

# KESHO HURRIA, M.D., Q.M.E.

ORTHOPEDIC SURGEON

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January 31, 2019

APPLICANT'S NAME:	CLARKE. DEBORAH
ADDRESS:	30751 EL CORAZON APT. 116 RANCHO SANTA MARGARITA, CA 92688
DATE OF BIRTH:	05/29/1949
SSN:	565-78-9844
CLAIM #:	30189866794-0001
WCAB #:	ADJ11264523; ADJ11264503
<b>DATE OF INJURY:</b>	<b>CT: 06/01/2017 TO 03/25/2018</b>
EMPLOYER:	CVS CAREMARK CORPORATION
OCCUPATION:	CASHIER/STOCKER
REPORT TIME:	2 HOURS

## QUALIFIED MEDICAL EVALUATOR SUPPLEMENTAL REPORT

Thank you for your letter dated December 20, 2018, which was received on January 18, 2019, regarding the above-captioned applicant.

I served in the capacity of a State Panel QME in orthopedics and authored a medical report dated September 7, 2018. Under "Apportionment," the treating chiropractor Dr. Thomas, in his report dated November 20, 2018, apportions 10% of the applicant's lumbar spine disability to an altercation with her son, which resulted in broken L3 vertebrae.

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04/04/18 and "stress, depression and anxiety due to discrimination based on age and disability" from 06/01/17 to 03/25/18. Current Symptoms: She was experiencing ongoing depressed moods since her reported injuries. She has diminished interest or pleasure in most activities. She has reduced appetite most of the time. She was experiencing significant psychomotor slowing or retardation. She endorsed fatigue, loss of energy, insomnia, difficulty falling and staying asleep, diminished ability to think or concentrate, and indecisiveness. She had feelings of hopelessness. She developed anxiety, frequent panic attacks, feeling of jitteriness, and feeling of intense fear. She had chronic stomach distress since her reported injuries, as well as headaches. Exam: On BDI-11, she scored 25, moderate clinical depression. On BAI, she scored 40 consistent with severe anxiety. Diagnoses: Axis I: 1) Major depressive disorder, recurrent, moderate. 2) Generalized anxiety disorder. 3) Panic disorder. Axis II: Deferred. Axis III: Physical ailments. Axis IV: Occupational problems. Axis V: 48. Recommendations: Weekly psychotherapy for 4-6 months. Psycho education concerning depression, anxiety, panic, and stress management. Continued psycho pharmacotherapy. Disability: She has had partial temporary disability on a psychiatric basis. She was unable to perform her usual and customary work. She has not reached maximum medical improvement. Temporary disability after the incident was at least 51% or more due to the industrial exposure. Apportionment: Not indicated. Prognosis: Her current emotional state was considered to be moderate to severe clinical range at this time. The prognosis was good with ongoing appropriate treatment.

### 11/20/18 – Primary Treating Physician’s Permanent and Stationary Report – Clay Thomas, D.C.

History: The applicant has complaints related to her neck region, mid thoracic, low back and left hip. She also had additional complaints such as stomach pain. She reported that her condition was worse after performing her work duties. She stated that her condition became worse after a new manager would not adhere to her work modifications that include standing no longer than 50% of the time and bending at the waist no longer than 25% of her shift. Interim History and Treatment Course: She was referred for pain management consultation and orthopedic evaluation. Her condition has reached maximum medical improvement and is permanent and stationary. Presenting Complaints: 9/10 dull, aching, pain in the neck, mid-back, and low back with cramps, stiffness and weakness. Physical Examination: *Cervical spine*: Pain and stiffness during all the end range of motion. Decreased range of motion. Positive spinal percussion, cervical/foraminal compression test, and Jackson compression test. *Thoracic spine*: Tenderness to palpation noted. Decreased range of motion with complaints of pain and stiffness. *Lumbar spine*: Tenderness to palpation noted as well as atrophy of the left gluteus and quadriceps muscles. Decreased range of motion with pain and stiffness. Positive seating straight leg raise bilaterally. *Hips*: Tenderness to palpation noted with pelvic hypomobility. Decreased range of motion on the left hip. Positive Patrick’s, Hibb’s, and Yeoman’s on the left. Summary and Discussion: She has reached a plateau with regard to her response to the treatments rendered to her. She was considered maximum medical improvement. Diagnoses: 1) Cervical spine

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If you have any questions, please feel free to communicate with me.

Yours very truly,

A handwritten signature in black ink, consisting of a stylized 'K' followed by a horizontal line that tapers to the right.

Kesho Hurria, M.D., Q.M.E.  
Orthopedic Surgeon

