Babak Kamkar, OD

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September 13, 2022

Subsequent Injuries Benefits Trust Fund
SIBTF Sacramento
1750 Howe Avenue, Suite 370
Sacramento, CA 95825

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

RE:	**DARLENE WALLS**
DOB:	03/23/1967
Date of Injury:	CT: 01/03/2018 to 01/04/2019
Claim #:	SIF13026215
WCAB Case No.:	ADJ13026215
Date of Exam:	September 13, 2022
Interpreter:	No

COMPREHENSIVE MEDICAL-LEGAL EVALUATION
SUBSEQUENT INJURIES BENEFITS TRUST FUND

To Whom It May Concern:

As requested, Ms. Darlene Walls was evaluated at my Glendale office; 1104 East Colorado, Glendale, California 91205; for a Subsequent Injuries Benefits Trust Fund Medical Evaluation – ophthalmic factors – on September 13, 2022.

I have received a cover letter dated June 23, 2022, from Natalia Foley, Esq., requesting a medical-legal report regarding the ophthalmic aspects of Ms. Walls's case. The attorney's letter requests specific issues unique to this case and separate from the subsequent injury any prior industrial injuries and pre-existing conditions and disorders that were present before the subsequent injury. I am asked to provide an impairment rating within my specialty as of the date of the evaluation and provide my opinion as to the apportionment to pre-existing conditions, subsequent industrial injury, and post-subsequent industrial injury.

According to the letter, Ms. Walls has a worker's compensation case with a WPI that exceeds the 35% threshold for SIBTF qualification. As such, I am instructed to evaluate her current vision impairment and determine with reasonable medical probability any labor disabling ocular impairment that existed before the injury of 1/4/2019.

I am asked to address issues of causation, apportionment, labor disablement, and work restrictions, related to my specialty. Arrowhead Evaluation Services, Inc., Redlands, CA, facilitated this evaluation.

I had the opportunity to perform an evaluation for Ms. Darlene Walls at the Glendale office. This was a Qualified medical evaluation under the Subsequent Injuries Benefits Trust Fund and was concerned with an ocular impairment which has been assigned the end date of injury of January 4, 2019. This report will focus on the ocular and visual conditions of the examinee. The appointment on September 13, 2022, began at 12:30 p.m. and concluded at 2:30 p.m. Diagnostic tests performed included retinal photography and automated visual fields.

Per the Official Medical-Legal Fee Schedule effective April 1, 2021, this evaluation qualifies for billing as **ML-201**, Comprehensive Medical Legal Evaluation.

Moreover, the evaluation qualifies for medical record review, MLPRR, a total of 1,268 pages of medical records were reviewed, resulting in an additional 1,068 pages not included, as part of the comprehensive evaluation. The evaluation included a detailed history taking 50 minutes in time, involving multiple body parts, comprehensive dilated eye examination including evaluation of visual fields, panoramic fundus photography, extensive medical records review, and the preparation and editing of the report. Causation and apportionment are discussed. The medical records were accompanied by an attestation from Natalia Foley, Esq. I, Babak Kamkar, OD, QME, verify under penalty of perjury, that I personally reviewed 1,268 pages of records received from the parties involved in this matter.

The appointment began with the explanation that the purpose of the visit was solely to evaluate and report on her case, and that a doctor-patient relationship was not established. She understood this purpose and had no questions. The following report contains my professional opinion and conclusions concerning this case.

PRE-EXISTING DISABILITY AND INDUSTRIAL DISABILITY

Ms. Walls's ocular complaints included dry eyes, glare with lights, and headaches.

Ms. Walls has been greatly bothered by dry eyes for many years. She uses over the counter eyedrops such as Visine or artificial tears about 2 times per day for more than 5 years. She frequently experiences itchiness and redness in her eyes

Ms. Walls has been greatly bothered by the glare of lights for about the past 10 years. She stated that when she drives at nigh the headlights are so bothersome that she sometimes closes her eyes momentarily. She has difficulty driving at night due to the glare.

HISTORY OF INJURY

Ms. Walls worked for Kaiser Permanente from February 25, 2008, to February 14, 2020, as a Certified Nursing Assistant. Her work duties included repositioning, transferring, toileting, grooming, hygiene, feeding patients, as well as changing soiled linens. Over the period of her employment, and because of her customary job duties, she sustained injuries and developed pain in her neck, shoulders, hands, back, hips, and legs. Her pain gradually increased, and she was not able to perform her work duties. She sought medical attention. Imaging studies were done including an x-ray and an MRI, and she was diagnosed with Cervical musculoligamentous injury, Cervical muscle spasm, cervical radiculitis versus radiculopathy, Lumbar musculoligamentous injury, and Lumbar muscle spasm. She underwent multiple sessions of physical therapy, took pain medications, received intraarticular injections but continues to experience pain and difficulty with movements.

WORK HISTORY

Ms. Walls worked for Kaiser Permanente from February 25, 2008, to February 14, 2020, as a CNA.

From 2004 to 2008 she worked for Mediscan Staffing Services in West Hollywood as a nursing assistant.

She worked for Los Angeles Unified School District from 1988 to 2004 as a teacher assistant.

HISTORY OF PRIOR INJURIES AND SURGERIES

Reportedly, she was involved in a rear-end motor vehicle accident and injured her lower back. She underwent physical therapy session after that injury.

Status-post hysterectomy.

MEDICAL HISTORY

Ms. Walls suffers from hypertension since 2013 and takes Bisoprolol, as well as chronic bronchitis since 2013, and headaches for more than 10 years. She stated that her headaches are right sided, can last about 2 hours, and she takes Tylenol which is helpful. She has also suffered from anxiety and depression since 2015.

ALLERGIES

She is allergic to Keflex.

PRESENT MEDICATIONS

Bisoprolol

Ibuprofen
Muscle relaxant

FAMILY HISTORY

She reported family history of hypertension in her father and aunt. She noted that her father had work related eye injury and became blind.

SOCIAL HISTORY

She was married twice. Her first marriage lasted for 16 years and second marriage for 3 years. She has 4 children and 6 grandchildren. She smokes cigarettes 1½ pack per day for 15 years. She uses alcohol socially and does not use illegal drugs. She has difficulty driving at night due to the glare of the lights.

RECORD REVIEW:

Please see the section at the end of this report.

PHYSICAL EXAMINATION

Examination revealed a 5 feet 7 inches and 173 pounds male, who appeared her stated age of 55. She was oriented to time, place, and person.

Uncorrected vision:

FAR:	Right eye 20/25	Left eye 20/25	Both eyes 20/25
NEAR:	Right eye RS 40	Left eye RS 30	Both eyes RS 30

Corrected vision: Ms. Walls had brought a pair of glasses with single vision lenses with her with Transitions® lenses with the following powers.

Rt lens	PL -0.75 x 090
Left lens	PL -0.75 x 110

She also brought a pair of single vision reading glasses with the following power.

Rt lens	+2.00 -0.75 x 090
Left lens	+2.00 -0.75 x 105

Cover-uncover test showed no tropia. Extraocular muscles were smooth and unrestricted. Confrontation fields were full in both eyes.

Refractive findings were as follows:

OD	+0.50 -1.25 x 085	20/25
OS	PLANO -1.00 x 097	20/25
OU		20/20

External exam: The upper eyelids were positioned normally at primary gaze. The lashes and lid margins were healthy.

Slit lamp exam: The conjunctiva showed enlarged pinguecula in both eyes. The cornea was clear in both eyes. The tear break-up time was reduced in both eyes to 6 seconds. The irides were flat and brown in color in both eyes. The crystalline lens was clear in both eyes. The anterior chambers were deep and quiet in both eyes. The angles were open in both eyes.

Pupils were regular in appearance and showed brisk reactions to direct and consensual light. There was no afferent pupillary defect using the APD Tester™.

Intraocular pressure (IOP) was measured by Goldmann Applanation tonometry. Right eye measured 12 mmHg; left eye measured 11 mmHg at 1:55 p.m.

The pupils were dilated with 1.0% tropicamide followed by 2.5% phenylephrine drops.

Binocular indirect ophthalmoscopy and slit lamp biomicroscopy were performed after full dilation.

The vitreous humor was clear in both eyes.

Examination of the retinal vasculature showed normal caliber arterioles and veins. There were no A/V crossing defects in either eye. There were no hemorrhages, exudates, or cotton wool spots in either eye. Macula was homogenous and avascular without edema in both eyes.

The cup-to-disc ratio was 0.1 in the right eye and 0.1 in the left eye.

There were no holes or tears in the periphery, and the retina was attached 360 degrees in both eyes.

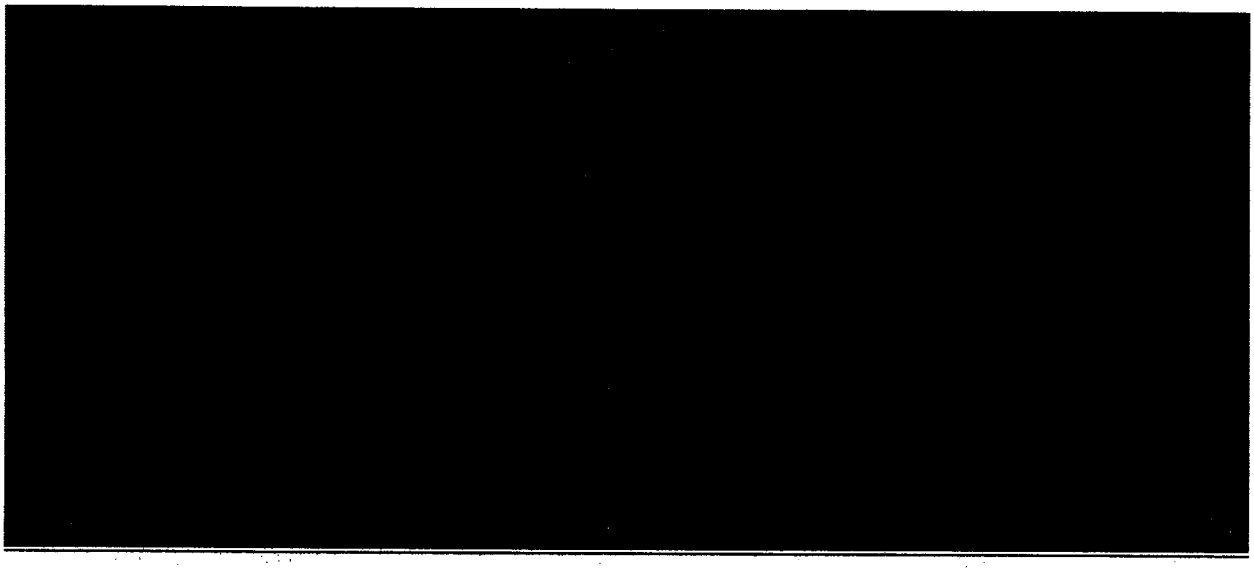
DIAGNOSTIC STUDIES:

- Visual Fields, CPT code: 92250

Associated ICD-10 code: H53.71

Fundus photography was performed by Optos instrument. This technology allows detailed panoramic 200-degree views of the retina. Wide field images of both retinas were obtained and are shown below. No retinal abnormalities were found.

Figure 1 Optomap Retinal Images of Both Eyes



- Visual Fields, CPT code: 92082

Associated ICD-10 code: H53.71

Visual Field Studies was performed using a kinetic strategy from non-seeing to seeing along 16 meridians for both eyes. The kinetic method is used to quantify defects in the visual fields in accordance with the disability rating system of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. The results are plotted in the figures below and interpreted as full in both eyes. Their reliability for both eyes was excellent.

Figure 2 Left Eye Kinetic Visual Field

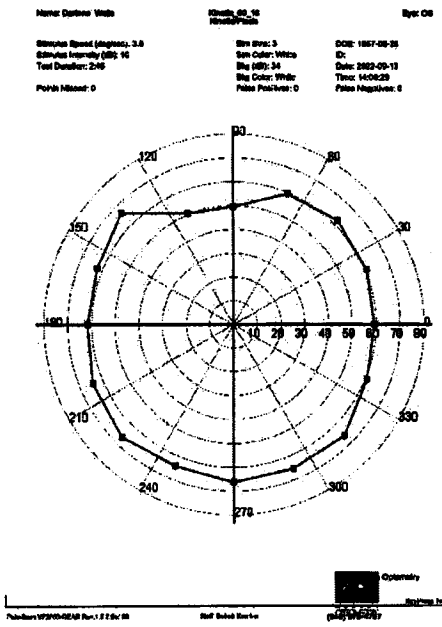
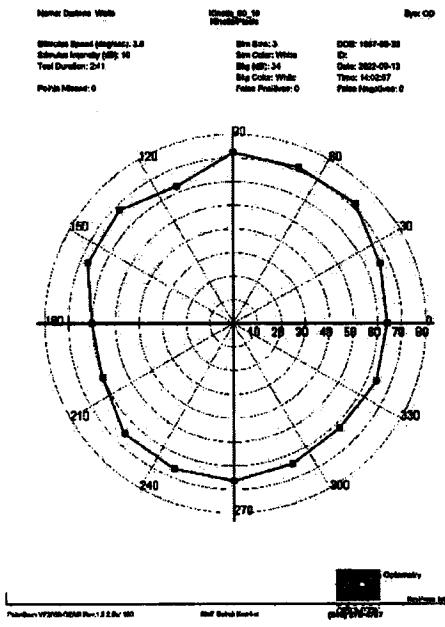


Figure 3 Right Eye Kinetic Visual Field



The impairment related to the visual acuity loss and field restrictions in this case are considered further in this report.

DIAGNOSES

1. Dry eye syndrome, pre-existing, ICD-10 code: H04.123

2. Glare sensitivity, pre-existing, ICD-10 code: H53.71

3. Regular Astigmatism both eyes, ICD-10 code: H52.223

4. Presbyopia, natural, ICD-10 code: H52.4

DISCUSSION

In this SIBTF case, each impairment prior to the subsequent injury date of 1/4/2019 and its cause must be identified and quantified. Furthermore, current impairments and their causes must also be identified and quantified. I will consider those visual impairments that are labor disabling and the level of impairment that likely existed before the industrial injury.

The labor-disabling visual impairments include irritations and ocular pain from dry eyes, glare sensitivity.

- Dry eye syndrome

In my evaluation of Ms. Walls, I found that she has moderate dry eye syndrome. This was evidenced by the history of chronic symptoms and habitual use of various eyedrops for several years, predating the subsequent industrial injury date of 1/4/2019. She has limited temporary relief with the eyedrops but continues experiencing itching and redness. She showed bilateral enlarged pinguecula and had reduced tear break-up time on examination in both eyes.

Dry eye syndrome is labor disabling. It limits a person when working in front of a computer screen for extended periods, in dusty or windy environments, in jobs with differing humidity conditions such as kitchens or laundry facilities. There are many other examples where dry eye syndrome causes work preclusions. Work preclusions for this case are discussed further in this report.

The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, considers dry eye syndrome as bodily pain and allows up to a maximum of 3% disability rating. In this case, I believe, there is **2%** disability from dry eye syndrome. This opinion is justified because of the level of her symptoms and the ocular signs observed. It is likely that her dry eye level prior to 1/4/2019 was the same as current level. Therefore, she has **pre-existing 2%** disability from dry eyes.

- Glare sensitivity

Ms. Walls suffers from glare sensitivity. She has been bothered by this symptom for about ten years. She reported having sensitivity to bright lights especially when driving at night. She sometimes has felt in danger while driving at night because she has had to close her eyes momentarily from glaring headlights.

Glare sensitivity is a labor disabling condition and can be hazardous in cases of blinding lights while operating machinery, walking in unfamiliar areas, going up or down stairs, or driving under low light conditions.

Chapter 12 of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, lists glare sensitivity under Individual Adjustment. The Guides allow up to the maximum of 15% for individual adjustment. Specifically, on page 297, it states:

> "Although visual acuity loss and visual field loss represent significant aspects of visual impairment, they are not the only factors that can lead to a loss of functional vision. This edition of the Guides does not provide detailed scales for other functions, such as: ...Glare sensitivity (veiling glare), delayed glare recovery, photophobia (light sensitivity), and reduced or delayed light and dark adaptation... Color vision defects...Binocularity, stereopsis, suppression, and diplopia.
>
> If significant factors remain that affect functional vision and that are not accounted for through visual acuity or visual field loss, a further adjustment of the impairment rating of the visual system may be in order. The need for the adjustment, however, must be

> well documented. The adjustment should be limited to an increase in the impairment rating of the visual system (reduction of the FVS) by, at most, 15 points."

In the precedence case of Michele Tousley vs. Dept of Interior, State of Utah, the individual adjustment for glare and decrease in contrast sensitivity was determined as 15%.

Therefore, I see reasonable medical justification of allowing **5% pre-existing** for Ms. Walls as Individual Adjustment for her glare sensitivity as a labor disabling visual impairment. This opinion is based on the severity of her symptoms, the research cited above, and on my 35 years of clinical experience.

- Reduced vision

Ms. Walls has astigmatism in both eyes. On examination, she has a best-corrected visual acuity of 20/20 in each eye, and 20/20 binocularly. These are normal levels of vision. Her peripheral vision is also full in each eye, as reported above. The pre-existing levels of her visual acuity and peripheral vision are likely the same as the current level since the subsequent industrial injury did not affect her eyes and there is no other reason to consider otherwise.

The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, has detailed instructions on calculating visual impairment. In the Guides, visual acuity of 20/20 is assigned a Visual Acuity Score (VAS) of 100 (Visual Acuity Impairment Rating of 0%).

Using Table 12-3 of AMA Guides, on Page 284, the Functional Acuity Score (FAS) is calculated as follows:

VASOU	:	100 x 3 = 300	
VASOD	:	100 x 1 = 100	
VASOS	:	100 x 1 = 100	
ADD OU, OD, and OS		= 500	
Divide by 5		= 100	This is Functional Acuity Score (FAS)

Pre-existing and current acuity-related Impairment Rating is 0% (calculated as 100 – FAS).

As mentioned above, peripheral vision must also be considered. The automated visual field test results were presented earlier in this report.

The AMA Guides, 5th Edition, has specific instructions on how to score the visual fields, starting on page 287. The guidelines dictate plotting the fields in 10 meridians, 2 in each upper quadrant and 3 in each lower quadrant. In this rule, the following meridians divide the 360-degree field: 25°, 65°, 115°,155°, 195°, 225°, 255°, 285°, 315°, and 345°. The visual fields in this case are plotted and the missed points in each meridian are calculated as follows.

Right Eye

25° Meridian → 10 points are seen = 10

65° Meridian → 10 points are seen = 10

115° Meridian → 10 points are seen = 10

155° Meridian → 10 points are seen = 10

195° Meridian → 10 points are seen = 10

225° Meridian → 10 points are seen = 10

255° Meridian → 10 points are seen = 10

285° Meridian → 10 points are seen = 10

315° Meridian → 10 points are seen = 10

345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for right eye (VFS_{OD}) is 100.

Left Eye

25° Meridian → 10 points are seen = 10

65° Meridian → 9 points are seen = 9

115° Meridian → 9 points are seen = 9

155° Meridian → 10 points are seen = 10

195° Meridian → 10 points are seen = 10

225° Meridian → 10 points are seen = 10

255° Meridian → 10 points are seen = 10

285° Meridian → 10 points are seen = 10

315° Meridian → 10 points are seen = 10

345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for left eye (VFS_{OS}) is 98.

According to the 5th Edition of the AMA Guidelines, to calculate the visual field score for both eyes, an overlay grid is placed over the combination of the right and left visual fields. This grid contains points at the following radial locations: 1°, 3°, 5°, 7°, 9°, 15°, 25°, 35°, 45°, 55°, and 65°. Each meridian is then assessed to see if the point at that radial position is theoretically seen by the subject. The seeing locations are added together to find the visual field score for both eyes (VFS_{OU}).

Both Eyes

25° Meridian → 10 points are seen = 10

65° Meridian → 10 points are seen = 10

115° Meridian → 10 points are seen = 10

155° Meridian → 10 points are seen = 10

195° Meridian → 10 points are seen = 10

225° Meridian → 10 points are seen = 10

255° Meridian → 10 points are seen = 10

285° Meridian → 10 points are seen = 10

315° Meridian → 10 points are seen = 10

345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for both eyes (VFS_{OU}) is 100.

Subsequently, FFS is calculated as follows:

VFSOU : 100 x 3 = 300

VFSOD : 100 x 1 = 100

VFSOS : 98 x 1 = 98

ADD OU, OD, and OS = 498

Then divide by 5 = 99.6 This is Functional Field Score (FFS)

Field Related Impairment Rating is 0.4% (calculated as 100 – FFS).

With known FFS and FAS values the FVS is calculated as follows: FVS = (FAS x FFS)/100

FVS for the current time and the pre-existing period equals: (100 x 99.6) /100 = 99.6% Functional Vision Score (FVS)

By these calculations, the **current and pre-existing** level of impairment rating based on the visual acuity loss and visual field loss is 0.4% or rounded to **0%.**

Having considered all the aspects of the visual impairment in this case, we can combine them to achieve a total visual impairment rating for both current and pre-existing periods. The impairments are additive according to the AMA Guides.

Pre-existing and current: 2% (dry eye) + 5% (glare sensitivity) + 0% (visual acuity and visual fields impairment) = **7%.**

Table 12-10, The Classification of Impairment of the Visual System (expanded) of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, is shown on page 298 of the Guides. With the pre-existing impairment rating of 7%, the table categorizes Claimant's visual impairment as Class 1, in the range of 0-9%. From an ocular standpoint, Whole Person Impairment Rating (WPI), with an estimate of overall Activities of Daily Living ability loss, was 7% prior to 1/4/2019. This value is additive to all other impairments of the body since there is no overlap in the function of the eyes with respect to other body parts. The visual impairments in this case are labor disabling due to the reasons cited in each case above.

MAXIMUM MEDICAL IMPROVEMENT

From an ocular disability standpoint, it is my opinion that the examinee's ocular condition has reached maximum medical improvement.

Prior to the industrial injury of 1/4/2019, her ocular conditions had reached maximum medical improvement.

SUBJECTIVE FACTORS

Subjective factors of examinee's ocular conditions include eye irritation and pain from dry eyes and glare sensitivity.

OBJECTIVE FACTORS

1) Dry eyes
2) Glare sensitivity
3)

CAUSATION:

With the available medical records and professional opinions already rendered in this case, it is likely that the visual and ocular impairments identified in this report are due to non-industrial causes.

APPORTIONMENT:

Regarding visual impairments, apportionment is not an issue in this case. The pre-existing visual impairments levels are likely the same as the current levels.

WORK PRECLUSIONS

Ms. Walls has dry eye syndrome, which is labor disabling. Work preclusions include any job that increases dry eyes, such as working in windy environments, working long hours in front of a computer screen, working in air-conditioned rooms, jobsites that have altering humidity and

temperatures throughout the day, such as kitchens and laundry facilities, or working with aerosolized chemicals. In addition, jobs that would prevent her from frequent instillation of eyedrops, such as continuous wearing of hazmat suits or goggles, are precluded.

Ms. Walls also suffers from glare sensitivity. Work preclusions include working under bright artificial lights, such as stadiums and concert halls. Due to her disabling glare at night, any occupation that involves driving at night can be hazardous to her and others. Examples include delivery services, bus and transportation jobs, emergency vehicle jobs, police or security jobs, ride sharing jobs, chauffeur, etc.

These work preclusions existed prior to the subsequent industrial injury, limiting her ability to compete in the workplace.

FUTURE MEDICAL TREATMENT

Ms. Walls needs annual eye examinations.

SUMMARY

Pre-existing and current: 2% (dry eye) + 5% (glare sensitivity) + 0% (visual acuity and visual fields impairment) = **7%**.

The visual impairments are 100% due to natural causes.

REASONS FOR OPINIONS

1. Review of available medical records.
2. Physical examination findings, which support the examinee's condition.
3. Correlation of the examinee's oral history compared to the records.
4. Credibility of the examinee.
5. Clinical experience and research.

Thank you for the opportunity to evaluate Ms. Darlene Walls. Please contact me if I can be of further assistance.

COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. Partial compilation and excerpting of the medical records were completed by trained staff at Arrowhead Evaluation Services. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury

that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Assistance was provided by Vijayalakshmi Ranganathan, Record Summarizer who was trained by Arrowhead Evaluation Services, Inc

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

Date of Signing of Report: November 13, 2022, in Orange County, California

Babak Kamkar, OD, QME

Babak Kamkar, OD, QME
Optometry

REVIEW OF RECORDS

Darlene Walls
DOB 3/23/67

Pages of medical records: 1268

08/02/02 - Voluntary Resignation from Employment.

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

02/25/08 - New Employee Orientation Checklist from Kaiser Permanente.

08/13/08 - Leave of Absence Application. First day of leave 08/13/18.

09/02/09 - Course Completion Form from Kaiser Permanente.

07/27/11 - Performance Evaluation Cover Sheet.

03/06/12 - Course Completion Form from Kaiser Permanente.

03/07/12 - New Employee Orientation Checklist.

03/07/12 - Drug-Free Workplace - Employee Acknowledgement.

06/13/12 - Performance Evaluation Cover Sheet.

09/19/12 - Leave of Absence Application.

10/19/12 - Correspondence Report from Kaiser Permanente. Needed leave beginning on 09/19/12 due to serious health condition.

11/10/12 - Correspondence Report from Kaiser Permanente. Needed leave beginning 09/19/12 due to serious health condition.

06/17/13 - Leave of Absence Application.

06/18/13 - Performance Evaluation Cover Sheet.

07/16/13 - Letter Note. Letter regarding notice of eligibility under FMLA. Needed leave beginning 06/17/13 due to serious health condition.

08/23/13 - Letter Note from Kaiser Permanente. Letter regarding denial notice under FMLA. Needed leave beginning on 06/17/13 due to serious health condition.

02/24/14 - Leave of Absence Application.

03/08/14 - Leave of Absence Application.

04/02/14 - Letter Note from Kaiser Permanente. Letter regarding designation for FMLA. Needed leave beginning on 02/24/14 due to serious health condition.

06/02/14 - Performance Evaluation Cover Sheet.

06/02/14 - Future Objectives and Evaluation.

09/13/15 - Leave of Absence Application.

11/21/15 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 09/13/15 due to serious health condition.

12/16/15 - Letter Note from Kaiser Permanente. Letter regarding denial notice under FMLA. Needed leave beginning on 09/13/15 due to serious health condition.

01/30/16 - Leave of Absence Application.

03/16/16 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 01/30/16 due to serious health condition.

04/05/16 - Letter Note from Kaiser Permanente. Letter regarding denial notice under FMLA. Needed leave beginning on 01/30/16 due to serious health condition.

04/18/16 - Letter Note from Kaiser Permanente. Letter regarding designation for FMLA. Needed leave beginning on 01/30/16 due to serious health condition.

08/17/16 - Leave of Absence Application.

09/02/16 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 08/17/16 due to serious health condition.

09/16/16 - Letter Note from Kaiser Permanente. Letter regarding designation for FMLA. Needed leave beginning on 08/17/16 due to serious health condition.

03/18/17 - Leave of Absence Application.

06/16/17 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 03/18/17 due to serious health condition.

06/28/17 - Call Documentation from Kaiser Permanente. Call regarding FMLA.

06/29/17 - Office Visit by Jin Hong, MD/Internal Medicine at Kaiser Permanente. Pt is a KP CNA, here for f/u chronic R shoulder pain. Seen by ortho probably impingement syndrome. Had cortisone shot x2. She reports symptoms worse with consecutive working days if > 4 days. Overall symptoms controlled with cortisone shot, Naproxen, and intermittent leave for exacerbation of symptoms. She quit smoking few months ago, but relapsed under stress from family issues. States dizziness side effect from nicotine patch,

too strong per patient. Dx: 1) R shoulder joint pain. 2) HTN. 3) Smoking cessation counseling. Rx: Naproxen, Bupropion. Plan: FMLA extended. Continue Hyzaar.

07/05/17 - Letter Note from Kaiser Permanente. Letter regarding denial notice under FMLA. Needed leave beginning on 03/18/17 due to serious health condition.

09/02/17 - Leave of Absence Application.

09/11/17 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 09/16/17 due to need to take care of mother due to her serious health condition.

09/13/17 - Leave of Absence Application.

09/16/17 - Leave of Absence Application.

09/21/17 - Call Documentation from Kaiser Permanente. Call regarding FMLA.

10/09/17 - Correspondence Report. Pt needed leave beginning on 09/13/17 due to serious healthy condition.

10/15/17 - Leave of Absence Application.

12/18/17 - Telephone Appointment Visit by Daniel Edward Gavino, MD at Kaiser Permanente. Visit for URI symptoms.

12/18/17 - Office Visit by Jin Hong, MD/Internal Medicine at Kaiser. Pt c/o body aching, feverish, cough with chest congestion, facial pressure x one day. Says symptoms more than just a cold/flu. Still smokes. Chronic R shoulder pain with intermittent flare up. She works here as CNA. Reports R shoulder pain exacerbation after moving a 300 lbs pt few days ago. Dx: 1) Bronchitis. 2) HTN. 3) R shoulder internal impingement. 4) Smoking cessation counseling. Rx: Ventolin HFA, Zithromax, Guaifenesin AC. Plan: Continue Hyzaar. Extend pt's FMLA.

01/03/18 - Leave of Absence Application.

01/09/18 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 10/15/17 due to serious health condition.

01/11/18 - Flowsheets from Kaiser Permanente.

01/29/18 - Letter Note from Kaiser Permanente. Letter regarding denial notice under FMLA. Needed leave beginning on 10/15/17 due to serious health condition.

02/12/18 - Call Documentation by Jin Hong, MD Call regarding FMLA form.

02/26/18 - Letter Note from Kaiser Permanente. Letter regarding leave extension under FMLA. Requested an extension of leave that began on 09/02/17 due to serious health condition. Request approved from 01/03/18 to 07/03/18.

04/10/18 - Letter Note from Kaiser Permanente. Letter regarding designation for FMLA. Needed leave beginning on 09/02/17 due to serious health condition.

05/17/18 - Progress Note by Jin Hong, MD. Pt c/o R hip pain, R buttock pain over the past few weeks. States pain radiates to her pelvic area. Abdomen symptoms worse with walking, and only partially relieved with Naproxen. C/o constipation with abdomen bloating. Dx: 1) Sciatica, right side. 2) HTN. 3) Female pelvic pain. 4) Constipation. Rx: Motrin, Tylenol #3, Lactulose. Plan: Ordered x-ray of R hip and labs. Continue Hyzaar. Referred to OB/GYN.

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

06/08/18 - Office Visit by John Keary Moran, MD/OB/GYN at Kaiser Permanente. Pt c/o R hip pain, R buttock pain over the past few weeks and pain radiates to pelvic area. LLQ discomfort x1 month. Also c/o some vaginal irritation. Dx: LLQ pain only in a.m. and relieved by bowel movement. Rx: Flagyl. Plan: Ordered labs.

06/08/18 - Laboratory Report from Kaiser Permanente.

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

06/11/18 - Message Encounter from Kaiser Permanente. Message regarding STD culture results.

07/25/18 - Call Documentation by Jin Hong, MD.

08/02/18 - Leave of Absence Application.

10/05/18 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 08/13/18 for serious health condition.

10/08/18 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 08/02/18 for serious health condition.

10/15/18 - Office Visit by Lisa Kerestedjian, MD at Kaiser Permanente. Visit for urinary tract infection symptoms.

11/08/18 - Letter Note from Kaiser Permanente. Letter regarding designation for FMLA. Needed leave beginning on 08/02/18 for serious health condition.

11/16/18 - Progress Note by Jin Hong, MD. Visit for muscle cramps, mouth problem and work slip.

11/16/18 - Laboratory Report from Kaiser Permanente.

11/20/18 - Call Documentation from Kaiser Permanente. Call regarding medication side effects, requesting new prescription and BP issues.

11/20/18 - Telephone Note by Mohsen Halaby, MD/Jin Hong, MD at Kaiser Permanente. Call regarding new prescription medication and blood in urine.

11/20/18 - Allied Health/Nurse visit from Kaiser Permanente. Visit for BP management.

11/28/18 - Laboratory Report from Kaiser Permanente.

11/29/18 - Telephone Note by Jin Hong, MD at Kaiser Permanente. Call regarding blood in urine.

11/30/18 - Call Documentation from Kaiser Permanente. Call regarding mild blood in urine.

11/30/18 - Mammogram Bilateral Screening interpreted by Elisa M. Chen, MD at Kaiser Permanente.

12/02/18 - Progress Note by Jin Hong, MD. Pt presents for lab results and HTN. C/o leg cramp due to HCTZ, although she has been on Losartan/HCTZ for years. Symptoms resolved after taking Losartan alone. Dx: 1) HTN. 2) Smoking cessation counseling. 3) Screening mammogram for breast cancer. 4) Screening for colon cancer. Plan: Ordered labs and mammogram. Continue Losartan.

12/13/18 - US of Kidney interpreted by Christopher Jenn Starr, MD at Kaiser Permanente.

12/13/18 - Urology Consultation by William Guangyau Chu, MD at Kaiser Permanente. Visit for asymptomatic microscopic hematuria.

12/17/18 - Urology F/U by Allen Chang, MD at Kaiser Permanente. Visit for microhematuria.

01/16/19 - Leave of Absence Application.

01/17/19 - Leave of Absence Application.

01/24/19 - Initial Evaluation Report by Kurt Cline, DC/Chiropractic at Tri-City Health Grp. DOI: CT: 01/03/18-01/04/19. Pt sustained injury to neck, shoulders, wrists, hands, back, hips, and legs. Her symptoms developed as a result of her customary job duties which included but are not limited to changing pts, turning, reposition, transferring, toileting, grooming, hygiene, feeding, changing pads, remove soiled linens if necessary. The onset of symptoms began sometime on 2015 approximately. She procured treatment with her 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. X-ray of the 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, only restriction is being off two days a month. C/o frequent severe neck pain, LBP radiating to R leg with numbness, severe R shoulder pain, L wrist pain radiating to hand with N/T, mild to moderate R wrist pain. Dx: 1) Cervical musculoligamentous injury. 2) Cervical muscle spasm. 3) Rule out cervical disc. 4) R/o cervical radiculitis versus radiculopathy. 5) Lumbar musculoligamentous injury. 6) Lumbar muscle spasm.
01/24/19 - RFA by Edward Komberg, DC. Requested chiro treatment, physiotherapy, kinetic activities, HEP, x-ray of C/S, L/S, R shoulder, L wrist and R wrist. Referred to FCE and pain management.

02/07/19 - Letter Note from Kaiser Permanente. Letter regarding designation for FMLA. Needed leave beginning on 08/13/18 for serious health condition.
02/14/19 - PR-2 by Harold Iseke, DC. Pt c/o activity-dependent R-sided burning headache radiating to R leg with dizziness. Frequent, moderate, sharp LBP 4/10 and stiffness radiating to R leg, associated with lifting 10 pounds, standing, bending, kneeling, twisting and squatting. Frequent, moderate, sharp R shoulder pain 4/10 and stiffness radiating to R arm with tingling, associated with lifting 10 pounds, grabbing/grasping, gripping, pushing, pulling repetitively and overhead reaching. Intermittent, mild achy R wrist pain 2-3/10, stiffness with occasional N/T into R hand associated with lifting 10 lbs, grabbing/grasping, gripping, squeezing, pushing and pulling repetitively. Difficulties with ADLs. ROS: Eyes: Pt has hx of blurred vision. Has no hx of glaucoma and blindness. Dx: 1) Headache. 2) LBP. 3) Spinal enthesopathy, lumbar region. 4) Impingement syndrome of R shoulder. 5) Pain in R shoulder. 6) Incomplete rotator cuff tear/rupture of R shoulder, not trauma. 7) Pain in R wrist. 8) Sleep disorder, unspecified. 9) Major depressive disorder, single episode, unspecified. 10) Anxiety disorder, unspecified. 11) Reaction to severe stress, and adjustment disorders. 12) Myositis, unspecified. 13) Chronic pain due to trauma. Plan: Requested MRI of B/L wrists, EMG/NCV of BUE and BLE. Dispensed wrist brace. Requested acupuncture therapy to L/S, R shoulder and R wrist. Off work until 03/30/20.

03/13/19 - Initial Evaluation at Harold Iseke Chiropractic Professional Corp. DOI: CT: 01/03/18 - 01/04/19. Pt c/o LBP radiating to R hip and R leg and R shoulder pain. Also c/o symptoms of stress, depression and anxiety from 07/01/18 - 12/31/18. She started to experience pain in her neck, lower back with radiating pain to 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 07/01/18-12/31/18, she developed stress, depression and anxiety, which she attributes it to work-overload and to the stressful conditions she worked under. She reported these symptoms to her manager who referred to the Company clinic. There she was evaluated and was prescribed pain medication. During her treatment 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 treatment. 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. ROS: Eyes: No history of blurred vision. Has no hx of glaucoma and blindness. Dx: 1) Headache. 2) LBP. 3) Spinal enthesopathy, lumbar region. 4) Impingement syndrome of R shoulder. 5) Pain in R shoulder. 6) Pain in R wrist. 6) Sleep disorder, unspecified. 7) Reaction to severe stress, and adjustment disorders. 8) Myositis, unspecified. 9) Chronic pain due to trauma.

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

04/11/19 - Leave of Absence Application.

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

06/19/19 - Extracorporeal Shockwave Procedure Report at Harold Iseke Chiropractic Professional Corp. Completed a ESWT for R shoulder. Tolerated procedure well with no complications.

07/02/19 - Letter Note from Kaiser Permanente. Letter regarding notice of eligibility under FMLA. Needed leave beginning on 04/11/19 for serious health condition.

07/23/19 - Letter Note from Kaiser Permanente. Letter regarding denial notice under FMLA. Needed leave beginning on 04/11/19 for serious health condition.

07/28/19 - MRI of Lumbar Spine without contrast interpreted by Amjad Safvi, MD at Expert MRI. Impression: 1) Straightening of the L/S seen. 2) Disc desiccation is noted at L4-5 and LS-51 levels. 3) Restricted ROM in flexion and extension positions. 4) Prominent ovarian follicular cyst measuring 4.5 x 4.4 cm seen on R side. F/u with ultrasound. 5) L2-3: Diffuse disc protrusion with effacement of the thecal sac. Spinal canal and neural foramina are patent. 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. Spinal canal and neural foramina are patent. 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. Spinal canal is compromised. Disc material and facet hypertrophy causing B/L neuroforaminal narrowing that effaces the left and right 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. Spinal canal and neural foramina are patent. 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. DOI: CT: 07/01/18 – 12/31/18. Employer: Kaiser Permanente. Complaints from injuries causing stress, sadness, harassment. Worked 11 years. Chronic lower back, neck, wrist pain from repetitive work. She feels sad, little motivation, fatigue, cannot sleep due to work related stress, difficulty concentrating. Dx: 1) Depressive disorder. 2) Insomnia. Plan: Recommended biofeedback and outpatient psychotherapy.

11/15/19 - Call Documentation by Jin Hong, MD. Call regarding medication side effects.

02/27/20 - EMG/NCS of BUE by Benjamin Gross, MD at Universal Diagnostics Imaging, Inc. Impression: Abnormal neurodiagnostic study of BUE is consistent with: 1) Mild left CTS involving the sensory fibers only. 2) B/L demyelinating ulnar motor neuropathy across the elbows.

02/27/20 - EMG/NCV of BLE interpreted by Benjamin Gross, MD at Universal Diagnostics Imaging, Inc. Impression: 1) Mild axonal Post. Tibial motor neuropathy affecting the left lower extremity probably from left L5 radiculopathy. Monopolar needle examination of the lower extremities muscles reveals evidence of the left anterior tibialis muscle showed moderately increased polyphasic potentials. The left 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, Ph.D at Psychological Assessment Services. DOI: 01/01/15-01/20/20; 07/01/18-12/31/18; 07/01/18-01/29/20. Pt reports that, while working for Kaiser Foundation Hospitals, 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. 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 herself and interest in her appearance. She lacks motivation. She has lost interest in her usual activities. 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, difficulty controlling her impulses, sleep difficulties due to her excessive worries and pain. 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 HTN. Dx: 1) MDD, single episode. 2) Anxiety disorder, not otherwise specified. 3) Insomnia related to GAD and chronic pain. 4) Stress-related psychological response affecting headaches. Plan: Recommended cognitive behavioral group psychotherapy, hypnotherapy/relaxation training, medication evaluation to consider use of psychotropic meds. Pt is not able to perform usual work.

05/28/20 - Psychological Evaluation by Nelson J Flores, Ph.D. During the pretest and the testing sessions with me, her mood was anxious and sad. She showed no impairment in her production of speech or her thought process. The results of the psychological tests suggest that pt is reporting moderate clinical levels of anxiety and moderate levels of depression. She was alert and there was no indication that the pt may be experiencing neuropsychological disturbances. On the Epworth Sleepiness Scale, there is an indication that the pt is experiencing higher normal daytime sleepiness. On the Insomnia Severity Index, there is an indication that the pt is experiencing moderate clinical insomnia.

06/03/20 - Correspondence from Psychological Assessment Services.

09/16/20 - PQME by Narendra G Gurbani, MD DOI: CT: 01/03/18-01/04/19; CT: ~~07/01/18-12/31/18.~~ R shoulder pain 2/10 radiating to R arm and the pain is present 50% of the time with N/T in forearm and hand. L wrist/hand pain 4/10 radiating to hand and is present 100% of the time with N/T in her wrist, hand and fingers. She has cramping and weakness in L hands and has dropped several objects. LBP 2/10 radiating to R leg and is present 50% of the time with N/T in R leg to calf. She is unable to sit for more than 3 hours or stand for more than 4-5 hours before her pain symptoms increase. Difficulty sleeping and difficulty driving and awakens with pain and discomfort. Has depression and insomnia. Dx: 1) Partial-thickness tear supraspinatus tendon insertion of the R shoulder. 2) Mild L CTS. 3) Degenerative arthritis of the L/S with L4-L5 disc protrusion with annular tear, spinal canal compromise and foraminal narrowing. Plan: Pt has not reached P&S status because MMI has not been achieved. Future Medical Care: With regard to the L wrist, pt should wear a wrist brace and utilize OTC anti-inflammatory meds. Surgical intervention is not warranted in near future. With regard to R shoulder and lower back, she should continue to engage in a HEP including ROM, strengthening, and use of heating packs to alleviate muscle spasm. Over the counter medication may be utilized for pain. She should be evaluated by orthopedic surgeons specialized in shoulder and lower back and consultation reports be provided to this evaluator.

09/23/20 - P&S Rpt by Harold Iseke, DC. DOI: CT: 01/03/18-01/04/19. Pt c/o headache radiating to low back and R leg, low back pain 4/10 and stiffness radiating to R leg. R shoulder pain 4/10 and stiffness radiating to R arm with tingling associated with lifting 10 lbs. R wrist pain 2-3/10, stiffness with occasional N/T into R hand associated with lifting 10 lbs. L wrist pain, stiffness, N/T becoming sharp severe pain with lifting 10 lbs. C/o loss of sleep due to pain. She is experiencing anxiety and stress. ROS: No hx of blurred vision, glaucoma and blindness. Dx: 1) Headache. 2) LBP. 3) Spinal enthesopathy, lumbar region. 4) Impingement syndrome of R shoulder. 5) Pain in R shoulder. 6) Incomplete rotator cuff tear/rupture of R 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 Plan: Pt's current work status is she has reached MMI and is released from care. Impairment Rating: L/S 13% WPI. R shoulder 1% WPI. Carpal tunnel syndrome 2% WPI. Causation: Work related injury occurred from 01/03/18-01/04/19. Apportionment: With regard to R shoulder and L carpal tunnel, 100% is apportioned to continuous trauma injury from 01/03/18-01/04/19. With regard to L/S, would apportion 10% to preexisting degenerative changes and 90% to continuous trauma 01/03/18-01/04/19. 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 the R arm. Future Medical Care: Pt should have access to chiropractic and acupuncture treatment during the periods of exacerbation as well as access to pain management for possible epidural steroid injections to the L/S and corticosteroid injection the R shoulder and left carpal tunnel. If no better, then she should have access to orthopedist for possible surgical considerations. She should also have access to psych for anxiety and depression.

01/27/21 - Progress Note by Paul M Simic, MD. Pt c/o R shoulder pain and neck pain. R shoulder pain comes and goes, 3/10, pain is dull. She has a L wrist cyst that is growing in size. Neck pain comes and goes, pain level 4/10, difficulty turning the left. N/T in L wrist. LBP comes and goes and is sharp, pain level 3/10. There is radiating sharp pain in the R leg to foot. Difficulties with ADLs. L wrist numbness and L foot tingles. ROS: Eyes: Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present. Eyelids appear normal. R shoulder x-ray revealed type 2 arch, joint spaces maintained. Dx: 1) R shoulder impingement syndrome; partial rotator cuff tendon tear. 2) C/S strain; radiculopathy/radiculopathy. Plan: Recommended R shoulder arthroscopic rotator cuff repair, subacromial decompression with partial acromioplasty, extensive debridement. Request consultation for medical clearance and testing prior to surgery as needed. Recommended consultation treatment with Dr. Barcohana regarding her neck and lower back pain. TTD.

01/29/21 - Initial Ortho Consult by Babak Barcohana, MD/Orthopedic Surgery. DOI: 01/24/19. When pt repositioning a pt, she developed pain in lower back, R shoulder and neck. R shoulder pain 3/10, difficulty with reaching overhead. L wrist cyst that is growing in size. Neck pain 4/10, difficulty with turning the left, N/T in the L wrist. LBP 3/10, difficulty with prolonged walking, radiating pain in R leg to foot. X-rays of C/S revealed straightening of cervical lordosis. Disc heights are preserved. X-rays of L/S revealed pedicle shadows are intact. There is asymmetric disc space narrowing at L4-5 on the left. Dx: 1) Chronic left-sided neck pain. 2) Chronic LBP. 3) L lumbar radiculopathy. 4) Asymmetric disc space narrowing on the left at L4-5. Plan: Recommended to see a pain specialist to undergo injections prior to considering any type of surgery for her neck or her lower back. Ordered updated MRI studies.

02/08/21 - RFA by Paul M Simic, MD Requested R shoulder arthroscopic rotator cuff repair, subacromial decompression with partial acromioplasty, extensive debridement. Also requested consultation and preop medical clearance, postop PT/OT, postop meds Norco 5/325 mg, Percocet 5/325 mg.

02/24/21 - PR-2 by Paul M Simic, MD. Pt c/o R shoulder pain 3/10, neck pain 4/10, low back pain 3/10. C/o L wrist numbness and L foot tingles. PE: Eyes: Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present. Eyelids appear normal. Dx: L wrist strain/sprain; CTS; de Quervain's tenosynovitis. Plan: Recommended R shoulder arthroscopic rotator cuff repair, subacromial decompression with partial acromioplasty, extensive debridement. Requested medical clearance and testing prior to surgery. Recommended EMG/NCS of BUE, new wrist brace and also L wrist CTS and L wrist first extensor compartment US guided corticosteroid injection. TTD.

03/24/21 - PR-2 by Paul M Simic, MD. Complaints remained unchanged. PE: Eyes: Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present. Eyelids appear normal. Dx: L elbow cubital tunnel syndrome. Rx: Percocet 5/325 mg. Plan: Advised use of towel technique and wrist brace at night. TTD.

04/14/21 - PR-2 by Paul M Simic, MD. 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 return to work just yet out of concern for aggravating her symptoms. R shoulder surgery was previously authorized. L wrist and shoulder MRI has been obtained and reviewed today. C/o neck pain 4/10, LBP 3/10. PE: Eyes: Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present. Eyelids appear normal. Dx: 1) L wrist CTS. 2) L wrist mass. Plan: Advised pt to defer scheduled R shoulder surgery since her symptoms have improved. She will consider rescheduling in the future if her symptoms persist and/or gets worse. Recommended splint/bracing/immobilization, HEP, ice/heat therapy. TTD.

05/19/21 - PR-2 by Paul M Simic, MD. Pt reports continued pain, N/T in L wrist/hand. Reports symptoms improve with rest. R shoulder pain improved. Neck pain 4/10, LBP 3/10. PE: Eyes: Extraocular movements are intact, pupils are symmetric. No conjunctivitis or icterus is present. Eyelids appear normal. Dx remains unchanged. Plan: Requested pain management specialist consult. Requested L wrist carpal tunnel release; L wrist deep mass excision; L 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. TTD.

06/18/21 - PR-2 by Paul M Simic, MD. Pt reports no change in symptoms from 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 in symptoms. Dx remains unchanged. TTD.

10/08/21 - Psychological Evaluation by Christopher Simonet, Ph.D. DOI: CT: 07/01/18-12/31/18; CT: 01/03/19-01/04/19. Regarding current psychiatric symptoms over the course of the last thirty days, pt reported stress and worry, sleep disturbance, restlessness, and a mood that was not good. Regarding current psychiatric treatment over the course of the last thirty days, she recalled having one session of psychotherapy at Dr. Flores' office. Regarding current physical symptoms over the course of the last thirty days, she described pain in her L wrist and in her lower back. Regarding physical treatment received over the past 30 days, she reported having seen an acupuncturist and denied having received any other medical treatments. Dx: Axis I: Adjustment disorder with mixed anxiety and depressed mood, chronic. Axis II: Deferred. Axis III: Orthopedic conditions deferred to orthopedic QME (e.g., shoulder, back, arm/wrist), HTN, prediabetes, S/P total abdominal hysterectomy, hx of pelvic pain. Axis IV: Occupational problems, economic problems. Axis V: GAF 67, which translates to a WPI score of 5. Plan: Pt is receiving psych treatment and this has been helpful and is interested in participating a few additional sessions to help with current psych distress.

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

Pages10, 11 - Pt took a medication for high blood pressure and Naprosyn for pain, prescribed by Dr. Hong. She is also taking Motrin on an as needed basis and a multivitamin daily. Page 12 - Her current weight is 170 pounds. Pages 20, 21 - 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, right shoulder and radiating pain from right leg to her back. Pain in her right side was worse than her left. Her pain and associated symptoms increases 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 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. Page 29 - In 2016, she had seen somebody related to Kaiser mental health due to stress at work. She had testified as a witness in a court case. 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. She is currently receiving benefits from EDD every 2 weeks. She had Kaiser health insurance since 2008. Pages 33, 34 - She worked as a CNA at Med-Surg tele in Kaiser for about 14 years. She has been working in the med-surg department for 7 years. She received corrective action notice in 2017 for attendance, written up by Kaiser. Prior to 2000, she noted it at a higher level of 9-10 in a corrective action notice scale. Pages 35, 36 - She stated that she had interpersonal issues with people at work and felt the environment as hostile or stressful. Pages 37-39 - She stated that the pain started to get worse in February. She felt that short therapy, off work for 3 days was not appropriate with Kaiser On the job. Her workload changed in January and February 2020, as they have more stroke patient and they were very heavy. She felt that stress and orthopedic injuries made her to take off work. She felt stressed with increased workload and the impacted her physically. Prior to COVID, she had activities like dancing, shoot pooling, gatherings with her family. Page 41 - She was hospitalized during partial hysterectomy.

(End of Record Review)

WALLS, Darlene 621654 BKZ SIBTF 77083

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	11-17-2022	Subsequent Injuries Benefit Trust Fund 1750 Howe Avenue Suite 370 Sacramento, CA 95825
A	11-17-2022	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