward Komberg, DC. Authorization requested for chiropractic therapy, 2-3 x/week for 5 weeks, physiotherapy 2-3 x/week 6 weeks, kinetic activities, HEP, referral to FCE and pain management, x-rays of C/S, L/S, R shoulder, L wrist, and R wrist.

03/13/19 - PTP's Initial Evaluation from Harold Iseke Chiropractic Professional Corp. DOI: CT: 01/03/18 - 01/04/19. Pt worked at Kaiser Permanente from 02/25/08 to Present as a Nurse Assistant. She worked more than 40 hours per wk. Her job duties included vital signs, cleaning patients, assisting wheel patients, feeding patients, and providing patient care. Her job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, typing, writing, grasping, gripping, working overhead and lifting approximately up to 200 lbs. She states that chemical odors do not occur at work. She states while performing her usual and customary work duties, she injured her lower back (with radiating pain to the R hip and down R leg), and R shoulders (with pain radiating to the R wrist and R hand) which she attributed to constant lifting, carrying, standing and walking. From 07/01/18 to12/31/18, she developed stress, depression and anxiety, which she attributes to work overload and to the stressful conditions she worked under. She reported these symptoms to her manager who referred her to the company clinic. There she was evaluated and was prescribed pain medication. During her tx with the company clinic, she states x-rays were taken of her R shoulder and lower back. Due to her symptoms, she was referred to another location for PT where she had completed 6 sessions. She

was also referred to acupuncture therapy but because she felt acupuncture therapy worsened her symptoms, she opted not to continue with this tx. During this time, she states she was sent back to work with restrictions but was later released back to perform her customary and daily duties. Currently, she is still scheduled to receive more PT sessions. She is still employed by Kaiser Permanente as a Nurse Assistant. She had some difficulties with ADLs. She c/o occasional occipital dull, achy headache increased with activity. C/o frequent mild 2-3/10 achy LBP with occasional radiating pain into R posterior thigh increased with repetitive movement, sitting, standing, driving, bending, twisting, and squatting. C/o intermittent mild achy R shoulder pain rated 4-5/10, increased with repetitive movement, lifting 10 lbs., pushing, pulling repetitively and overhead reaching. C/o activity-dependent 3-4/10 achy R wrist pain with a tingling sensation in R hand associated with repetitive movement, grabbing/grasping, gripping and squeezing. C/o loss of sleep due to pain. states due to prolonged stress, she feels like her condition will never improve, which is causing stress. PMH: High BP. She was in an automobile accident in 1999 where she sustained injuries to her lower back. She received proper medical care including PT and made full recovery. PSH: Underwent uterus removal in 2005 due to tumor, made full recovery. She was hospitalized in 1983, 1985, 1986, and 1988 due to childbirth. SH: She smokes cigarettes and occasionally drinks alcoholic beverages. FH: Mother with high BP. ROS: H/o constant headache and anxiety. Vitals: Ht: 5'8". BP: 148/96. Wt.: 181 lbs. Pulse: 66. Dx: 1) Headache. 2) Low back pain. 3) Spinal enthesopathy, lumbar region. 4) Impingement syndrome of R shoulder. 5) Pain in R shoulder. 6) Pain in R wrist. 7) Sleep disorder, unspecified. 8) Reaction to severe stress, and adjustment disorders. 9) Myositis, unspecified. 10) Chronic pain due to trauma. (Partial Document).

03/31/19 - MRI of Right Shoulder w/o contrast interpreted by Roger Han, MD at Kaiser.
Impression: Low-grade partial-thickness tear at the articular surface of the supraspinatus tendon insertion.

04/11/19 - Leave of Absence - Medical Leave - Intermittent from Kaiser.

04/30/19 - X-ray of L/S interpreted by Amjad Safvi, MD at ExpertMRI. Impression: 1) Reduced intervertebral disc height is noted at the L5-S1 level. 2) No other significant abnormality was noted.

06/19/19 - Extracorporeal Shockwave Procedure Report from Harold Iseke Chiropractic Professional Corp. Completed 1 session of ECSWT for R shoulder. (Partial Document).

07/28/19 - MRI of L/S w/o contrast interpreted by Amjad Safvi, MD at ExpertMRI.
Impression: 1) Straightening of L/S seen. 2) Disc desiccation is noted at L4-5 and L5-S1 levels. 3) Restricted ROM in flexion and extension positions. 4) Prominent ovarian follicular cyst measuring 4.5 x 4.4 cm seen on the right side, f/u with ultrasound. 5) L2-3: Diffuse disc protrusion with effacement of the thecal sac. The spinal canal and neural foramina are patents. Disc measurements: NEUTRAL: 2.9 mm, FLEXION: 2.9 mm, EXTENSION: 2.9 mm. 6) L3-4: Diffuse disc protrusion with effacement of the thecal sac. The spinal canal and neural foramina are patents. Disc measurements: NEUTRAL: 2.7 mm, FLEXION: 2.7 mm, EXTENSION: 2.7 mm. 7) L4-5: Focal central disc protrusion with annular tear effacing the thecal sac. The spinal canal is compromised. Disc material and facet hypertrophy causing B/L neuroforaminal narrowing that effaces the L and R L4 exiting nerve roots. Disc measurements: NEUTRAL: 6.2 mm, FLEXION: 6.2 mm, EXTENSION: 6.2 mm. 8) L5-S1: Diffuse disc protrusion with effacement of the thecal sac. The spinal canal and neural foramina are patents. Disc measurements: NEUTRAL: 3.0 mm, FLEXION: 3.0 mm, EXTENSION: 3.0 mm.

08/12/19 - Dr's 1st Rpt by Julie Goalwin, PhD/Psychology. DOI: CT: 07/01/18 - 12/31/18. Retaliation from complaints from injuries causing stress, sadness, and harassment. Reports chronic lower back, neck, and wrist pain from repetitive work. She feels sad, has little motivation, fatigued, cannot sleep due to work-related stress and has difficulty concentrating. Dx: 1) Depressive disorder. 2) Insomnia. Plan: Requested psych eval. Requested biofeedback and outpatient psychotherapy 2-3 a month for 3 months. Off work.

02/14/20 - PR-2 by Harold Iseke, DC. Pt c/o activity-dependent right-sided burning headache radiating to R leg with dizziness increased with stress and activity. C/o frequent moderate sharp LBP and stiffness rated 4/10 radiating to R leg, associated with lifting 10 lbs., standing, bending, kneeling, twisting and squatting. C/o frequent moderate sharp R shoulder pain and stiffness rated 4/10 radiating to R arm with tingling, associated with lifting 10 lbs., grabbing/grasping, gripping, pushing, pulling repetitively and overhead reaching. C/o intermittent mild achy R wrist pain, stiffness, with occasional numbness and tingling into R hand rated 2-3/10 associated with lifting 10 lbs., grabbing/grasping, gripping, squeezing, pushing and pulling repetitively. Had difficulties with ADLs. ROS: H/o fatigue, blurred vision, high BP, difficulty walking, and headaches. Vitals: Ht: 5'8". Wt.: 177 lbs. Temp: 96.3. BP: 149/100. Pulse: 72. Dx: 1) Incomplete RCT/rupture of R shoulder, not trauma. 2) MDD, single episode, unspecified. 3) Anxiety disorder, unspecified. Plan: Ordered MRI of L wrist and R wrist. Requested EMG/NCV of BUEs and BLEs. Dispensed wrist brace. Requested acupuncture therapy 1x 6 weeks. Off work.

02/27/20 - EMG/NCV/SSEP of BUE interpreted by Benjamin Gross, MD/Psychiatry and Neurology at Universal Diagnostics Imaging, Inc.
Impression: Abnormal Neurodiagnostic Study of BUEs is consistent with 1) Mild L CTS involving the sensory fibers only. 2) B/L demyelinating ulnar motor neuropathy across the elbows.

02/27/20 - EMG/NCV/SSEP of BLE interpreted by Benjamin Ross, MD at Universal Diagnostics Imaging, Inc.
Impression: Abnormal neurodiagnostic study of BLEs consistent with 1) Mild axonal Post. Tibial motor neuropathy affects the LLE probably from L L5 radiculopathy. Monopolar needle examination of the LE muscles reveals evidence of L anterior tibialis muscle showed moderately increased polyphasic potentials. The L vastus lateralis muscle showed slightly increased polyphasic potentials 2) B/L Sup. peroneal axonal sensory neuropathy.

05/27/20 - Dr's 1st Rpt by Nelson J. Flores, PhD/Psychology at Psychological Assessment Services. DOI: CT: 01/01/15 - 01/20/20, 07/01/18 - 12/31/18, 07/01/18 - 01/29/20. Pt reports while working for Kaiser Foundation Hospitals DBA Medical Center/Kaiser Permanente Downey Medical Center/Kaiser Foundation Hospitals DBA Medical Center for Diabe, she was exposed to work stress, work pressure, work overload, and incidents of harassment by her coworkers. With time, she developed pain in her arms, wrists, shoulders, back, and which she related to the heavy and repetitive nature of her work. As a result of her work exposure and persisting pain, she developed symptoms of anxiety, depression, and insomnia. She reports feeling sad, helpless, hopeless, lonely, afraid, terrified, scared, angry, and irritable. She tends to socially isolate and withdraw from others. She experiences conflicts with others due to her irritable mood. She has lost confidence in herself and interest in her appearance. She lacks motivation. She has lost interest in her usual activities, as she no longer enjoys these activities as she once did. She experiences crying episodes. At times, she feels like crying. She feels much more sensitive and emotional than she once was. She has an increased appetite and estimates that she has gained approximately 10 lbs. She has difficulty controlling her impulses. She reports sleep difficulties due to her excessive worries and pain. She awakens throughout the night and early in the morning. She maintains a low energy level and feels easily tired throughout the day. She experiences distressing dreams, flashbacks, and intrusive recollections. She reports angry outbursts. She feels nervous, restless, agitated, and tense. She has difficulty concentrating and remembering things. She is fearful without cause and worries excessively. She worries about the possibility of future surgery. She is bothered by episodes of dizziness, muscle tension, numbness, tingling sensations, and wobbliness in her legs. She feels unable to relax. She fears the worst happening and losing control. She feels pessimistic and self-critical. She has a decreased sexual desire. She reports GI disturbances, headaches, and hypertension. Her headaches are exacerbated and/or triggered when she feels under stress and as her mood worsens. Dx: Axis I: 1) MDD, single episode, mild. 2) Anxiety disorder,

NOS. 3) Insomnia related to GAD and chronic pain. 4) Stress-related physiological response affecting headaches. Plan: Requested cognitive behavioral group psychotherapy and hypnotherapy/relaxation training 1 x /week for 8 weeks, and psychotropic meds. Off work.

09/16/20 - Ortho PQME by Narendra G. Gurbani, MD/Orthopaedic Surgery. DOI: CT: 01/03/18-01/04/19; CT: 07/01/18-12/31/18. Pt stated that during her employment with Kaiser Foundation Hospitals, she gradually developed pain in R shoulder, low back and L wrist due to continuous and repetitive physical activities associated with her job duties as a CNA. She first experienced symptoms in 2016, at which time she began to experience pain in R shoulder. She attributed her R shoulder pain to repetitively repositioning patients in bed and assisting patients to the bathroom. She reported her symptoms to her supervisor and was referred for medical care. She began care under Dr. Jin Hong, her PCP. She was evaluated, referred for a course of PT and referred to Kaiser Occupational Medicine (name of the doctor not recalled). She saw an orthopedic doctor through Occupational Medicine who administered two cortisone injections in R shoulder, which provided approximately 2 months of relief. She was provided with work restrictions which allowed her to miss 2 days of work per month for her R shoulder injury. She remained symptomatic with ongoing pain in R shoulder. She was then discharged and allowed full duty. In 2017, she began to experience pain in her lower back. She attributed her low back symptoms to repetitive heavy lifting, repositioning patients in bed, and assisting patients to the bathroom. She reported her symptoms to her supervisor and was sent back to Dr. Hong for medical treatment. She was referred for a course of PT but saw no significant improvement in her condition. She received no further treatment or care for the low back at Kaiser. She continued working her usual and customary duties after 2 weeks of light duty. In July of 2019, imaging studies of R shoulder were obtained and allegedly demonstrated RCT. Dr. Hong referred her for an additional 12 sessions of PT for R shoulder, which provided no significant benefits. In 2019, she began to experience pain in L wrist which gradually worsened. She attributed her pain to repetitive heavy lifting, repositioning patients in bed, and assisting patients to the bathroom. She reported the injury to her employer and began treating with Dr. Hong. Dr. Hong referred her to an orthopedic specialist (name unrecalled). X-ray of L wrist allegedly demonstrated abnormalities. The orthopedic specialist provided her with an L wrist brace. She received no further care or treatment for the left wrist at Kaiser. In approximately mid-2019, she began treating with Dr. Isaac at Well Health Clinic for the low back, L wrist and R shoulder. She was provided with electric shock therapy, acupuncture, chiropractic treatment, and additional PT. She saw significant improvement in R shoulder pain. She continued to have low back and L wrist pain. In early 2020, she began traction therapy for her lower back; however, due to COVID-19 precautions, she was unable to continue her therapy. On 06/08/20, imaging studies were obtained of L wrist, R shoulder and lower back. The imaging studies demonstrated abnormalities. She has since continued conservative treatment, including acupuncture for L wrist. She was most recently referred to an orthopedic specialist and is currently awaiting approval. She felt 70% improvement in R shoulder with the treatment. Had 0% improvement in her lower back with the treatment. L wrist has worsened despite treatment. She is currently being treated by Dr. Isaac at Well Health Clinic. She is awaiting approval to be evaluated by an orthopedic specialist. She has been off work completely from 02/14/20 up to the present time. She was placed on modified duty from 2016 through February 2020. Currently c/o intermittent pain R shoulder with pain radiating to her R arm. Her shoulder pain is present 50% of the time. N/T in her forearm and hand. Pain level 2/10 on a good day. On a bad day pain level is 5/10. Pain level becomes worse at night. C/o continuous L wrist/hand pain, with pain radiating to her hand. Her wrist/hand pain is present 100% of the time. N/T in wrist, hand and fingers. She has cramping and weakness in L hand and dropped several objects. Pain most days in her wrist/hand is a level 4/10. On a good day, her pain level is 3-4/10. On a bad day, her pain increases to 5/10. C/o intermittent LBP with pain radiating to R leg. LBP is present 50% of the time. N/T in R leg to the calf. Pain most days in L/S 2/10. On a good day, her pain level is 0/10. On a bad day, her pain increases to 5/10. She is unable to sit for more than 3 hours or stand for more than 4-5 hours before her pain symptoms increase. Difficulty in driving for a prolonged period. Also has difficulty sleeping and awakens with pain and discomfort. She has claimed the development of depression and insomnia as a result of this injury.

Not received treatment. These problems are out of the scope of the Examiner's orthopedic practice and need to be managed by pt.'s PTP if applicable. Difficulty with ADLs. Medical records were reviewed. PMH: More than 5 years ago, she sustained a sprained L ankle after tripping while wearing high heels. She received conservative treatment and was placed in a brace for several weeks. Subsequently, she made full recovery. More than 20 years ago, she was involved in an MVA. The vehicle was side swiped on the L side; she was the passenger in the vehicle. She experienced minor LBP following the accident and underwent a course PT. Subsequently, she made a full recovery and denied any continued symptoms. PMH: H/o depression and high BP. Denied epilepsy (seizure disorder), stroke and head injury. Social Hx: Smokes 3 packs of cigarettes per week. Alcohol consumption. Vitals: Ht: 5'7". Wt.: 173 lbs. BMI: 27.1. Summary: Examiner opined that both prior employments have contributed to cumulative trauma to R shoulder, L wrist, and L/S. The preexisting degenerative condition of L/S as described in radiological findings has contributed to her lower back symptoms. When pt was not satisfied with the management by Kaiser physicians, including the occupational medicine department, she sought an attorney consultation who referred her to a chiropractor, Dr. Harold Iseke, DC in February of 2018. Dr. Iseke has been treating her without any surgical intervention. He had also been sending her back to full-time duty; however, due to her continuation of symptoms of L wrist, he took her completely off work on 02/14/20. So far pt has been managed by chiropractic treatment only and has not been evaluated by any Orthopedic surgeon for her musculoskeletal injuries. According to pt, she has exhausted all PT sessions for the lower back, L wrist and R shoulder. She has also received acupuncture treatment for L wrist without resolution of symptoms. As per Dr. Iseke, she has a pending L wrist appointment for an orthopedic evaluation. Pt has persistent symptoms and positive radiographical findings in R shoulder and lowers back as described above in the Diagnostic Studies section. Pt will benefit from consultations by Orthopedic surgeons specializing in shoulder and lower back to relieve the effects of cumulative trauma from her industrial injuries. **Causation: The cumulative injury to R shoulder and L wrist sustained by pt resulted in disability and a need for medical treatment arose out of employment and during employment at Kaiser Permanente Medical Center Downey, Mediscan Agency Woodland Hills, and Carson City Hall. The cumulative injury to L/S sustained pt resulted in disability and a need for medical treatment was an aggravation of preexisting condition and this aggravation arose out of employment and during employment at Kaiser Permanente Medical Center Downey, Mediscan Agency Woodland Hills, and Carson City Hall**. P&S Status: About R shoulder, L wrist and L/S it is opined that all periods of temporary partial and/or total disability noted in the medical records were appropriate for and commensurate with pt.'s injuries. Not reached MMI and not P&S. Symptoms have not reached a plateau and pt will benefit from consultations from appropriate specialty orthopedic surgeons and further medical and/or possible surgical treatment to cure or relieve the effects of the industrial injury. Permanent Impairment and Apportionment: **Permanent impairment and apportionment will be appropriate when pt has achieved MMI and reached P&S**. Work Status: Deferred to PTP. Future Medical Care: About L wrist, pt should wear a wrist brace and utilize OTC anti-inflammatory meds. Surgical intervention is not warranted in near future. About R shoulder and lower back, pt should continue to engage in HEP including ROM, strengthening, and use of heating packs to alleviate the muscle spasm. OTC medication may be utilized for pain. Pt should be evaluated by orthopedic surgeons specializing in shoulder and lower back and consultation reports are provided to this evaluator.

09/23/20 - PTP's P and S Rpt by Harold Iseke, DC. DOI: CT 01/03/18 - 01/04/19. Pt states that while employed with Kaiser Permanente as a Nurse Assistant, she sustained injuries on a CT basis from 01/03/18 to 01/04/19. Additionally, she also states she developed stress, depression, and anxiety from 07/01/18 to 12/31/18. She started to experience pain in her neck, lower back (with radiating pain to the R hip and down the R leg), and R shoulder (with pain radiating to the R wrist and R hand), which she attributed to constant lifting, carrying, standing and walking. She also developed stress, depression, and anxiety, which she attributes to work overload and the stressful conditions, she worked under. She has had 19 chiropractic visits to date and 4 acupuncture sessions to date. Having completed the regimen of tx, she has reached MMI and is ready for P&S

considerations. She presently c/o frequent dull left-sided headache radiating to low back and R leg. Exacerbation with stress. C/o frequent moderate sharp LBP and stiffness radiating to R leg associated with lifting 10 lbs., standing, bending, kneeling, twisting and squatting. C/o frequent moderate sharp R shoulder pain and stiffness radiating to R arm with tingling, associated with lifting 10 pounds, grabbing/grasping, gripping, pushing, pulling repetitively and overhead reaching. C/o intermittent mild achy R wrist pain, stiffness, with occasional numbness and tingling into R hand associated with lifting 10 pounds, grabbing/grasping, gripping, squeezing, pushing and pulling repetitively. C/o constant moderate achy L wrist pain, stiffness, numbness and tingling becoming sharp severe pain with lifting 10 pounds, reaching, grabbing/grasping, gripping, squeezing, pushing, pulling repetitively, and turning. C/o loss of sleep due to pain. She states due to pain, she is experiencing anxiety and stress. Had difficulties with ADLs. SH: Smokes cigarettes and occasionally drinks alcoholic beverages. ROS: H/o high BP. Vitals: Ht: 5'8". **BP: 149/100**. Wt.: 177 lbs. Pulse: 72. Dx: 1) Headache. 2) LBP. 3) Spinal enthesopathy, lumbar region. 4) Impingement syndrome of R shoulder. 5) Pain in R shoulder. 6) Incomplete RCT/rupture of shoulder, not trauma. 7) Pain in R wrist. 8) Lesion of ulnar nerve, R upper limb. 9) Unspecified mononeuropathy of L upper limb. 10) Pain in L wrist. 11) Ganglion, L wrist. 12) Lesion of ulnar nerve, L upper limb. **13) Sleep disorder, unspecified**. 14) MDD, single episode, unspecified. 15) Anxiety disorder, unspecified. 16) Reaction to severe stress and adjustment disorders. 17) Myositis, unspecified. 18) Chronic pain due to trauma. **Impairment Rating: L/S: 13% WPI. R Shoulder: 2% WPI. Causation: Industrial injury of CT 01/03/18 – 01/04/19. Apportionment: R Shoulder: 100%. L/S: 10% to preexisting degenerative changes and 90% to CT injury.** Pt is precluded from lifting over 15 lbs., no repetitive bending and stooping, no repetitive or forceful pushing and pulling and no overhead work or overhead reaching with R arm. Future Medical Care: Pt should have access to chiropractic and acupuncture tx during the periods of exacerbation as well as access to pain management for possible epidural steroid injections to L/S and corticosteroid injection to R shoulder and L carpal tunnel. If no better, then she should have access to an orthopedist for possible surgical considerations. She should also have access to psych for anxiety and depression.

10/08/20 - Psychological Evaluation by Christopher T. Simonet, PhD/Psychology at Expedient Medicolegal Services. Pt has filed two overlapping cases against the subject employer Kaiser Foundation Hospital (hereafter referred to as Kaiser), both of which are cumulative traumas. The first is a repetitive movement orthopedic claim spanning 01/03/18 through 01/04/19, and the other is a psych claim for stress, depression, and anxiety from a hostile work environment with listed dates of 07/01/18 through 12/31/18. Her date of hire was 02/25/08. On the date of our interview, she told she took Motrin for pain, but she denied taking other medications and denied having any limitations or impairment that would prevent her full participation in the interview. Medical records were reviewed. At the time of the relevant events, the pt was employed by Kaiser working as a Certified Nursing Assistant (CNA). Industrial Events: Pt described what she perceived as a combination of harassment from management, as well as a lesser degree of harassment from work colleagues leading to the development of her mental condition. (She reported not recalling her mental health visits for work issues in 2011). Post-Injury Details: Since the industrial events occurred, the applicant has been treated with individual and group psychotherapy, psychotropic medications, as well as pain medications, imaging (X-rays, MRI), physical therapy, splints, chiropractic care, and acupuncture. Psychiatric symptoms: Before the industrial events, pt described herself as fine and normal. After the industrial events, the pt reported experiencing anxiety, depression, sleep disturbance, irritability, and wanting to be alone. She also reported some worry about her future. Prior to the industrial events, the applicant slept six hours a night. Since the industrial events, the pt stated she sleeps five or six hours per night. Reports stress and worry, sleep disturbance, restlessness and mood that was not good. Had one session of psychotherapy. Reports left wrist pain and lower back pain. Seen an acupuncturist. Meds: Losartan 25 mg, Motrin 800 mg, Tylenol with Codeine 25 or 50 mg. Allergic to penicillin and Keflex. PMH: High BP. PSH: Partial hysterectomy. SH: Alcohol use from age 25 through the present, consumes three drinks on weekends. Reported smoking tobacco in the form of half a pack of cigarettes per day since age 25. History of limited opioid use. Dx: Axis I: Adjustment disorder with mixed anxiety and depressed mood, chronic. Axis II:

Diagnosis deferred. **<u>Axis III: Orthopedic conditions deferred to orthopedic QME. HTN</u>**. Prediabetes. S/p total abdominal hysterectomy. History of pelvic pain. Axis IV: Occupational problems, economic problems. Axis V: 67, which translates to a WPI score of 5 indicating the persistent danger of severely hurting self or others or persistent inability to maintain personal hygiene or serious suicidal act with clear expectation of death. Recommend to complete psychological treatment under Dr. Flores as scheduled. Levels of impairment: ADLs, social functioning, memory and concentration, work-life settings - deferred until MMI. Although the applicant initially denied any history of psychiatric problems or treatment prior to approximately 2014, records reveal one mental health contact in 2008 on 04/23/08. This contact documented the presence of "ongoing marital issues" for several years, as well as conflicts over the applicant's youngest daughter who continues to remain a source of stress. Although the applicant was quite uncertain about the dates of onset for her various orthopedic injuries, records included with this report confirm the presence of low back pain and carpal tunnel syndrome as early as 07/22/10. Left arm pain was present as of 07/18/14, and right shoulder pain was noted as having been present for one year by 10/13/15. There is some disparity between the applicant's self-reported onset of psychological distress from work problems and the dates of onset as noted in the medical records. Pt eventually suggested she experienced psychological distress from work problems as early as approximately 2014. However, the records indicate she presented as tearful to her family medicine doctor on 08/31/11, citing a combination of job stress and financial issues for the previous two months. She has prescribed antidepressant and sleep medications at the time and was diagnosed with an adjustment disorder. Thus, the records indicate her job-related psychological symptoms began in approximately 2011. These problems appear to have been recurrent and fairly consistent over the subsequent years. For example, she had an occupational medicine visit on 10/24/12, at which time she presented as nervous/anxious and was complaining of job stress due to "excessive workload." The nature of these problems was clarified a bit more on 11/07/12 during an occupational medicine visit in which she noted her stress was due to management and workload issues, noting she had been involved in arguments over perceived workload unfairness. Causation: 60% of the cause of her condition at the time of onset was related to personnel actions including stress related to conflicts with her supervisor related work expectations and workload, which have continued in the years since and also involved formal reprimands. Another 20% of the cause of the condition at that time would be related to generalized work stress stemming from what she perceived as a hostile work environment. Finally, believe 20% of the cause of the condition at the time of onset was related to financial distress as cited in the records at the time of onset. A separate portion of 20% would be generalized work stress which could be additive should the Trier-of-Fact determine this personnel action be performed in bad faith. Also, the 20% attributable to financial concerns would be non-industrial, as found no evidence in the records or in the applicant's self-report of any financial changes or problems related to her work prior to or at the time her psychiatric condition manifested in 2011. Defer recommendations to orthopedic QME. TPD or TTD on an industrial psychiatric basis. MMI status deferred until pt has been determined to have reached MMI on an orthopedic basis. Work restrictions and the need for a modified position on a psychiatric basis. It is too early for me to specify psychiatric work restrictions or psychiatric work modifications in this case. However, the examiner does not believe that the applicant is precluded from her usual and customary position on a psychiatric basis at this time and believes it unlikely psychiatric work restrictions will be warranted upon reaching MMI on a psychological basis.

01/27/21 - Ortho Consult by Paul M. Simic, MD/Orthopedic Surgery at UCLA Health. DOI: 01/24/19. Pt employed by Kaiser Permanente/Hospitals as a CNA for 13 yrs. She is required to assist in habit training, toileting, bathing, cleaning, repositioning, escorting, ambulating, assisting in feeding, transferring, dressing and undressing. She works full time. She has been off work since 02/14/20 for L wrist pain. During employment on 01/24/19, she reports that while performing her usual and customary duties she was repositioning a patient when she developed pain in her lower back, R shoulder, and neck. The injury was reported to her employer. She was referred by the employer to an industrial doctor. Radiographs were obtained. She received approximately 1-2 weeks of PT for R shoulder and lower back. MRIs were obtained from R shoulder, neck, and back. She was

administered cortisone injections into both shoulders a few years ago. She underwent QME with Dr. Narendra Gurbani. She requested her medical records be reviewed since she has a poor recollection of tx and doctors. She has an examination with Dr. Barcohana on 01/29/20 for her neck and back. She presently c/o dull R shoulder pain comes and goes rated 3/10. She has difficulty reaching overhead. She has an L wrist cyst that is growing in size. The neck pain comes and goes rated 4/10. Pain is dull and aching depending on movement. She has difficulty with turning the L. There is N/T in the L wrist. Intermittent LBP and is sharp rated 3/10. She has difficulty with prolonged walking. There are radiating sharp pain in R leg to the foot. She had a lower back in with the same employer. PMH: HTN. Current Meds: Acetaminophen-Codeine and Cyclobenzaprine 10 mg. PSH: Partial hysterectomy. SH: Social drinker and smokes. Diagnostic Studies: MRI of R shoulder from 2019 reveals partial-thickness supraspinatus rotator cuff tendon tear. Dx: 1) R shoulder impingement syndrome, partial rotator cuff tendon tear. 2) S/S strain, radiculopathy/radiculopathy. Plan: Recommended R shoulder arthroscopic rotator cuff repair, subacromial decompression with partial acromioplasty, and extensive debridement. Requested medical clearance. Recommended consultation tx with Dr. Barcohana. Requested MRI full imaging and rpt. Recommended rest, activity modification, and NSAIDs. Off work.

01/29/21 - Initial Orthopaedic Consultation by Babak Barcohana, MD/Orthopedic Surgery at UCLA Health. DOI: 01/24/19. Pt presently c/o intermittent, dull R shoulder pain at 3/10. She has difficulty reaching overhead. She has an L wrist cyst that is growing in size. Intermittent neck pain at 4/10. Pain is dull and aching depending on movement. She has difficulty with turning the L. There is N/T in the L wrist. Sharp, intermittent LBP at 3/10. She has difficulty with prolonged walking. There are radiating sharp pain in R leg to the foot. She had a lower back in with the same employer. PMH: HTN. Vitals: Ht: 5'8". Wt.: 175 lbs. X-ray of C/S on 01/29/21 revealed straightening of cervical lordosis. Disc heights are preserved. X-ray of L/S on 01/29/21 revealed there is asymmetric disc space narrowing at L4-5 on the L. Dx: 1) Chronic left-sided neck pain. 2) Chronic LBP. 3) L lumbar radiculopathy. 4) Asymmetric disc space narrowing on L at L4-L5. Plan: Requested spinal injections.

02/08/21 - Request for Authorization by Paul Simic, MD. Authorization requested for R shoulder arthroscopic rotator cuff repair, subacromial decompression with partial acromioplasty, extensive debridement, preop medical clearance, postop PT/OT, COVID-19 testing, and postop meds Norco 5/325 and Percocet 5/325 mg.

02/24/21 - PR-2 by Paul M. Simic, MD. Pt states C&T for L wrist has been authorized. States symptoms have been present from the initial onset. C/o N/T, worse in the thumb. States had a brace but it broke from overuse. Reports N/T worse at night. R shoulder surgery has been authorized. X-ray of L wrist demonstrates 0.1-0.2 cm ulnar negative variance. MRI of L Wrist on 06/08/20 reveals negative ulnar variance, subcortical cyst in lunate and capitate, minimal fluid collection in distal radioulnar and pisotriquetral joints, and subchondral cyst noted in the head of 3rd metacarpal. Dx: 1) R shoulder impingement syndrome, partial rotator cuff tendon tear. 2) C/S strain, radiculopathy/radiculopathy. 3) L wrist strain/sprain, CTS, DeQuervain's tenosynovitis. Plan: Recommended surgical intervention. Continue f/u with Dr. Barcohana. Requested EMG/NCS of UE, new wrist brace, and US-guided corticosteroid injection. Off work.

03/24/21 - PR-2 by Paul M. Simic, MD. Pt received a wrist brace, worn at night and with activities PRN. Injections for the wrist have not been authorized. Had a nerve study performed, and would like to discuss the results. States R shoulder surgery was previously authorized. A nerve study of LUE revealed mild L CTS and severe L elbow cubital tunnel syndrome. Dx: L elbow cubital tunnel syndrome. Rx: Percocet 5/325 mg. Plan: Need MRI images prior to surgery. Requested C&T for L elbow. Advised on use of towel technique and use of wrist brace. Re-requested US-guided corticosteroid injection. Off work.

04/14/21 - PR-2 by Paul M. Simic, MD. Today, pt reports that the shoulder pain has improved while at rest since she has been off work. She still reports persistent L 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. Dx: 1) R shoulder impingement syndrome, partial rotator cuff tendon tear, improved. 2) C/S strain, radiculopathy/radiculopathy. 3) L wrist strain/sprain, 1st extensor tenosynovitis. 4) L elbow severe cubital tunnel syndrome. 5) L wrist carpal tunnel syndrome. 6) L wrist mass. Off work.

05/19/21 - PR-2 by Paul M. Simic, MD Pt states injection for L wrist has not been authorized, C&T for L elbow has not been authorized, and surgery for L wrist and elbow has not been authorized. Today, she reports continued pain numbness and tingling in L wrist/hand. Dx remains unchanged. Plan: Requested C&T with pain management specialist. Re-requested C&T for L elbow and L wrist and elbow surgery. Off work.

06/18/21 - PR-2 by Alexander Kaye, PAC Pt reports no change in symptoms from the previous visit. C/o continued N/T. States symptoms wake her up at night. Wearing wrist brace at night. Using towel technique at night with mild improvement of symptoms. Dx remains unchanged. Plan: Re-requested L wrist carpal tunnel and L wrist first extensor compartment US-guided corticosteroid injections. Advised to advance activities as tolerated. Off work.

Videoconference Deposition of Darlene Walls on 07/16/20 (50 Pages)

Pages 10, and 11 - Pt took medication for high blood pressure and Naprosyn for pain in her lower back, left wrist, and shoulder, as prescribed by Dr. Hong. She is also taking Motrin 800 mg on an as-needed basis and a multivitamin daily. Page 12 - Her current weight is 170 pounds. She used to drive a Sedan. Page 14 - She got a divorce in 2008 due to disagreement. Page 15 - She spent an hour with the attorney to prepare for the deposition today. Page 17 - In the early 90s, she was arrested with warrants and spent 5 days behind bars. Pages 19-21 - She currently has an outstanding debt for her car. She was enrolled in a credit card debt consolidation of about 7,000 in December 2019. She had to pay $89 every month for credit card debt. About 10 years ago, she was involved in a motor vehicle accident on the freeway and someone hit the rear left side. She injured her lower back and got physical therapy. Pages 22-24 - Due to the injury, she had pain in her lower back, left wrist, and right shoulder and radiating pain from her right leg to her back. Pain in her right side was worse than in her left. Her pain and associated symptoms increase with activities such as bending down, sitting and walking for a prolonged period. Due to back pain, she could not do mopping, dancing, carrying her grandbaby and picking her up. Pages 25-28 - She had been having issues with her right shoulder since 2015 due to repetitive use. She received injections in 2016 that helped her right shoulder. An MRI of her right shoulder was done and was diagnosed with a small tear in her right shoulder. She was granted off for 2 days a month to rest her shoulder. She had a phone interview with Dr. Flores about her psych past medical treatment. She saw somebody for therapy at Kaiser in 2008 related to marital issues. Page 29 - In 2016, she had seen somebody with Kaiser mental health due to stress at work. As per the note from urgent care in 2011, she has a pending court case as a witness in the armed assault, poor sleep, and tosses and turns. She felt job stress and financial issues. Her blood pressure had been high for about 2 months and was recently under stress. Pages 30-32 - She is currently not working. She last worked at Kaiser on 02/13/20. She was placed off work by her lawyer's doctor, Dr. Iseke in February 2020. She is currently receiving benefits from EDD every 2 weeks. In the past, she had received unemployment benefits. She had Kaiser health insurance since 2008. Pages 33-36 - She worked as a CNA at Med-Surg tele in Kaiser for about 14 years. She has been working in another med-Surg department for 7 years. She received a corrective action notice in 2017 for attendance, written up by Kaiser. Prior to 2000, she noted it at a higher level of 9-10 on a corrective action notice scale. In the last 10 years, she had been on level 1 related to attendance issues. She stated that she had interpersonal issues with Michelle Lamberg and Siony at work and felt the environment was hostile or stressful. She was harassed by Michelle all the time. Michelle told her that she chews gum like a cow. Pages 37-39 - Siony verbally abused her on different occasions. She stated that the pain started to get worse in February. She felt that short therapy, light duty for 3 weeks was not appropriate with

Kaiser On the job and released her back to work. Her workload changed in January and February 2020, as they have more stroke

patients and they were very heavy. She felt that stress and orthopedic injuries made her take off work. She felt stressed with the increased workload and the impacted her physically. Prior to COVID, she had activities like dancing, shooting pooling, and gatherings with her family. Page 40 - She had problems with her employees, and managers, watching her every move. When she took a break, they had the employees write the time down and watched her go down the hallway and watch her come back. While she was on light duty, she was told to keep her eye on the monitor as she was monitoring the cameras. Page 41 - She was hospitalized during a partial hysterectomy. Pages 43, and 44 - She considered herself a very religious person. She has a normal social life. Pages 45-47 - She had attempted robbery in her life. She used to drink cold beer or a glass of wine with dinner about 3 times a week. SGU/rpc/ft

INTERNAL MEDICINE VITALS/WEIGHT/HEIGHT TIMELINE

In

DATE OF SERVICE	BLOOD PRESSURE READING	HEIGHT	WEIGHT	PULSE
06/29/17	137/79	5'7"	178 lbs.	85
12/18/17	112/77	5'7"	180 lbs.	77
05/17/18	122/77	5'7"	179 lbs.	73
06/08/18	133/78	5'7"	180 lbs.	76
10/15/18	136/78	5'7"	175 lbs.	80
11/16/18	130/80	5'7"	182 lbs.	81
11/20/18	154/92	5'7"	180 lbs.	62
11/30/18	130/80	5'7"	173 lbs.	79
12/17/18	133/83	5'7"		71
01/24/19	161/96	5'7"	181 lbs.	86
03/13/19	148/96	5'7"	181 lbs.	66
02/14/20	149/100	5'8"	177 lbs.	72
09/23/20	149/100	5'8"	177 lbs.	72
01/29/21		5'8"	175 lbs.	

WALLS, Darlene 621655 SGU SIBTF 81927

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name Darlene Walls v KAISER PERMANENTE

Claim No. SIF13026215 **EAMS or WCAB Case No. (if any):** ADJ13026215

I, Marylu Castro declare:

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

2. My business address is: **Arrowhead Evaluation Services 1680 Plum Lane, Redlands, CA 92374**

3. On the date shown below, I served this Comprehensive Medical-Legal Report with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope addressed to the person or firm named below, and by:

A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.

B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.

C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

D placing the sealed envelope for pick up by a professional messenger services for service. (Messenger must return to you a completed declaration of personal service.)

E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of Service *(For each addressee, Enter A - E as appropriate)*	***Date***	***Addressee and Address***
A	09-26-2022	Subsequent Injuries Benefit Trust Fund SENT ELECTRONICALLY
A	09-26-2022	Natalia Foley Law Offices of Natalia Foley 751 South Weir Canyon Road, Suite 157-455, Anaheim, California 92808

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Declarant

Print Name
Marylu Castro