KESHO HURRIA, MD
14623 Hawthorne Blvd., Suite 406,
Lawndale, CA 90260
(800) 411-1006

09/07/2018

RE: DEBORAH CLARKE
Claim Number: 30189866794-0001
DOI: 1 Jun 2017 - 25 Mar 2018
DOE: 13 Sep 2018

To the parties in the case:

Thank you for the opportunity to evaluate the applicant.

Upon review of the available records, this case qualifies for extraordinary circumstances based on multiple body parts injured and/or multiple dates of injury and/or a large volume of medical records. This case will require significant effort and aptitude in order to properly examine the applicant and address the pertinent issues including causation, apportionment, and impairment rating. I request the volume of records to be considered as an extraordinary circumstance in regards to this Comprehensive Medical-Legal Evaluation as noted in the California Code of Regulations.

Per § 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony.

3) A comprehensive medical-legal evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.

The above criteria is an exceptional situation involving extraordinary circumstances and warrants the billing of procedure code ML 104.

Signing this letter does not hold you financially responsible for the exam.
Please sign to acknowledge the complexity of this examination.

Sincerely,

KESHO HURRIA, MD

Please fax reply to: (310) 356-7910
Agreed by:

Defendant Attorney:	Claims Adjuster:	Applicant attorney:
JULIE FENG, ESQ	LIZPETH BROGUIERE	NATALIA FOLEY, ESQ
X _____	X Lizpeth Broguiere	X _____
Name _____	Name LIZPETH BROGUIERE	Name _____
Date _____	Date 9/27/18	Date _____

Physician's Return-to-Work & Voucher Report

For Injuries occurring on or after Januray 1, 2013

Instructions

☐ **The Employee is P&S from all conditions and the injury has caused permanent partial disability**

Employee Last Name	Employee First Name	MI	Date of Injury
CLARKE	DEBORAH		06/01/2017 03/25/2018

Claims Administrator	Claims Representative
SEDGWICK	LIZPETH BROGUIERE

Employer name	Employer Street Address
CVS CAREMARK CORPORATION	

Employer City	State	Zip Code	Claim No.
			30189866794-0001

☐ **The employee can return to work**

☐ **The employee can work with restrictions:**

	1-2 hours	2-4 hours	4-6 hours	6-8 hours	None
Stand	☒	☐	☐	☐	☐
Walk — 30 mins	☒	☐	☐	☐	☐
Sit — 15 mins	☐	☐	☐	☐	☐
Bend	☐	☐	☐	☐	☒
Squat	☐	☐	☐	☐	☒
Climb	☐	☐	☐	☐	☒
Twist	☒	☐	☐	☐	☐
Reach	☐	☐	☐	☐	☒
Crawl	☐	☐	☐	☐	☒
Drive	☐	☐	☐	☐	☒
Reach	☐	☐	☐	☐	☐
Grasp	☒	☐	☐	☐	☐
Push/Pull	☒	☐	☐	☐	☐

Lift/Carry Restrictions:
May not lift/carry at a height of _____ more than _____ lbs. for more than _____ hours per day.

Other Restrictions: Unable to work on noncustodial basis

If Job Description provided, please complete: Job Description of: ☐ Regular ☐ Modified ☐ Alternative Work

Job Title: *Work Location*

Are the Work Duties compatible with the activity restrictions set forth in the provided job description? ☐ Yes ☐ No

if No, explain here:

Physician's Name **KESHO HURRIA, MD** Role of Doctor QME

Physician's Signature Date 9/13/18

SUBMIT

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

ORTHOPEDIC SURGEON

Mailing Address: 14623 Hawthorne Boulevard, Suite 406, Lawndale, CA 90260
Phone: (888) 240-2019 Fax: (323) 389-7667

Lizpeth Broguiere
Sedgwick
PO Box 14153
Lexington KY 40512

Natalia Foley, Esq.
8306 Wilshire Blvd., Ste. 115
Beverly Hills CA 90211

Julie Feng, Esq.
1411 W. 190th St., Ste. 225
Gardena CA 90248

September 24, 2018

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
DATE OF INJURY:	**CT 06/01/2017-03/25/2018**
EMPLOYER:	CVS CAREMARK CORPORATION
OCCUPATION:	CASHIER/STOCKER
EXAMINATION DATE:	09/13/2018
EXAMINATION LOCATION:	7545 IRVINE CENTER DR. SUITE 200 IRVINE, CA 92618

QUALIFIED MEDICAL EVALUATION

Gentlepersons,

This is my Panel Qualified Medical Evaluation of the above-named individual who was seen at my office in Irvine, CA on September 13, 2018. At that time, a comprehensive history and interview was conducted, a physical examination was performed, and the records submitted were reviewed in their entirety.

QME Report Complexity Factors

	Hours	Factors
Hours of face-to-face time with injured worker	1.0	
Hours of record review	40.0	
Total Hours	41.0	
Four or more hours spent on any combination of two of the complexity factors = 2	✓	**2**
Causation addressed per request?	Yes	**1**
Requesting party:	Lizpeth Broguiere Natalia Foley, Esq. Julie Feng, Esq.	
Total Complexity Factors		**3**
This case qualifies for ML 104-95 coding due to extraordinary circumstances which were agreed upon in writing.		
Hours on report Preparation	4.0	
Total Hours	**45.0**	
Billing Code	**ML 104-95**	

CHIEF COMPLAINTS

The applicant presents today for Panel Qualified Medical Evaluation with complaints of pain in the neck, legs, back, and hips which she sustained while employed with CVS Caremark Corporation.

HISTORY OF THE INJURY AS RELATED BY THE APPLICANT

The applicant relates that during the course of her employment with CVS Caremark Corporation and secondary to performing her usual and customary duties as a cashier/stocker, namely being on her feet for prolonged periods, bending, stooping and lifting, she gradually developed neck, back, hips, and legs pain, beginning in July 2017. She did not report the injury to her supervisor.

Applicant states she had a previous injury in March of 2016 a left broken hip while working for CVS; she was off work for fourteen months until she went back to work in March of 2017 with restrictions of no lifting more than five pounds, walking up to 50 % of her shift, no climbing ladders, no torso or spine twisting, no driving.

Applicant stated that on her own she started to receive medical treatment for her back in June of 2017. She received acupuncture treatments with Suzane for her back on and off from 2017 until now.

She also received chiropractor with Dr. Johnson two times only, for her lower back.

She has not received any treatment for this injury under workers compensation.
She is not currently seeing any doctor for her hip injury.

Applicant explains that she is only treating with her primary care doctor Dr. Balin at Monarch Medical Group she uses her private medical insurance. Dr. Balin referred her to a neurologist for the pain in her legs, back, and neck.

She has seen neurologist Dr. Falehi at Monarch Medical Group. Dr. Falehi ordered nerve testing for the legs. Applicant relates she was told she has nerve damage on both legs. Applicant states that she did not received any other treatment or medication and surgery was not recommended.

ADDITIONAL TREATMENT

Currently, the applicant is not receiving treatment nor under supervised medical care by any physician or clinic.

PRE-EXISTING INJURIES/PRIOR INJURIES

The applicant denied any previous injury or difficulty with the affected areas.

The applicant stated at the time just prior to the injury, she was not having difficulty with the stated area.

LEGAL STATUS

The applicant is represented by an attorney.

WORK HISTORY

The applicant is currently is total temporary disability. She last worked for CVS Caremark Corporation on April 12, 2018.

PAST EMPLOYMENT

Prior to working for CVS Caremark Corporation, the applicant was employed for Savon Drugs as a cashier/stocker from 1972 to 2004. She retired in 2004 and went back to work on 2006.

JOB DESCRIPTION

According to the applicant, she was employed as a cashier/ stocker with CVS Caremark Corporation. Since August of 2006.

The applicant worked 4 hours per day, 2 to 3 days per week. She is right hand dominant.

This position, according to the applicant, required her to stock merchandise, usually candy and gum close to the registered and work as a cashier.

The physical demands of the job required standing, walking, lifting, carrying, bending, light pushing.

The heaviest item the applicant had to carry was 12 pack of beer, weighing 15 pounds, which she had to carry a distance of 2 to 4 feet.

The applicant's job did not require her to drive cars, trucks, forklifts, work around equipment and machinery, or walk on uneven ground. She was not exposed to extremes in temperature, humidity, wetness, dust, gas, fumes, or chemicals. The applicant did not have to work at heights, operate foot controls or perform repetitive foot movements, use special visual or auditory protective equipment, work with biohazards such as blood borne pathogens, sewage, hospital waste, etc.

OTHER INDUSTRIAL INJURIES

The applicant stated that she sustained a previous industrial injury in March 17, 2016 she had a left broken hip while working for CVS. She underwent arthroplasty. She settled this claim via Compromise and Relapse for a lump sum of money.

PERSONAL INJURIES (NOT WORK RELATED)

None reported.

FRACTURES

Left hip in 2016

AUTOMOBILE ACCIDENTS

The applicant was involved in an automobile accident in 1997 or 1998 with injuries for the neck and back, she saw a chiropractor for treatment of her injuries.

ILLNESSES

The applicant related a history of anxiety and urinary incontinency.

MEDICATIONS

The applicant is taking gabapentin 300 mg, oxybutynin 5 mg, tramadol 50 mg, Pantoprazole 40 mg, Norco, lorazepam.

ALLERGIES

The applicant stated that she is allergic to milk and nuts.

SURGERIES/HOSPITALIZATIONS

The applicant has had cholecystectomy in 2009
Left total hip replacement in 2016

FAMILY HISTORY

The applicant has two brothers and one sister, all whom are alive and in good health.

Her mother and father are deceased from cancer.

SOCIAL HISTORY

The applicant is single she had two children one is deceased due to mental illness and committed a suicide. One daughter lives in Nevada and lives alone. She does not smoke and does not consume alcoholic beverages.

EDUCATION

The applicant completed high school

HOBBIES

The applicant enjoys reading her Bible.

GENERAL HEALTH

The applicant reports anxiety and urinary incontinency

EFFECT ON ACTIVITIES OF DAILY LIVING

SELF-CARE / PERSONAL HYGIENE

The applicant states severe interference with the following activities: bathing, blow drying hair, brushing hair, brushing teeth, showering, washing hair, dressing oneself, going to the bathroom, urinating, eating, tying shoelaces and putting on shoes and socks.

COMMUNICATION
The applicant notes no interference with the following activities: hearing, seeing, talking, typing and writing.

PHYSICAL ACTIVITY
The applicant states moderate to severe interference with the following activities: household chores, doing laundry, getting in and out of bed, playing sports, exercising, taking out trash, climbing stairs, sweeping, walking, running, lifting, stooping, bending, twisting, carrying, reaching, pushing, pulling, crouching and standing.

SENSORY FUNCTION
The applicant relates that she has no interference with the following activities: hearing, seeing, smelling, tactile sensation, tasting and touching.

NON-SPECIALIZED HAND ACTIVITIES
The applicant states moderate to severe interference with the following activities: applying pressure, applying torque, grasping and gripping.

TRAVEL
The applicant states moderate to severe interference with the following activities: driving, flying and riding.

SEXUAL FUNCTION
The applicant notes she is not sexually active.

SLEEP
The applicant states moderate to severe interference with sleep due to frequent waking cycles, inability to fall asleep due to pain, lack of sleep causing reduced daytime alertness.

CURRENT SYMPTOMS

Cervical Spine

The applicant states that she has intermittent moderate pain of the back of the neck that radiates down the left arm all the way down to the hand with numbness and tingling of the fingers. The pain is aggravated by movement. Rest, applying heat and chiropractic treatments help.

Lumbar Spine/Legs

The applicant has intermittent to constant moderate to severe pain of the lower back with radiation of pain to both legs all the way down to her feet with numbness and tingling of the legs and feet. Pain is aggravated with prolonged sitting and prolonged

standing. Pain is worse at night, pain wakes up at night most nights. Rest, medication and heat help.

Shoulders

The applicant has frequent moderate pain in the shoulders that radiates to the body. The pain is aggravated by using the shoulders. It is relieved by medication.

Hips

The applicant has constant moderate to severe pain of the left hip and intermittent moderate pain of the right hip.

Other Complaints

The applicant also has sleep issues, headaches, stress, anxiety, emotional difficulties and GI disturbances such as abdominal pain, weight loss of 5 pounds, weakness of legs and balance problems. Uses walker.

REVIEW OF SYSTEMS

SLEEP: The applicant has difficulty going back to sleep, changing position and waking up at night due to pain.

GASTROINTESTINAL: The applicant notes intermittent bouts of gastrointestinal problems, in the form of stomach irritation, she also states she has diverticulitis.

PSYCHIATRIC HISTORY: Since the injury, the applicant notes intermittent bouts of anxiety, and frustration secondary to not being able to do anything physically.

UROLOGY: Frequent urination.

SEXUAL DYSFUNCTION: The applicant reports she is not sexually active.

PHYSICAL EXAMINATION

Height:	5 feet, 1.5 inches
Weight:	108 pounds
Blood Pressure:	152/70 mmHg
Pulse:	80 bpm

The applicant is a 69-year-old pleasant, thin and cooperative right-handed female in no apparent distress. A 2-inch scar in the left hip was noted.

EXAMINATION OF THE CERVICAL SPINE

Head carriage is midline. There was normal lordosis. There was slight tenderness on palpation over the cervical spine. There was no spasm on palpation noted over the cervical spine.

Range of Motion

	Rep 1	Rep 2	Rep 3	Measured -Average	Normal
Cervical Flexion	40	30	30	33	50
Extension	40	40	40	40	60
Left Lateral	30	30	30	30	45
Right Lateral	30	30	30	30	45
Left Rotation	70	70	70	70	80
Right Rotation	70	70	70	70	80

Special Tests

Axial Compression	Negative
Facet Tenderness	Positive

EXAMINATION OF THE THORACIC SPINE

There was no tenderness, swelling, edema or weakness noted.

Range of Motion

	Rep 1	Rep 2	Rep 3	Measured- Average	Normal
Thoracic Flexion	50	50	50	50	50
Extension	0	0	0	0	0
Left Lateral	25	25	25	25	25
Right Lateral	25	25	25	25	25
Left Rotation	30	30	30	30	30
Right Rotation	30	30	30	30	30

EXAMINATION OF THE LUMBAR SPINE

Gait was antalgic. She uses a walkerette. There was normal lordosis. There was tenderness over the lumbar spine. There was no swelling, edema or weakness noted.

Range of Motion

	Rep 1	Rep 2	Rep 3	Measured Average	Normal
Lumbar Flexion	40	40	40	40	60
Extension	5	5	5	5	25
Sacral Flexion	20	20	20	20	45
Left Lateral	15	15	15	15	25
Right Lateral	15	15	15	15	25

Special Tests

	Right	Left
Piriformis Tenderness	Positive	Positive
Sacroiliac Tenderness	Positive	Positive
Fabere's Patrick	Positive	Positive
Sciatic Notch Tenderness	Positive	Positive
Seated Straight Leg Raise	Positive	Positive
Supine Straight Leg Raise	Positive	Positive

Other Tests

	Right	Left
Valsalva Maneuver	Negative	Negative

EXAMINATION OF THE UPPER EXTREMITIES

EXAMINATION OF THE SHOULDERS

There was tenderness over the subdeltoid bursa. There was no swelling, edema or weakness noted.

There was no subluxation or instability of the sternoclavicular joint. There was no evidence of distal migration of the biceps tendon or evidence of instability on manual palpation of the shoulder joint.

Shoulder range of motion was full.

Range of Motion

	Right	Left	Normal
Shoulder Flexion	180	180	180
Extension	50	50	50
Abduction	180	180	180
Adduction	50	50	50
External Rotation	90	90	90
Internal Rotation	90	90	90

Special Tests

	Right	Left
Adson Sign	Negative	Negative
Abduction Test	Negative	Negative
Radial Test	Negative	Negative
Joint Stress Test	Negative	Negative
Speed Test	Negative	Negative
Yergason's Test	Negative	Negative

Anterior Apprehension Sign	Negative	Negative

EXAMINATION OF THE ELBOWS

There was diffuse tenderness over the elbows. There was no swelling, edema or weakness noted.

Range of Motion

	Right	Left	Normal
Elbow Flexion	140	140	140
Extension	0	0	0
Supination	70	70	80
Pronation	70	70	80

Special Tests

	Right	Left
Lateral Epicondylar	Positive	Positive
Medial Epicondylar	Positive	Positive
Cozen's	Negative	Negative
Ulnar Nerve Compression	Negative	Negative
Elbow Flexion Test	Negative	Negative
Cubital Tunnel Tinel's Test	Negative	Negative
Radial nerve compression	Negative	Negative

EXAMINATION OF THE WRISTS

There was no tenderness, swelling, edema, or weakness noted.

Range of Motion

	Right	Left	Normal
Flexion	40	40	60
Extension	40	40	60
Radial Deviation	15	15	20
Ulnar Deviation	20	20	30

Special Test

	Right	Left
Tinel's Test	Negative	Positive
Finkelstein's Test	Negative	Negative
Phalen's Test	Negative	Negative

EXAMINATION OF THE HANDS

There was no tenderness, swelling, edema or weakness noted.

Range of Motion

	Normal	Right	Left		Normal	Right	Left
Index PIP Extension	0	0	5	DIP Flexion	70	70	70
DIP Extension	0	0	0	PIP Flexion	100	100	100
MP Extension	20	20	20	MP Flexion	90	90	90
Middle DIP Extension	0	0	0	DIP Flexion	70	70	70
PIP Extension	0	0	0	PIP Flexion	100	100	100
MP Extension	20	20	20	MP Flexion	90	90	90
Ring DIP Extension	0	0	0	DIP Flexion	70	70	70
PIP Extension	0	0	0	PIP Flexion	100	100	100
MP Extension	20	20	20	MP Flexion	90	90	90
Little DIP Extension	0	0	0	DIP Flexion	70	70	70
PIP Extension	0	0	0	PIP Flexion	100	100	100
MP Extension	20	20	20	MP Flexion	90	90	90
Thumb IP Extension	0	0	0	MP Flexion	60	60	60
MP Extension	20	20	20	IP Flexion	80	80	80
Opposition	8 cm	8 cm	8 cm	Radial abduction	50	50	50
				Radial adduction	0 cm	0 cm	0 cm

GRIP STRENGTH

The "AMA Guides, 5th Ed." (pp 508-9) describe a technique to detect individuals who exert less than maximal effort on grip strength testing. The standard grip strength is performed with both hands over all five Jamar ring settings. HM Stokes reported that plotting of grip strength measurement from each of the five handle settings of the Jamar dynamometer would produce a bell-shaped curve. Individuals not exerting maximal effort will produce results yielding a flat line.

Jamar Grip Strength Testing (in lbs.)

	1st	2nd	3rd	4th	5th
Right	17.1	17.1	17.1	17.1	17.1
Left	20.8	20.8	20.8	20.8	20.8

Pinch Grip Testing (in lbs.)

	Tip Pinch	Key Pinch
Right	7.4	7.2
Left	7.5	8.7

EXAMINATION OF THE LOWER EXTREMITIES

EXAMINATION OF THE HIPS

Gait was antalgic. There was tenderness over the left hip. There was swelling, edema, or weakness noted. Trendelenburg sign is negative. No leg length discrepancy was noted.

Range of Motion

	Right	Left	Normal
Flexion	70	60	100
Extension	10	10	30
Abduction	30	30	40
Adduction	20	20	20
External Rotation	30	30	50
Internal Rotation	30	30	40

EXAMINATION OF THE KNEES

There was no tenderness, swelling, edema, or weakness noted. There was evidence of any subluxation or dislocation of the patellae.

Range of Motion

	Right	Left	Normal
Flexion	130	130	140
Extension	0	0	0

Special Tests

Medial or Lateral Collateral Ligaments	Negative
Anterior or Posterior Cruciate ligaments	Negative
McMurray's Test	Negative
Apley's Grinding Test	Negative
Popliteal Fossa Examination	Negative
Lachman Test	Negative
Pivot Shift	Negative

EXAMINATION OF THE ANKLES

There was no tenderness, swelling, edema, or weakness noted.

Range of Motion

	Right	Left	Normal
Plantar Flexion	20	20	20
Dorsiflexion	10	10	10

Eversion	10	10	10
Inversion	20	20	20

EXAMINATION OF THE FEET

There was no tenderness, swelling, edema, weakness or deformity noted.

NEUROLOGICAL EXAMINATION OF THE UPPER AND LOWER EXTREMITIES

Sensory examination of the upper extremities revealed the following:

Dermatomes	Right	Left
C4	Within normal limits	Within normal limits
C5	Within normal limits	Within normal limits
C6	Within normal limits	Within normal limits
C7	Within normal limits	Within normal limits
C8	Within normal limits	Within normal limits

Two-point Discrimination

	Radial Digital Nerve		Ulnar Digital Nerve	
	Right	Left	Right	Left
Thumb	Normal	Normal	Normal	Normal
Index	Normal	Normal	Normal	Normal
Middle	Normal	Normal	Normal	Normal
Ring	Normal	Normal	Normal	Normal
Small	Normal	Normal	Normal	Normal

Sensory examination of the lower extremities to pain, temperature, light touch and pin wheel revealed the following:

Dermatomes	Right	Left
L1	Within normal limits	Within normal limits
L2	Within normal limits	Within normal limits
L3	Within normal limits	Within normal limits
L4	Within normal limits	Within normal limits
L5	Within normal limits	Within normal limits
S1	Within normal limits	Within normal limits

Reflexes are as follows:

	Right	Left	Expected
Biceps	2+	2+	2+
Brachioradialis	2+	2+	2+

Triceps	2+	2+	2+

	Right	Left	Expected
Patellar	2+	2+	2+
Achilles	2+	2+	2+

Manual Muscle Testing

	Right	Left	Normal
Shoulder Flexion	4	4	5
Abduction	4	4	5
Elbow Flexion	4	4	5
Elbow Extension	4	4	5
Wrist Flexion	4	4	5
Wrist Extension	4	4	5
Finger Abduction/Adduction	3	3	5
Hip Flexion	3	3	5
Hip Abduction	3	3	5
Hip Extension	3	3	5
Knee Flexion	3	3	5
Knee Extension	3	3	5
Ankle Plantarflexion	3	3	5
Ankle Foot Extension	3	3	5
Great Toe Extension	4	4	5
Great Toe Flexion	4	4	5

GIRTH MEASUREMENTS

	Right	Left
Biceps	9	9
Forearms	6.5	6
Thighs	14	13.5
Calves	11.5	11

Strength Physical Tests

	Right	Left
Standing on heels	Difficult	Difficult
Standing on toes	Difficult	Difficult
Standing on foot	Difficult	Difficult
Squatting	Difficult	Difficult
Kneeling	Difficult	Difficult
Stooping	Difficult	Difficult

REVIEW OF MEDICAL RECORDS:

Medical records totaling 3954 pages were received for review including DWC forms and applicant questionnaires. The records were reviewed by myself and summarized below. Included were miscellaneous unremarkable records, duplicate records and/or previously reviewed records. All of these materials were thoroughly reviewed to ensure that no relevant information was overlooked.

10/07/2008 – Progress Notes – Janis Kristine Koh, M.D., Kaiser Permanente.

Applicant presents with on/off sore throat and right ear pain, states getting worse in middle of night, has allergies but not taking any medications, but takes Nasarel occasionally. PE: Oropharynx multiple 5-10mm ulcers on tongue with mild TTP. Assessment: Allergy seasonal or perennial, glossodynia, urinary incontinence, osteoarthritis, cervical spine, cervical radiculopathy, Hx of skin. Plan: Continue Neurontin; continue acupuncture, followed by PMR, 1 month of Norco, no early refills, no increase in pain medication. RTC with CDRP.

07/30/2008 through 09/09/2008 – Acupuncture – Edith Marion Higgins Hagelis L.Ac., Kaiser Permanente.

Applicant participated in therapy for neck and shoulder pain, level 7/10. PE: LMP postmenopausal. Impression: Degenerative changes as above, C spine MRI. Assessment: Cervical Radiculopathy. RTC: Follow up two to three weeks. Plan: Continue acupuncture for three more times and then re-evaluate.

08/07/2008 – Progress Notes – Scott Taylor Mcfarland, M.D., Kaiser Permanente.

Applicant presents for follow up cataract check. PE: Cornea OD old scar, OS clear, anterior chamber deep and quiet OU. Assessment: Cataract. Plan: Will set UPF or OD.

12/18/2008 – Preoperative Notes – Scott McFarland, M.D., Kaiser Permanente.

Applicant is present for cataract surgery, right eye. PE: See prior notes. Diagnosis: Cataract. Plan: Proceed with cataract surgery with lens implantation, risk and benefits and discussed.

12/18/2008 – History and Physical Notes – Scott McFarland, M.D., Kaiser Permanente.

Applicant presents for cataract surgery on right eye. PE: Has a visually significant cataract and elects to proceed with cataract surgery. Assessment: Colonoscopy. Plan: Risks and benefits discussed, at length including risks of loss of vision, infection, complications during surgery, postop CME, need for other surgeries, torn capsule

explained, cleared for surgery consent was signed, there will be a need for glasses after surgery.

12/23/2008 – Anesthesia Pre-Operative Notes – Thomas Joseph Krug, C.R.N.A, Scott McFarland, M.D., Kaiser Foundations Hospital.

Procedure: Cataract surgery with IOL-PHACO (Right).

12/23/2008 – Operative Notes – Scott McFarland, M.D., Kaiser Permanente.

Pre/Post-operative Diagnosis: Cataract eye. Operation: Cataract excision, insertion of intraocular lens.

01/05/2009 – Progress Notes – Scott McFarland, M.D., Kaiser Permanente.

Applicant presents for follow-up, states wound is well sealed. PE: Anterior segment deep trace cells, PCIOL is well centered and in good position. Diagnoses: Pseudophakia, post-op. Plan: One-week post ops cataract removal with pciol replacement, D/C Ocuflox, and continued Pred Forte/Voltaren TID for four more weeks. D/C shield. RTC in 4-5 weeks.

01/15/2009 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with abdominal hernia worse with pizza, sodas, coffee, and red wine daily, also black pepper, and worse with lying down after eating and with lifting boxes at work. PE: Positive epigastric tenderness, tender alt maleolus-inj with Marcaine and methylpred-immed relief. Assessment: 1) Gastro esophageal disorder. 2) Osteoarthritis. 3) Tendonitis. Plan: Pepcid 40mg, avoid caffeine, soda, ETOH, and pepper, high fat foods, fast foods, ASA, NSAIDS, elevate head of bed, ice/heat aid, keep elbow next to side when lifting, mammogram yearly, decreasing hrt further.

02/28/2009 – XR Mammogram Screening Bilateral, 2 views each breast – Lurlene Brown, M.D., Kaiser Permanente.

History: Routine. Impression: Benign findings. No evidence of malignancy.

02/19/2009 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with vaginal bleeding, states some spotting when taking Provera 10 day's end of months, has ditch and vaginal itching when spotting. PE: Positive thick cottage cheese discharge. Assessment: 1) Hyperlipidemia. 2) Vaginal candida. 3) Vaginal deficiency. 4) Vaginal spotting. Plan: Lovastatin 40mg, hemoglobin, lipid panel, creatinine kinase, alt serum, vitamin d daily, Monistat vaginal cream, refer to gyn.

03/20/2009 – Procedure Notes – Philip Michael Adamson, M.D., Kaiser Permanente.

Procedure orders: Normal pap with HPV results: KP.ORG release. Impression: Normal.

03/30/2009 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with upper abdominal pain radiating to back, neck and to jaw for 9 months, tried Maalox, tums, Pepcid and milk-no help, pain stiffness in awakening both hands. PE: Applicant is in no distress. Assessment: 1) Chest pain. 2) Arthritis, hand. Plan: Electrocardiogram, routine with at least 12 leads, interpretation and report nitroglycerin 0.4mg, hydrocodone-acetaminophen.

04/03/2009 – Bone Densitometry – Rani Vatti, M.D., Kaiser Permanente.

History: Evaluate for Osteoporosis. Impression: Based on the World Health Organization's (WHO) classification, this applicant's bone mineral density isosteopenic.

04/06/2009 – Procedure Notes – Jerold Richard Dooley, M.D., Kaiser Permanente.

Procedures: Treadmill cardiovascular stress test. Impression: Negative ETT for myocardial ischemia per ECG criteria throat discomfort as noted above average functional capacity for age and gender.

12/22/2009 – Progress Notes – Gary Duane, P.A., Kaiser Permanente.

Applicant complains lesion to the left anterior chest that has be pruritic and non-healing for the past few months. There is a prior hx of BCC to the nose, which removed with Mohs surgery. She has not noticed any change at the previous surgical site, 0:8 mm pink papular lesion left anterior chest. Previous surgical site nose appears free from recurrence. Assessment: 1) RIO Irritated SK vs. lichenoid keratosis vs. BCC Left Anterior Chest (shave biopsy). 2) Skin screening exam for skin cancer. Plan: Anesthetized with 1 % Lidocaine with epinephrine, shave biopsy was performed, specimen was sent for pathologic examination, hemostasis was obtained, antibiotic ointment and dressing applied.

12/20/2009 – Progress Notes – Gary Duane Nelson, P.A., Kaiser Permanente.

Applicant returns to the office for treatment of biopsy proven lichenoid keratosis to the anterior chest. PE: Biopsy site identified to the anterior chest. Assessment: Lichenoid Keratosis. Plan: Liquid nitrogen applied for 10-12 seconds to the skin lesion, reminded to expect hypo pigmented scars from the procedure. Return if lesion fails.

03/02/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents for physical examination, states having hemorrhoids since she gave birth with her daughter, and it became worse and there is pain, burning, bleeding for past month and vaginal itching. PE: Positive rectal int hem, punctuate red rash around vagina and rectum. Assessment: 1) Vitamin D deficiency. 2) Hyperlipidemia. 3) GERD. 4) Hemorrhoid. 5) Health checkup, adult. Plan: Regular exercise, glucose fasting, alt serum, TSH, continue with medical management, hydrocortisone acetate, potassium serum.

03/02/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant complains R hip pain with lying on side at night and with weight bearing and getting worse. PE: Tenderness over troch bursa. Assessment: Hip pain. Plan: PT, XR hip unilateral 2 or more views.

04/13/2010 – XR Hip Unilateral, 2 or more views – Lianna Marie Edwards, N.P., Kaiser Permanente.

Indication: Hip pain without trauma. Impression: No significant pathology identified.

06/08/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with forearm pain and elbow pain with working, using touch screen to arm up in air all day, away from body also using another swiping mechanism-using L arm now. Working more days, L elbow hurts most of time bout worse with cashiering and bagging. PE: Lateral epicondyle tender in Marcaine and Methylpred. Assessment: 1) Hyperlipidemia. 2) Lateral epicondylitis. 3) Arthritis, hand. Plan: Exercise regularly, glucose random, behavior change discussed upper body exercises, methylprednisolone acetate, intramuscular injection, gabapentin 300mg.

06/22/2010 – Digital Bilateral Screening Mammogram – Steven khine, M.D., Kaiser Permanente.

Impression: Alert code2. Benign. No evidence of malignancy. Routine digital screening mammogram recommended in one year.

06/11/2010 – Progress Notes – Gary Duane, P.A., Kaiser Permanente.

Applicant returns to the office for a routine skins screening exam with a previous hx of BCC to the nose. No new lesions of concern since her last office visit. PE: Waist up skin screening exam did not reveal any lesions that were suspicious for skin cancer. Previous surgical site did not appear to have any evidence of recurrence. Assessment: 1) Skin screening exam for skin cancer. 2) Hx of BCC. Plan: Use of sunscreens and sun protection discussed. RTC in 12 months.

07/15/2010 – Progress Notes – Scott, McFarland, M.D., Kaiser Permanente.

Applicant presents with cataract for 1 year. PE: Anterior chamber deep and quiet ou. Assessment: Cataract os. Plan: will let me know if she wants to remove Pseudophakia OD.

08/31/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant complains mouth sores for months, sometimes bleed. Increase in GERD. Drinks coffee, sodas, 1 glass wine at night. Has not been taking Pepcid. PE: Mouth tongue looks like chewing on both sides. Assessment: 1) Abrasion of tongue. 2) GERD. 3) Candida of vagina. 4) Osteoarthritis, cervical spine. 5) Urinary incontinence. Plan: Mouth guard, avoid caffeine, soda, pepper, high fat foods, fast foods, asa, famotidine 40mg, and fluconazole, and continue with current medical management.

10/06/2010 through 10/21/2010 – Acupuncture Daily Treatment Note – Eddi Hagelis, L.A.c., Kaiser Permanente.

Applicant referred by Lianna Edward, NP, for acupuncture evaluation of her cervical radicular pain with neck pain as her chief complain. States her left arm has become progressively worse. PE: Mid generalized muscle, tenderness and multiple trigger point tenderness. Assessment: Degeneration of cervical intervertebral disc. Plan: Acupuncture trial 3x then re-evaluation.

10/16/2010 – Staff Note – Virginia Dow, R.N., Kaiser Permanente.

Applicant presents with sore throat, dry cough, headache and clear nasal discharge, itchy ears for 2 days. PE: Bilateral TM normal without fluid or infection, neck has bilateral anterior cervical nodes enlarged and pharynx erythematous without exudate. Diagnoses: Throat pain. Plan: Take antibiotics, advice per protocol, throat culture sent.

11/23/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with left arm pain / numbness for 6 years and getting worse, associated with hand tingling and aching, and get even worse after working as checker also states taking hormones. PE: Lateral epicondyle tenderness. Assessment: 1) Lateral epicondylitis. 2) Hyperlipidemia. 3) Vitamin D Deficiency. Plan: Refer to ortho, omega 3, LDL direct.

11/30/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant complains left elbow/arm pain, states about 6 years ago, she started having numbness in her hand then followed by having arm pain. States injection did not help and PT interested having an MRI. PE: TTP lateral epicondyle, some skin hypopigmentation at the area of previous injection wrist dorsiflexion against resistance with lateral epicondyle area pain. Impression: Chronic lateral epicondylitis. Plan: Failed

conservative treatment, not interested in PRP, referred to see a surgeon, activity restrictions discussed.

12/08/2010 – Progress Notes – Marty Eckhardt, M.D., Kaiser Permanente.

Applicant is present for surgical evaluation has pain with activities of daily living and pain with her job describes pain over the lateral epicondyle of the elbow with resisted wrist extension and finger extension. Visual inspection of the left elbow reveals some slight skin depigmentation from prior cortisone injections. PE: Has some mild swelling about the lateral epicondyle, has full elbow range of motion including flexion, extension, and pronation supination, and has tender to palpation over the origin of the extensor wad and pain over the origin of the extensor wad with resisted wrist extension and finger extension involving the middle and ring fingers. Neurovascular distally and has no tender over the triceps attachment and medial epicondyle. Assessment: Applicant with recalcitrant left elbow lateral epicondylitis. Plan: Continue conservative management versus repeat injections versus physical therapy versus bracing versus PRP injections versus surgery. Applicant would like to proceed with surgical debridement.

12/13/2010 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Began yesterday am-red pruritic rash, had new gum chewing it for 2 days. Tried OTC Steroid-helped for about 10 minutes. PE: Skin - normal coloration and turgor, red, fine diffuse papular rash both cheeks and neck, no suspicious skin lesions noted. Assessment: Dermatitis. Plan: Zyrtec bid, Hydrocortisone 2.5%.

01/06/2011 – Progress Notes – James Conroy, M.D., Kaiser Permanente.

Applicant complains swelling in both upper and lower lips for over a month, stopped a new gum stopped her toothpaste and lip balm without relief. PE: Mucous membranes moist, upper lip with minimal swelling noted centrally. Assessment: Angioedema, acquired. Plan: Suspect collagen supplement, follow-up with PCP and consider stopping the gabapentin or oxybutynin. RTC as needed id symptoms persist and get worse.

01/18/2011 – Progress Notes – Gary Duane Nelson, P.A., Kaiser Permanente.

Applicant returns to the office for a routine skin-screening exam, states that she has a mole that has been bleeding and bothersome to the right chin. Previous hx of BCC to the nose. PE: Waist up skin screening exam did not reveal any lesions that were suspicious for skin cancer, 6mm papule with no atypical features to the right chin. Assessment: 1) IDN (bothersome). 2) Skin screening exam for skin cancer. 3) Hx of BCO. Plan: Discussed including risks, benefits and possibility of scar. Verbal and written consent obtained. Site was anesthetized with 1 % Lidocaine with epinephrine, shave biopsy was performed specimen was sent for pathologic examination.

Hemostasis was obtained, antibiotic ointment and dressing applied. Wound care reviewed and aware of the possibility of a scar and infection, contacted regarding results and needed treatment.

03/30/2011 – Progress Notes – Boris Ellyason, M.D., Kaiser Permanente.

Present for left lateral epicondylitis PRP injection, discussed risks, benefits, and complications of injection, states she understands and wishes to proceed. After sterile preparation, injected left elbow lateral epicondyle with PRP. Post injection care provided. RTC in 6 weeks.

05/11/2011 – Progress Notes – Boris Ellyason, M.D., Kaiser Permanente.

Applicant is present for wrist pain. PE: States 95% better, no new symptoms. Diagnosis: Wrist pain. Plan: 6 weeks follow-up for PRP left elbow.

05/11/2011 – XR Wrist Left FU 2 view – Boris Ellyason, M.D., Kaiser Permanente.

Indication: Pain. Impression: No acute focal abnormality seen.

05/12/2011 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with flu-like symptoms, severe sore throat for 5 days, ear pain aching with dry cough and congestion, also has fever for 2 days. PE: Mouth mucous membranes moist, pharynx normal without lesions, supple, R anterior ch + adenopathy, thyroid is normal in size without nodules or tenderness. Assessment: Viral syndrome. Plan: Strep a probe, throat, Hydrocodone-acetaminophen 5-500 mg oral tab, saline gargles, chloraseptic spray.

06/17/2011 – Progress Notes – Sharon Anne Hapak, N.P., Kaiser Permanente.

Applicant presents with bilateral wrist pain with symptoms in both hands/wrists have worsened over past several months, has hx of cervical radiculopathy. Also has recent injection for lateral epicondylitis. L sided symptoms are as follows, numbness/tingling ¡n thumb, index, long finger. Worse over past several months States she has pain with gripping things, especially in the thumb. PE: Full ROM of wrist and fingers, +thumb opposition to tips of all fingers and to base of little finger, + Phalen's on L after 5 sec, discrimination at 5mm all fingers, but subjectively states she has constant tingling in median nerve distribution, + Finkelstein's test. R hand: + Watson's stress test, handgrip strength 30# of pressure as measured. Assessment: 1) Probable L CTS. 2) L Dequervain's tenosynovitis. 3) R basal joint QA, possible R CTS. Plan: Discussed treatment options for De Quervain's, would like an injection, L De Quervain's injection given, Kenalog, 2cc, Lc plain, consult sent for bilateral NCS for CTS, x-ray ordered for R hand/fingers to evaluate for basal joint OA, return call after test, Velcro splint for L wrist

daily for 3 days. Note: Applicant having significant symptoms so will cover with short burst of steroids. RTC with primary care provider if not improving.

06/24/2011 – Progress Notes – Ryan Thomas Carver, M.D., Kaiser Permanente.

Applicant referred for electrodiagnostic testing of left upper extremity to evaluate for median neuropathy. She reports numbness and tingling in the left hand, digits 1-3, have pain in the left first through third digits. Symptoms have been ongoing since 2004. She has seen neurology, PM&R, neurosurgery, diagnosed with cervical radiculopathy. MRI C spine in past showed left C6-7 foraminal stenosis. Symptoms have not changed recently, worse with stress and overuse and better with rest, ice, massage. She denies weakness. PE: Sensation decreased in the left hand over digit two. Upper extremity strength is 5/5. Reflexes are 1-2+ and symmetric in the upper extremities. Cervical spine range of motion does not increase left hand symptoms. No atrophy in the upper extremities. Plan: Follow up with orthopedics.

07/19/2011 – Progress Notes – Gary Duane Nelson, P.A., Kaiser Permanente.

Applicant has a previous hx of NMSCs and now has a new lesion to the right cheek that has had episodic bleeding, like an rx for retina for her sun-damaged skin, 0:5mm pearly appearing papule to the right infraorbital cheek, waist up skin screening. PE: Did not reveal any other lesions of concern. Assessment: 1) R/0 BCC (shave biopsy). 2) Photo aging. 3) Hx of NMSCs. Plan: Retin-A cream, possible side effects of medication discussed. Correlation of pathology order information with side and site also performed. Procedure discussed including risks, benefits and possibility of scar. The site anesthetized with 1 % Lidocaine with epinephrine, shave biopsy was performed, specimen was sent for pathologic examination, hemostasis obtained, antibiotic ointment and dressing applied, wound care reviewed.

08/04/2011 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant complains R knee pain for many years, hurts to walk, bend, squat and feet hurt sole on 5th toes when walking barefoot, she wants breast exam. PE: Tender medial bursa, intermittent pain, Marcaine and methylpred. Assessment: 1) Bursitis. 2) Behind on immunizations. 3) Screening for CA breast. Plan: Motrin 800mg, ice/heat for 20 minutes, stretching exercises, arthrocentesis, aspiration and or injection, large joint or bursa bupivacaine, methylprednisolone acetate 80 mg/ml, vaccination zoster virus live (shingles), vaccine zoster virus live (shingles). RTC in 2 weeks if symptoms persist

08/09/2011 – Progress Notes – Garu Duane Nelson, P.A., Kaiser Permanente.

Applicant returns to the office for wound check following ED&C of a BCC to the right infraorbital cheek (8/16/11) there has been a small amount of drainage from the wound and wanted to have it checked, very little discomfort and no redness. PE: Open wound

to the right infraorbital cheek with no erythema or signs of infection. Assessment: 1) Wound check. Plan: Continue wound care instructions as per protocol.

08/16/2011 – Progress Notes – Gary Duane Nelson, P.A., Kaiser Permanente.

Applicant returns to the office for surgical destruction of a biopsy proven 8CC to the right infraorbital cheek. PE: Biopsy site identified on Stentor and confirmed by the applicant. Assessment: BCC (ED&C). Plan: Electrodessication and curettage, pre-op diagnosis BCC, site right infraorbital cheek, pre-op size 5mm, postop size 7mm, side effects discussed including permanent hypo and hyperpigmentation, scarring, infection, bleeding, recurrence and pain, demonstrated understanding of the risks and benefits of procedure, Isopropanol prep, lesion anesthetized with lidocaine with epinephrine 2 rounds of curettage followed by electrodessication. Double antibiotic ointment and band-aid applied, clean wound daily with soap and water, apply ointment and cover with band-aid until healed, to call if there are any problems.

10/25/2011 – Progress Notes – Boris Ellyason, M.D., Kaiser Permanente.

Applicant presents for left elbow injection and breast cancer screening. PE: Left elbow no swelling from TTP lateral epicondyle and olecranon bursa nvn, good handgrip. Assessment: Lateral epicondylitis olecranon bursitis. Plan: Discussed risks, benefits, and complications, of injection.

11/05/2011 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with tendonitis on left wrist, using ice/head and NSAIDS with some help, was using splint at night-unsure of help, uses splint during day and does upper body strengthening exercises. Pain back L wrist-dull aching all the time. PE: Left wrist tender over tendon-si swelling, si heat-injected joint with Marcaine and methyl prednisone. Assessment: Tendonitis, De Quervain's. Plan: Note: ice/heat, upper body exercises, behavior change, Arthrocentesis, aspiration and or injection, small joint or bursa, bupivacaine, methylprednisolone acetate 80 mg/ml.

11/07/2011 – Progress Notes – Scott McFarland, M.D., Kaiser Permanente.

Applicant presents with cataract. PE: Deep and quiet ou anterior chamber. Assessment: Cataract os. Plan: Set up for surgery.

12/27/2011 – Progress Notes – Scott McFarland, M.D., Kaiser Permanente.

Applicant is here for pre-op visit for cataract surgery, having functional symptoms that warrant doing cataract surgery. PE: Chest pains or shortness of breath, no cough, cold or flu. Applicant is here for the pre-op exam for cat surgery of the left eye. Risks and benefits discussed with applicant at length including loss of vision, infection, complications during surgery, postop CME, need for other surgeries, torn capsule.

Applicant cleared for surgery and the consent signed. Applicant also understands that there will possibly be a need for glasses after surgery.

12/27/2011 – History and Physical Notes – Scott McFarland, M.D., Kaiser Permanente.

Applicant presents and been experiencing visual difficulty, functional impairment due to the decrease in vision. See prior eye notes for additional ocular history. PE: See prior eye notes for ocular exam details, grossly intact heart. Assessment: Applicant has a visually significant cataract and elects to proceed with cataract surgery, the risks benefits and alternatives have been discussed with the applicant, who appears to understand, and informed consent obtained. Plan: Will proceed with cataract surgery with lens implantation.

12/31/2011 – Telephone Encounter – Michael Adam Merer, M.D., Kaiser Permanente.

Applicant presents with complaint of trouble with the left wrist, near the thumb. PE: Tendon seems to be more prominent, sticking lout and painful. Assessment: Wrist pain (primary encounter diagnosis). Plan: Note: Appointment booked with primary care provider

01/17/2012 – Operative Notes – Scott McFarland, M.D., Kaiser Permanente.

Pre/Post-Operative diagnosis: Cataract, left eye. Operation: Cataract removal, insertion of intraocular lens.

01/17/2012 – Discharge Summary – Scott McFarland, M.D., Kaiser Permanente.

Procedure performed: Cataract Surgery W IOL-PHACO (Left). Hospital Course: No Complications. Discharge Diagnosis: Cataract.

02/09/12 – Progress Notes – Mirian Urbi Cayago, O.D., Kaiser Permanente.

Applicant presents with eye examination. PE: Refraction after cataract surgery OD, the OS. Assessment: S/P cataract surgery OD, then OS. Plan: Eyeglass prescription, use current eye meds for two more weeks. RTC 1-2 years.

02/22/2012 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with knee pain for 6 months, remote previous injury since then pain with weight bearing. PE: Positive med R knee tenderness, no deformity or swelling, no muscular tenderness noted, full range of motion without pain, Injected joint with lidocaine and methyl prednisone. Assessment: Knee joint pain. Plan: Motrin 800mg,

injected joint with lidocaine, ice/heat QID for 20 minutes, stretching exercises qid and methyl prednisone. RTC in 2 weeks if symptoms persist.

02/22/2012 – XR Right Knew – Lianna Marie Edwards, N.P., Kaiser Permanente.

Findings: There is no evidence of fracture or dislocation. Minimal symmetric joint space loss visualized at the bilateral medial tibiofemoral compartments. There are tiny patellofemoral osteophytes visualized. Bone mineralization appears normal. There is no knee effusions. Impression: Minimal degenerative changes at the medial tibio femoral and patella femoral compartments of the right knee.

03/06/2012 – Telephone Note – Julianne Kendrick, R.N., The Permanente Medical Group.

Applicant complains of OS redness, using Visine, redness is intermittent, denies vision changes, no pressure, no light sensitivity and discharge. Plan: Not to use Visine, advised to use artificial tears in OU for comfort, refresh lubricating tears, try Zadittor gtts otc, offered appointment with Optometrist, call back if symptoms worsen.

04/17/2012 – Progress Notes – Lianna Marie Edwards N.P., The Permanente Medical Group.

Applicant present for f/u left hand wrist pain/weakness and request for right ankle pain/swelling injection. PE: R wrist-tender thumb-prox and distal radial area, increase with dq maneuver-inj, lidocaine and methylpred. Assessment: Tendinitis. Plan: Arthrocentesis, aspiration and/or injection, medium joint or bursa, Methylprednisolone acetate 80mg, Lidocaine hcl 10mg, injection subcutaneous or intramuscular, Lidocaine 1% or 2% wo EPI inj., contusion.

06/11/2012 – Progress Notes – Lianna Marie Edwards N.P., The Permanente Medical Group.

Applicant present for rectal bleeding for 2 months also tailbone pain, old injury and coccyx disorder. PE: Abdomen is non-tender and non-distended. Assessment: Anal fissure. Plan: Nifedipine 0.2% in white petrolatum top oint, donut pillow, change-sitting positions.

08/16/2012 – Progress Notes – Lianna Marie Edwards N.P., The Permanente Medical Group.

Applicant present with left hand pain, tendonitis, arthritis and possible injection. PE: Ear exam shows wax occlusion in the bilateral ear/s. Assessment: Dequervains Tenosynovitis. Plan: Arthrocentesis, aspiration and or injection, medium joint or bursa arthrocentesis, aspiration and or injection, medium joint or bursa cerumen impaction.

Plan: Performed earwax, family stress, contact with friends, family and regular exercises.

08/23/2012 – Progress Notes – Gary Duane Nelson, PA., The Permanente Medical Group.

Applicant calls for a new keratotic lesion to the mid upper chest otherwise no new lesions of concern. Previous hx of BCCS to the nose and the right infraorbital cheek, a skin-screening exam will be done. PE: Skin-screening exam did not reveal any lesions that were suspicious for skin cancer, previous surgical sites appear free of recurrence 3mmkeratotic lesion to the mi chest. Assessment: 1) AK (LN2 treated). 2) Skin screening exam for skin cancer. 3) Hx of BCCs. P: Liquid nitrogen was applied for 10-12 seconds to the skin lesion and the expected blistering or scabbing reaction explained. Do not pick at the area. Patient reminded to expect hypo pigmented scars from the procedure. Return if lesion fails to fully resolve. Dr. Jong was the supervising physician for this patient.

02/28/2012 – XR Mammography screening bilateral, 2 views each breast – Vansen Ralph Wong M.D.

Impression: Benign findings. There is no mammographic evidence of malignancy.

09/27/2012 – Physical Therapy Daily Notes – Brenda Deidrick,P.T.

Attended for hand therapy evaluation, complains worsening of left > right Dequervains tendonitis. PE: Bowstringing tendons in the left wrist first dorsal compartment. Assessment: Fit with a night brace for left wrist. Plan: Call for splint repair as needed.

10/23/2012 – Progress Notes – Boris Ellyason,M.D., The Permanente Medical Group.

Applicant is present for bilateral wrist pain, seen by NP and diagnose with De Quervain's, had two cortisone injections with some pain relief as she works as a cashier. PE: Both wrist is symmetrical, full handgrip, axial loading test on her thumbs with pain along CMC joints. Plan: Cortisone injection into CMC, light duties for several weeks, TS splint, icing, NSAID.

12/10/2012 – 2-3mm Skin Color Firm Papule – Braha Halibi, R.N., The Permanente Medical Group.

Impression: R/o fibrous papule vs BCC.

12/10/2012 – Progress Notes – Reynald Wong, M.D., The Permanente Medical Group.

Applicant is present to evaluate spot on left nasoalar crease, history of bleeding and tenderness. PE: Faint 2 mm flesh colored papule left nasoalar crease. Diagnoses: 1) Neoplasm of uncertain behavior. 2) Medical photography. Plan: Shave bx.

12/27/2012 – Progress Notes – Rakhshi Khan, M.D., The Permanente Medical Group.

Applicant complains low back pain and rectal bleeding, takes Motrin, Aleve and heat without relief. PE: Abdomen - soft, nontender, nondistended, bowel sounds present x 4. Rectal Exam: external hemorrhoids noted, anoscope exam negative for active bleeding. Back Exam - pain not tracked down into buttock, positive LS paraspinal tenderness across the back. Assessment: Low back pain. Plan: Relief from ice, recommend physical therapy, exercises, consult to gastroenterology.

01/04/2013 – Colonoscopy Evaluation – William Michael Fenton, M.D., Walter James Zajac,M.D., The Permanente Medical Group.

Indication: Rectal bleeding. Diagnoses: Rectal bleeding. Plan: Colonoscopy.

01/07/2013 – Progress Notes – Lianna Marie Edwards, M.D., The Permanente Medical Group.

Applicant calls back pain for low back and both hand pain. PE: Bilateral wrist pain with flexion, hypertension-inj both injected joints with Lidocaine and methyl prednisone. Diagnoses: 1) Low back pain. 2) Arthritis hand. 3) Health Check Up, Adult. Plan: XR Lumbosacral spine AP and lateral, arthrocentesis, aspiration and or injection, medium joint or bursa arthrocentesis, aspiration and or injection, medium joint or bursa, methylprednisolone acetate 80 mg/ml, Lidocaine hcl 10 mg/ml, glucose, fasting, lipid panel, creatinine, serum, with glomerular filtration rate, calculated alt, serum, TSH, CBC + diff (at reg lab), vitamin d, 25-hydroxy.

01/07/2013 – XR Lumbosacral spine, AP and lateral –Lianna Marie N.P.

Indication: Pain. Impression: L5/S1 degenerative disc disease.

02/05/2013 – Progress Notes - William M. Fenton M.D., The Permanente Medical Group.

Applicant had C6 TF ESI #6 ESI #9 today pain is from left neck pain to hand. PE: Pain is 4/1 and 0/10 after injection. Diagnoses: 1) Cervical radiculopathy. 2) Hyperlipidemia. 3) Cervical Disc degeneration. 4) GERD (Gastroesophageal reflux disease). Plan: Advice that steroids can increase or induce hypertension, cognitive heart failure or salt retention, blood sugar, serum lipids and triglycerides. Glaucoma, increase depression, gastric acidity and induce temporarily insanity or migraine up to 2 weeks.

04/24/2013 – Telephone Notes – Lianna Marie Edwards, N.P., The Permanente Medical Group.

Applicant calls for shut down finger, cold, black and blue, able to move without pain. Diagnosis: Injury of finger.

04/29/2013 – Acupuncture Daily Notes Treatment – Tuan Minh Nguyen, L.Ac., Roseville Acupuncture.

Applicant complain years of bilateral epicondylitis. PE: Same. Diagnosis: Epicondylitis. Plan: Consult for chronic pain and nausea/vomiting.

07/12/2013 – Progress Notes - Lianna Marie Edwards, N.P., The Permanente Medical Group.

Applicant present for right knee pain, request for injection. PE: R knee med joint tenderness, full range of motion with pain flexion, injected with Marcaine and methyl prednisone. Assessment: 1) Hyperlipidemia. 2) Arthritis of knee. Plan: LDL direct, ice/heat, methylprednisolone acetate, arthrocentesis, aspiration and/or injection, large joint or bursa, bupivacaine 0.5%.

07/17/2013 – Progress Notes – Boris Ellyason, M.D., The Permanente Medical Group.

Applicant is present for left lateral elbow pain. PE: ROM in the joint 0-130, full supination and pronation, ttp lateral epicondyle. Diagnosis: Lateral Epicondylitis of elbow. Plan: Discusses risk, benefits and compilation of injection, stretching, wrist brace.

07/22/2013 – Progress Notes - Lianna Marie Edwards, N.P., The Permanente Medical Group.

Applicant present with bug bite. PE: Well appearing and in no distress. Assessment: Spider bite. Plan: Sulfamethoxazole-trimethoprim 800-160 mg.

08/30/2013 – Progress Notes - Lianna Marie Edwards, N.P., The Permanente Medical Group.

Applicant present with consultation request for chiropractor for headaches, neck and back pain. PE: + L muscular tenderness noted, full range of motion, pain with turning head, bilateral spasm paravertebral L5 muscle bilat, pain with twisting and lateral bending at 30 degrees flexing. Assessment: 1) Chronic Low back pain. 2) Cervical disc degeneration. Plan: XR Lumbosacral Spine, AP and Lateral, XR Cervical Spine, 4 or 5 views.

08/30/2013 – XR Lumbosacral Spine, AP and Lateral – Lavanya Kalla, M.D., The Permanente Medical Group.

History: Chronic low back pain. Impression: L5/S1 degenerative changes as mentioned above.

08/30/2013 – XR Cervical Spine, 4 or 5 views – Lavanya Kalla, M.D., The Permanente Medical Group.

History: Disc degeneration, pain without trauma. Impression: Multilevel moderate to severe neural foramina narrowing bilaterally due to uncovertebral osteophytes and disc osteophytes as mentioned above. Degenerative facet disease and degenerative changes along the Luschka joints. Minimal anterolisthesis of C3 on C4 and retrolisthesis of C4 on C5 presumed to be degenerative in etiology.

12/16/2013 – Progress Notes – Daniel Robert Rietz, M.D., The Permanente Medical Group.

Applicant complain tongue problem. PE: Tongue with mild scattered fissures but no significant inflammation, ulceration, or induration, floor of mouth soft and without lesion, remainder of the oral mucosa normal without lesion or ulceration and tonsils without enlargement or exudate. Assessment: Minor tongue fissuring is a normal anatomic variant, no oral lesion seen. Throat symptoms consistent with gastroesophageal reflux disease, laryngopharyngeal exam within normal limits except mild posterior commissure edema. Plan: Reassured, anti-GERD handout- elevate head of bed, small meals, wt loss, Pepcid 20 mg hs.

12/19/2013 – Progress Notes – Lianna Marie Edwards, N.P., The Permanente Medical Group.

Applicant complains right knee pain and tongue sores. PE: R knee joint tenderness, deformity or swelling, no muscular tenderness noted, full range of motion without pain, Injected joint with Marcaine and methyl prednisone. Diagnoses: 1) Hyperlidemia. 2) Arthritis of knee. 3) Congenital tongue anomaly. Plan: Atorvastatin, arthrocentesis, aspiration and or injection, large joint or bursa bupivacaine 0.5 % (5 mg/ml), methylprednisolone acetate 80 mg.

01/09/2014 – Progress Notes – William M. Fenton, M.D., The Permanente Medical Group.

Applicant is present for left C6 transforaminal cervical epidural steroid injection. PE: pain level today is 4/10 and the location of the pain is LUE to #123 digits. + Numbness + weakness + paresthesia, patient placed in supine/ partial lateral decubitus position, entry point noted. Diagnoses: 1) Cervical radiculopathy. 2) Hyperlipidemia. 3) Cervical disc degeneration. 4) Gerd (gastroesophageal reflux disease. 5) Osteoarthritis,

cervical spine. Plan: Advised patient that steroids can increase or induce hypertension, congestive heart failure or salt retention, blood sugar or diabetes mellitus, serum lipids, triglycerides, glaucoma, increase depression, gastric acidity and introduce temporary insanity or migraines up to 2 weeks.

04/22/2014 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant present with wrist pain. PE: Positive tenosyn sign both thumbs, injected joint with Marcaine and methyl prednisone both thumbs. Assessment: De Quervain's tenosynovitis – primary. Plan: arthrocentesis, aspiration and or injection, small joint or bursa arthrocentesis, aspiration and or injection, small joint or bursa bupivacaine, methylprednisolone acetate 80 mg/ml.

06/09/2014 – Telephone Encounter – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant called for having one-month fatigue, states too tired to do anything, and currently on remote relations with HIV+ partner.

06/27/2014 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant complains right knee pain with weight bearing for almost 1 year and would like repeat reviewed labs. PE: Cardiovascular - normal rate and regular rhythm, normal Si, S2, no murmurs, rubs, clicks or gallops, right knee joint tenderness, no deformity or swelling, no muscular tenderness noted, full range of motion without pain, injected joint with lidocaine and methyl prednisone. Assessment: Arthritis of right knee (primary encounter diagnosis). Plan: vaccine pneumococcal polysaccharide, 23-valent vaccine pneumococcal polysaccharide, 23 valent, Arthrocentesis, aspiration and or injection, large joint or bursa, methylprednisolone acetate 80 mg/ml, bupivacaine 0.5 % (5 mg/ml). Note: ice/heat.

09/18/2014 – Digital Bilateral Screening Mammogram – Steven Khine, M.D., Kaiser Permanente.

Findings: There are scattered are as of fibro glandular density. There are benign findings present, including as table parenchymal pattern and benign-type calcifications. There are no mammographic signs of malignancy. There has been no significant change when compared to prior examof8/28/2012. Impression: Benign. No evidence of malignancy. Routine digital screening mammogram is recommended according to guidelines.

10/08/2014 – Progress Notes – Gary Duane Nelson P.A.c., Kaiser Permanente.

Applicant presents for a routine skin-screening exam with the previous hx of a BCC to right cheek. She has several bothersome lesions on the back that she would like

removed. No other lesions of concern. PE: Brown keratotic lesion to the back with stuck on appearance and no atypical features. Previous surgical site appears free of recurrence. Waist up skin screening exam did not reveal any lesions. Assessment: Skin screening exam for skin cancer. Plan: Liquid nitrogen was applied for 10-12 seconds to the skin lesion and the expected blistering or scabbing reaction explained. Do not pick at the area, reminded to expect hypo pigmented scars from the procedure. RTC if lesion fails to fully resolve.

11/18/2014 – XR Hand Right pain with no Trauma 3 views – Noeun Oh, M.D., Kaiser Permanente.

Impression: Unremarkable hands.

11/18/2014 – Right Knee, One or more views – John Wai-kit, M.D., Kaiser Permanente.

Findings: Bone and joint spaces within normal limits. There is no fracture or joint effusion. Small amount of gas density is noted in the supra patellar joint space, not seen on the prior study in 2012. Impression: There is no fracture or joint effusion. Small amount of gas density is noted in the supra patellar joint space, not seen on the prior studyin2012. RTC as clinically warranted.

11/20/2014 – Progress Notes – Boris Ellyason, M.D., Kaiser Permanente.

Applicant presents for follow-up on bilateral De Quervain's s tenosynovitis. PE: Last injection with good pain relief. Diagnosis: Right knee joint pain. Plan: Discussed risks, benefits, and complications, of injection, injected injection paratendon sheaths injected at the level of Radial styloid with Kenalog and Lidocaine

11/25/2014 – Progress Notes – Boris Ellyason, M.D., Kaiser Permanente.

Applicant presents to discuss x-ray right knee. Cortisone injection 1 week ago helped with knee symptoms. PE: Knee x-ray show no arthritis. Assessment: Good joint space. Plan:
Observation, PT, icing, might need arthroscopy in the future. RTC in 6 weeks.

11/25/2014 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant complains of anxiety, crying bouts, arthritis pain-hands knee. PE: General appearance - vital signs reviewed, well appearing, and in no distress. Assessment: Adjustment disorder w anxiety (primary encounter diagnosis). Plan: Sertraline 25 mg. Notes Call 1 week.

01/27/2015 – Progress Note – Russell Paul Miller, M.D., Kaiser Permanente.

Applicant presents for evaluation of right leg pain with history of problems with her right knee and initially thought she was having an exacerbation of that problem when she began to experience pain in her leg. Soon noted that pain seemed to encompass her entire leg, however, from her hip to her toes. Not getting much relief from over the counter anti-inflammatories. Reportedly has a history of sciatica, but does not recall having current symptoms in the past. PE: New onset lower extremity paresthesias, numbness, weakness, focal lower extremity weakness not allowing standing on lower extremities, toe or leg dragging, or perianal numbness/saddle anesthesia. Mild medial right knee pain with circumduction. Assessment: Lumbar radiculopathy (primary encounter diagnosis). 2) Hyperlipidemia. 3) Gerd. Plan: Prednisone 20mg 2 tablets

02/08/2015 – Telephone Encounter – Keith Warren Katsura, D.O., Kaiser Permanente.

Contacted the applicant and recommend contacting her specialist for next steps as she is currently being followed and treated in the orthopedics department for this case

02/09/2015 – Progress Notes – Keith Warren Katsura, D.O., Kaiser Permanente.

Applicant presents with right knee pain, S/P orthopedics, was told to call back for scope if not improving and she has not yet done so, she is looking for pain medication while waiting for orthopedics procedure and still using Ibuprofen as needed for pain. PE: Right knee with good ends to lateral and medial stress, positive mild joint space tenderness. Assessment: Arthritis of right knee (primary encounter diagnosis). Plan: Tramadol 50mg as needed for pain. Note: Treatment as per orders and she will call or come in if not improved in a few days or earlier if worsening.

03/27/2015 – Telephone Encounter – Neelam Udghosh Bhambore, M.D., Kaiser Permanente.

Applicant complains of Pain in the right ear for 2 weeks now and wants to be seen on Sunday in the weekend clinic, unable to book appointment for Sunday as schedule and unavailable at this time.

03/31/2015 – Progress Notes – Lianna Marie Edwards, N.P., Kaiser Permanente.

Applicant presents with plugged on right ears for month, currently taking calcium and vitamin D. PE: Right canal occluded with cerumen. Assessment: Right cerumen impaction (primary encounter diagnosis). Plan: Perform ear wash

04/07/2015 – Progress Notes – Lisa Marie Tramposh, N.P., Kaiser Permanente.

Applicant presents for routine gyn exam. PE: Oriented and no fever, unexpected weight loss/gain, or fatigue. Assessment: 1) Routine gyn exam (primary encounter diagnosis. 2) Screening for cervical cancer. Plan: HPV high risk, DNA hybrid capture 2, screening

for HPV, screening exam for breast cancer, gyn cytology, annual mammogram recommended

05/06/2015 – ED Provider Notes – Elke Marksteiner Cooke., Kaiser Permanente.

Applicant presents for evaluation of confusion, states that 30 minutes after waking up she had a "weird sensation" over her entire body. States that her skin felt odd. Had severe episodes of a cold sensation over her entire body and could not remember the names of her colleagues. PE: No acute distress, 5/5 strength in all four extremities, nl sensation to light touch. No ataxia with finger to nose and heel to shin. No dysarthria. Normal gait. Assessment: Intermittent confusion. Plan: Discussed with DR Gheraghty who recommended MRI and EEG.

05/06/2015 – Non-contrast Head CT – Elke Marksteiner Cooke., Kaiser Permanente.

Impression: 1) Mild atrophy. 2) No focal mass lesions.

05/11/2015 – MRI Brain without Contrast – Arvind Sonik, M.D., Kaiser Permanente Medical Group.

Impression: 1) No acute process identified. 2) Mild small vessel ischemic changes, as above.

05/11/2015 – Office Visit – Arvind Sonik, M.D., Kaiser Permanente Medical Group.

Applicant is complaining of feeling fatigue due to working so hard for so many years, visit for delirium. PE: Well appearing, alert and cooperative, no acute distress. Assessment: After care following ED visit. Plan: MRI of brain today grossly normal and will see Neuro on 05/13/15, advised if symptoms return seek ED attention.

05/13/2015 – Office Visit – Wong, kaho MD., Kaiser Permanente Medical Group.

Applicant presents with confusion spell. PE: Mild difficulties with tandem. Assessment: Nonspecific paroxysmal spell. Plan: Check ECG as planned, Consider additional work up for cardiac arrhythmia if EEG work up negative.

07/19/2015 – Progress Notes – Andrew Park, M.D., Kaiser Permanente.

Applicant presents with complain of right knee pain for years with history of cortisone injection 8 months ago and really helped, applicant would like another injection. No weakness, locking, or instability. PE: Right knee exam reveals no obvious abnormalities, no swelling or redness, no warmth, FROM, negative lachman' s, negative posterior drawer, no pain with varus or valgus stress, negative McMurray's, gait normal.

Assessment: Right knee joint pain. Plan: Injection, joint major. RTC if symptoms worsen or do not improve as expected.

07/30/2015 – Progress Notes – Jeff David Tracy, M.D., Kaiser Permanente.

Applicant presents with right knee pain. PE: Right Knee: full rom with negative Lachman's/ drawers/laxity, slight medial joint line tenderness, no effusion, right hip slight pain with full flexion, decrease in internal rotation, non-tender to palpation. Diagnosis: Right knee joint pain. Plan: Follow-up care, exercise and x-ray today on way out.

07/31/2015 – XR Knee Standing and Merchant, Right 3 view – Alfonso Nghiem Pham, M.D., Kaiser Permanente.

Impression: No acute fracture identified. The alignment is normal. There is narrowing of the medial compartment. No significant soft tissue abnormality identified.

07/31/2015 – XR Hips, Bilateral, weight bearing, including AP pelvis, min 2 views – Alfonso Nghiem Pham, M.D., Kaiser Permanente.

Impression: No acute fracture identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality identified.

08/06/2015 – Progress Notes – Natalie Adair, P.A., Kaiser Permanente.

Applicant presents for consultation of right knee pain, low back pain and right hip pain ongoing for approximately last year, she had a recent knee injection that resolved about 50% of the symptoms, describes the pain as aching and aggravated by laying down, standing, and walking. PE: Minimal Tenderness to palpation over the medial joint line, lower extremity edema, positive with SLR, positive TTP on lumbar spine. Diagnoses: 1) Right knee osteoarthritis. 2) Low back pain. Plan: Analgesics to intraarticular injections were discussed, advised low impact activities, activity modification and avoidance of inciting activities, continue analgesics with an occasional steroid injection, also advised glucosamine/chondroitin, lumbar XR, follow up with Physical Medicine to consider epidural injection.

08/06/2015 – XR Lumbar Spine, Flexion and Extension 2 views – Nathalie Aiko Adair, P.A., Kaiser Permanente.

Impression: Vertebral bodies are normal in height and alignment. Mild degenerative disc and facet disease at the L5/ S1 level. No abnormal motion on flexion or extension remaining disc spaces are well preserved, symmetric and maintained. No soft tissue abnormality identified.

08/10/2015 – Progress Notes – Joanne Azer, D.O., Kaiser Permanente.

Applicant presents to establish care with chronic knee pain, bilateral, seeing Ortho, also lumbar back pain with arthritis, works at CVS as a pharmacy clerk, takes Gabapentin for nerve pain in left hand, has burning pain and numbness, has been taking Gabapentin for 8 years after a neck injury. PE: She is well- developed, well- nourished, and in no distress. Assessment: 1) Establish care or get acquainted visit. 2) Bilateral knee joint pain. 3) Vaccination for strep pneumonia with prevnar 13. 3) Medication refill. 4) Screening for osteoporosis. 5) Screening mammogram for breast cancer. Plan: Follow-up with ortho as scheduled, vaccine pneumococcal conjugate, Gabapentin 300mg, Dexa bone density-hip and spine, XR mammogram screening bilateral, sequential.

08/13/2015 – Progress Notes – Wanda Shok Yin, M.D., Kaiser Permanente.

Applicant presents for consultation with chronic low back pain for one year, gets right lower extremity radiating pain to knee and ankle for the past year describes as aching. Has been on gabapentin for cervical radiculopathy, recent steroid injections to the right knee somewhat help, walks for exercise. PE: She exhibits decreased range of motion, tenderness, pain and spasm, local tenderness to palpation over lumbosacral junction representing her usual pain, increased low back pain with SLR testing bilaterally, lower extremities 4+/ 5 to HF bilaterally and intact to rest of lower extremities. Assessment: Applicant is with chronic low back pain due to strain has known degenerative disk/ joint disease of lumbar spine occasional right sciatica symptoms. Plan: Informed of the spectrum treatment options, from conservative monitoring, physical therapy, medications, interventions/ injections or surgical evaluation/ treatment, pertinent anatomy and pathology reviewed and discussed, heat topically x 15 minutes before stretching, cold pack x 15 minutes after exercises, emphasized walking program for exercise, continue current medications, physical therapy for lumbar program with progress to home exercise program. Depo-Medrol 40mg. RTC as needed.

10/19/2015 – Progress Notes – Bridget Bourgon, P.A., Kaiser Permanente.

Applicant presents with anxiety, states personal h/o anxiety, has hit hard times, working at CVS, living out of her car, stays at her sisters in San Bernardino at night, feels like a burden, also admits she thinks about suicide but has no plan, denies homicidal ideation, has tried Prozac but it does not help. Currently states poor sleep as well. PE: Positive for depression and suicidal ideas, she is nervous/ anxious and has insomnia. Assessment: Anxiety. Plan: Empathy and encouragement, referred to BHD, recommend use of OTC melatonin for sleep disturbance, request for valium d.

10/20/2015 – Progress Notes – Saeed Torabzadeh, M.D., Kaiser Permanente.

Applicant presents with R lower eyelid itching and swollen for five- 6 days. No vision changes she was using the OTC med for stye was not working. PE: Right eye exhibits hordeolum. Diagnoses: Right lower hordeolum externum. Plan: Warm compress and oint rtc prn, Erythromycin 5mg.

11/13/2015 and 10/06/2015 – Physical Therapy Daily Treatment Note – Kelli Ann, Rubidoux P.T., Kaiser Permanente.

Applicant participated two visits of physical therapy due to tight piriformis and hip muscles, weak gluteus muscles. Applicant is discharge as patient failed to follow up with therapy.

11/17/2015 – Progress Notes – Hue Tri Nguyen, M.D., Kaiser Permanente.

Applicant presents to clinic complaining of right lower eyelid stye for 1-month states it has improved but not completely resolved. No pus discharge, pain or redness, been doing warm compresses and antibiotics ointment. Denies any fever, chills, nausea, chest pain or shortness of breath. PE: Right lower eyelid with < 0. 5 cm cystic structure, no redness, swelling or discharge. Diagnoses: 1) Right hordeolum externum. 2) Screening for osteoporosis. Plan: Return and ER precaution provided, Dexa bone density, hip and spine, Mammogram ordered today, 300 minutes per week at a moderate to strenuous level. RTC if symptoms worsen or fail to improve.

12/18/2015 – Progress Notes – Joanne Azer, D.O., Kaiser Permanente.

Applicant presents with headaches for 3 months, thinks it might be allergies, feels congestion and pressure in face and some sneezing. Has headache almost daily, Claritin did not help, tried Flonase, years ago which helped. Headache are worse here than when she lived up north, has taken Motrin, which helps, caffeine helps. Pain level is 5/10, dull and aching, mostly in forehead and over nose. PE: She is oriented to person, place, and time, no distress. Assessment: 1) Headache. 2) Seasonal allergies. Plan: Ibuprofen 600mg, Cetirizine 10mg. RTC in 4 weeks.

12/19/2015 – US Breast Diagnostic Right Sequential – Sung hi Pak, M.D., Kaiser Permanente.

Impression: Probably benign – follow – up recommended. The 7 mm oval cyst in the right breast at seven o' clock middle depth is consistent with a complex cyst and is probably benign. A follow- up in 6 months recommended. A follow- up mammogram and an ultrasound in 6 months recommended demonstrating stability.

12/19/2015 – XR Mammogram Diagnostic Right Sequential – Sung hi Pak, M.D., Kaiser Permanente.

Impression: Incomplete needs additional Imaging Evaluation. The 7 mm mass in the right breast at seven o' clock middle depth is indeterminate. An ultrasound recommended.

02/08/2016 – XR Mammogram Screening Bilateral Sequential – Christian Yi, M.D., Kaiser Permanente.

Impression: Incomplete Needs Additional Imaging Evaluation. The 1 cm focal asymmetry in the right breast at six o' clock middle depth is indeterminate. Compression views as well as an ultrasound recommended.

03/07/2016 – ED Provider Notes – Ruby Shaheena, M.D., Kaiser Permanente.

Applicant presents to the Emergency Department for left hip pain, states that she was walking on uneven pavement and it started to rain and slipped and fell with a thud on left hip. She was able to stand up with the help of a neighbor but then her leg gave out and she fell, lives with a roommate in her apartment. Pain level is 10/10, achy and dull aggravated with movement. PE: Positive for muscle or joint pain, non- toxic appearing, in moderate distress lying flat in the bed moaning in pain, well- developed, seen and evaluated in the emergency department today for left hip fracture. Assessment: Left femoral neck unspecified type FX, Initial encounter. Plan: Consulted and further care per orthopedics.

03/07/2016 – Left Hip Radiograph – Michael Kabiri, M.D., Kaiser Permanente.

Impression: There is subcapital fracture of the left femur. There is varus angulation of the left femoral head. No significant joint disease is noted. No significant soft tissue abnormality identified.

03/07/2016 – XR Chest 1 view – Michael Kabiri, M.D., Kaiser Permanente.

Impression: The lungs are clear. No pleural effusions seen. The cardiomediastinal silhouette is normal.

3/07/2016 – XR Left Femur 2 views – Michael Kabiri, M.D., Kaiser Permanente.

Reason: Left hip pain, status post trauma. Impression: There is subcapital fracture of the left femur with varus angulation of the femoral head. No significant joint disease is noted. No significant soft tissue abnormality identified.

03/08/2016 through 03/12/2016 – Physical Therapy Inpatient Initial Assessment with Plan Certification for L hip hemiarthroplasty – Kamil Yousef Antonios, M.D., Kaiser Permanente.

Applicant participated four visits of her physical therapy. Treatment diagnosis: decreased functional mobility and pain with movement. Medical diagnosis: left hip osteoporotic FX, initial encounter.

03/08/2016 – Procedure Notes – Kamil Yousef Antonios, M.D., Kaiser Permanente.

Pre/Post-op Diagnosis: Left hip osteoporotic FX, initial encounter. Procedure: Hip hemiarthroplasty. Operative indications: Applicant had displaced fracture of the femoral neck. She was told about hemiarthroplasty with the risks, complications, benefits and alternatives and decided to have it done and signed a consent.

03/08/2016 – Left Hip X-ray – Annie Lee, M.D., Kaiser Permanente.

Impression: Left hip arthroplasty in satisfactory alignment and position. No acute fracture identified. The alignment is normal. No significant right joint disease is noted. No significant soft tissue abnormality identified.

03/09/2016 – Ortho Rounding Notes – Nancy Bravo, P.A., Kaiser Permanente.

Applicant is doing well, resting in bed comfortably, and has been controlled. Has not ambulated since surgery, awaiting her morning session. PE: Well developed, well-nourished female in no acute distress, DP 2+. Assessment: 1) Status post left hemiarthroplasty. 2) Acute blood loss anemia. Plan: Percocet 325mg & IV diluted as needed for pain, DVT prophylaxis, Lovenox 40mg, Physical/Occupational therapy, weight bearing as tolerated, posterior hip precautions, anticipate discharge tomorrow once medically stable and making progress with therapy.

03/09/2016 – Internal Medicine Progress Notes – Jason Everett, D.O., Kaiser Permanente.

Applicant presents with pain but tolerable. PE: Well developed, well-nourished female in no acute distress. Assessment: 1) Left sub capital femoral FX. 2) Generalized anxiety disorder. 3) Overactive bladder. 4) Postmenopausal hormone replacement therapy. 5) Neuropathic pain. Plan: Management per primary service, physical therapy, incentive spirometer at bedside, oxybutynin, estradiol, and discussed with PCP regarding progesterone if HRT will continue as outpatient, DVT prophylaxis.

03/11/2016 – Discharge Summary – Donny Ta Thai, P.A., Kaiser Permanente.

Procedures: Left hip hemi arthroplasty. On the day of admission, Applicant was given prophylactic antibiotics, a thigh high TED hose and Flow Tron stocking placed on the non-operative leg, taken to the operating room where a Foley catheter was inserted, she underwent hip hemiarthroplasty by Dr. Antonios on 3/8/16, and TED hose were applied to her operative leg. Plan: Management per primary service, pain management, and bowel regimen per orthopedics, physical therapy, incentive spirometer at bedside, oxybutynin, estradiol, holding estrogen in hospital, discussed with PCP regarding progesterone if HRT will continue as outpatient. Condition on discharge: Stable.

03/12/2016 – Progress Notes – Donny Ta Thai, P.A., Kaiser Permanente.

Applicant presents and states she is doing better, nausea resolved and now ready to go home. PE: Incision clean and dry, no signs of infection. Assessment: S/P left hemiarthroplasty. Plan: Discharge home today, medicine clear for discharge.

03/30/2016 – ED Provider Notes – Cindy Cristine Parker, D.O., Kaiser Permanente.

Applicant complains of headache, neck pain for 3 days. Pain in bilateral temples get worse with lying supine and better with sitting up. PE: Neuro exam completely normal except for left eye with lag with tracking movement - history of "lazy eye" left eye. Assessment: 1) Hypertension. 2) Headache. Plan: Anticipate d/c home as long as CSF unremarkable, discussed case with on call internal medicine, will start low dose Amlodipine for blood pressure and have follow up with pcp for blood pressure recheck end of the week, care turned over to overnight physician.

03/30/2016 – CT Head with no Contrast – Kim Young, M.D., Kaiser Permanente.

Impression: No significant abnormality.

04/04/2016 – Progress Notes – Samuel Chung, M.D., Kaiser Permanente.

Applicant presents with blood pressure check and requesting anti- anxiety medication, goals of care and declines Pap smear. PE: Not tachycardia, blood pressure was elevated at home today - 186/ 80, blood pressure is generally well- controlled around 119/ 65, has lots of anxiety, always stressed out. Assessment: 1) Essential hypertension. 2) Anxiety. Plan: Take lorazepam as needed. RTC as needed.

08/05/2016 – Progress Note – Joanne Azer, D.O., Kaiser Permanente.

Applicant presents with medication review. PE: No known allergies. Assessment: Review of Medication. Plan: Requesting Norco refill for hip pain, seen by orthopedic 2 days ago, refused to refill Norco, she still has 22 pills left, advised if still in pain and needing more.

08/08/2016 – Progress Notes – Joanne Azer, D.O., Kaiser Permanente.

Applicant presents with medication request and goals of care. PE: She is well-developed, well- nourished, and in no distress. Assessment: Medication Refill. Plan: Hydrocodone-acetaminophen.

08/11/2016 – Progress Notes – Katrina Balido, D.O., Kaiser Permanente.

Applicant present with vaginal bleeding, groin pain, and goals of care, he is having a vaginal discharge for 3 days, states different odor and discharge is brown/red, had history of abnormal Pap smear several years ago, not sexually active - postmenopausal x 17 years. PE: Pap smear difficult, with arthritic hips and unable to place feet on

stirrups. Assessment: Vaginal bleeding. Plan: Post-menopausal bleeding, pelvic exam done, no evidence of active bleeding, bloody vaginal discharge noted, concern for malignancy, referred to OB for EMB and vaginal ultrasound ordered, screening for HPV and cervical cancer.

08/11/2016 – Ultrasound Trans abdominal and Transvaginal Pelvis Non-OB Complete – Katrina Balido, D.O., Kaiser Permanente.

Impression: 1) Endometrial thickening. 2) Endometrial cysts. 3) Bilateral ovaries not seen.

08/25/2016 – Progress Notes – Mary Ann Pelino, M.D., Kaiser Permanente.

Applicant complains postmenopausal bleeding, underwent menopause at 50-yrs-old and took hormone replacement therapy, attempted to wean off hormone replacement therapy about 10 years ago but experienced severe hot flashes. She therefore restarted estrogen only hormone replacement therapy which alleviated her hot flashes. PE: No bleeding at procedure end, tolerated the procedure well. Assessment: Menopausal. Plan: Discussed the unopposed estrogen in a woman with a uterus increases her risk of uterine cancer. We discussed HRT in light of WHI findings, follow endometrial biopsy pathology. RTC if persistent or recurring vaginal bleeding.

08/25/2016 – EMB results – Richard David, M.D., Kaiser Permanente.

Impression: Endometrium, biopsy: secretory type endometrium, showing approximately day 25 / shedding type features; no evidence of hyperplasia or malignancy. Scant fragments of endocervical, squamous and metaplastic squamous epithelium in mucus and blood.

08/30/2016 - Left Hip X-ray - Huy Nguyen, P.T., Kaiser Permanente.

Impression: Left hip arthroplasty in satisfactory alignment and position. No acute fracture identified. The alignment is normal. No significant right joint disease is noted. No significant soft tissue abnormality identified.

08/30/2016 – Physical Therapy Hip/ Knee Evaluation – Huy Nguyen, P.T., Kaiser Permanente.

Applicant complains of left hip pain that started several months ago after having surgery. She is having pain and difficulty with all mobility. PE: Increased tissue tension and tenderness along left trochanter, resting pain levels 5/10, forward trunk lean, decreased weight bearing through left lower extremity, decreased stride length and velocity; shuffling pattern. Assessment: See plan of care. Plan: HEP.

09/01/2016 – PT Inpatient Initial Assessment with Plan Certification – Jacob Hendricks, P.T., Kaiser Permanente.

Treatment diagnosis: Decreased functional mobility. Medical diagnosis: There are no admission diagnoses documented for this encounter. Date of hospitalization 09/01/16.

09/01/2016 – ED Provider Notes – Akasheh Ashkan, M.D., Kaiser Permanente.

Applicant with a past medical history significant for previous left hip fracture who presents to the emergency department with a chief complaint of left hip pain, states that she has had a hip arthroplasty after a hip fracture in march of this year, was doing well and walking with her walker without any complains. She states that she was asked to hop up" onto the bed and as she was having the study done and her legs up with foam supports she felt a pain to the back of her left proximal thigh. Also states that on the following day she was unable to walk normally and been having to "scoot" herself around with her walker since. PE: Applicant with normal active and passive range of motion of bilateral hips knee and ankles, full ROM of left hip, but with pain against resistance with hip flexion/extension, 2+ DP pulse bilaterally, SILT bilaterally, positive tenderness to palpation over left trochanter, 4/5 motor bilateral lower extremities, but somewhat weaker on left 2/2 pain. Assessment: Left hip joint pain. Plan: XR left hip 2-3 views, CT left hip no contrast, inpatient physical therapy consults, inpatient discharge planning consult. Advised of approximately treatment times, course of treatment and care to given, pending ambulance transport to SNF.

09/01/2016 – XR Left Hip 2-3 views – Danh Van Le, M.D.,

Reason: pain with ranging left hip x approximately 1 week. History of hip replacement. Impression: There is status posts left total hip arthroplasty seen. There is no evidence of fracture or dislocation.

09/01/2016 – CT Left hip no contrast – Young Chul Kim, M.D., Kaiser Permanente.

Reason: left hip pain. History of left hemiarthroplasty. XR negative. Rule out occult fracture. Findings: Prior postsurgical changes of left hip joint hemiarthroplasty. Alignment is satisfactory. No acute fracture or subluxation. Soft tissues are unremarkable. Impression: Status post left hip joint hemiarthroplasty. Normal alignment. No acute fracture or subluxation.

09/05/2016 – Discharge Note – Roderick William, M.D., Kaiser Permanente.

Applicant is a 67-year-old female transferred from Kaiser Medical Center ED on 9/10/16 with a diagnosis of left hip pain, with previous arthroplasty of the left hip in March of this year. Has been having ongoing discomfort in the left groin area since the surgery. Twisted her hip during an ultrasound evaluation last week and since then has had increased pain in the lateral aspect of the left hip, especially when ambulating.

Applicant presented to ED and CT scan of the left hip joint done and was unrevealing for any abnormality. The joint is in good alignment. Pt seen by physical therapy and Orthopedics in the ED and felt to need a short skilled nursing facility stay for pain management and rehab, has continued to be functional at home. She has a roommate who does not assistance her and is able to ambulate and perform activities of daily living without difficulty per her history. Admits to being anxious and required Lorazepam this AM, does NOT want routine Norco given, but wishes to continue as needed only. Applicant admitted for further skilled care including physical therapy, occupational therapy and medical management. See hospital transfer summary for details of hospital course, she was sent to SNF for pain management and rehab significant developments that occurred during SNF stay: pain easily taken care of with Ibuprofen and only occasional Norco, had some nausea controlled with Zofran and had no other medical Kaiser.

09/13/2016 – Progress Notes – Joanne Azer, D.O., Kaiser Permanente.

Applicant presents for follow-up with hip pain and goals of care, states that she twisted her left hip a while ago while pain still there and has not improve. Pain is aggravated by ambulation, motion and relieved by rest, denies any acute injury, bowel/ bladder changes, other acute changes, headache/ dizziness, fever, chill, SOB, chest pain, numbness, tingling, nausea, vomiting or any other complaints. PE: No acute fracture or subluxation, soft tissues are unremarkable. Assessment: 1) Aftercare for left hip hemiarthroplasty. 2) Aftercare following ED visit. Plan: Improving, continue physical therapy as scheduled.

10/03/2016 – ED Provider Notes – Daniel Thomas Mcginn, D.O., Kaiser Permanente.

Applicant complains of left hip pain for onset weeks with pain level of 8/10, has left hip hemi arthroplasty in March 2016; she was doing well until an ultrasound procedure in late August during which she was required to keep her leg in an awkward position. She presented to ER for same complaint early September. Computed tomography scan hip was unremarkable at that time. She completed course of rehab, which improved her pain 5 days ago, without any known trauma or aggravating event, her pain escalated and has been severe a constant since. PE: Unable to flex left hip secondary to pain. Passive flexion of hip tolerated well. There is no edema or erythema. Assessment: Left hip pain. Plan: Discussed with orthopedics, will evaluate in ED, decline in functional status, and admitted with the diagnosis with Left hip abductor strain, had pain management during the time in the ED.

10/04/2016 – ED Provider Notes – Sung jin, Kim, M.D., Kaiser Permanente.

Applicant presents with complain of left groin pain and unsteady gait en route to dental office for right lower molar toothache, states difficult to walk through uneven pavement at her house, due to left hip for 5 days. Pain is aggravated by ambulation / motion and

relieved by rest, denies any injury, bowel/ bladder changes, other acute changes, headache/dizziness, fever, chill, SOB, chest pain, numbness, tingling, nausea, vomiting or any other complaints. PE: Right lower molar - mild redness of the gum, shuffling noted and intermittent shooting pain left groin noted. Assessment: 1) Left groin muscle strain, subsequently. 2) Aftercare for left hip hemiarthroplasty. 3) Toothache/gum disease. 4) Essential hypertension. 5) Generalized anxiety disorder - on Ativan and Buspar. 6) Postmenopausal hormone replacement therapy. 7) Neuropathic pain. 8) Post form on file for life sustaining tx-dnr. Plan: Needs to see dentist in near future, admit for skilled care, physical therapy/occupational therapy, see SNF orders, advance directives discussed, Observed and adjustments made as necessary to ensure comfort, Lovenox 40mg.

10/06/2016 – Medical Social Worker Initial Assessment – Lisa Chi Chau., Kaiser Permanente.

Applicant presents with history of left hip arthroplasty on 3/16/16, presented to ED with chief complaint of Left sided groin pain and unsteady gait en route to dental office for right lower molar toothache and difficult to walk through uneven pavement at her house, states that she Left hip for 5 days. Pain is aggravated by ambulation / motion and relieved by rest, seen by Orthopedic service in ER, and X-ray done, diagnosed with left hip abductor strain. She had pain management during the time in the ED, was determined based on the applicant gait training that he would benefit from additional support at a skilled nursing facility. Introduced myself and asked how she was doing. Pt reported she was in a lot of pain and began assessment for long view of care. PE: Applicant was alert and oriented x4, mood was appropriate, affect congruent with mood, feels isolated in her apartment due to lack of social interaction with roommates. States that she watches television, enjoys reading the bible, and attempts to go outdoors, feels anxious about this new transition in housing and worries that she has many belongings that need to be moved. Plan: Psychosocial assessment and supportive counsel. RTC per protocol.

10/07/2016 – Skilled Nursing Facility Discharge Summary – Sung Jin, Kim, M.D., Kaiser Permanente.

Applicant presents to ED with chief complaint of Left sided groin pain and unsteady gait en route to dental office for right lower molar toothache and difficult to walk through uneven pavement at her house, states that she Left hip for 5 days. The pain is aggravated by ambulation / motion and relieved by rest, denies any injury, bowel/ bladder changes, other acute changes, headache/ dizziness, fever, chill, SOB, chest pain, numbness, tingling, nausea, vomiting or any other complaints. Seen by Orthopedic Service in ER. X-ray done and diagnosed with Left hip abductor strain, had pain management during the time in the ED. It was determined based on the applicant gait training that he would benefit from additional support at a skilled nursing facility.

10/26/2016 – Progress Notes – Gloria Ruz Martinez, M.D., Kaiser Permanente.

Applicant presents with difficulty worsened after her gynecological procedure, was at a skilled nursing facility this month for rehabilitation, receiving home health physical therapy followed with outpatient physical therapy and has two more home health visits. Neurology is not an appropriate specialty. In addition, she became depressed and anxious after the death of her mother and also sensitive to high-pitched noises and light. PE: Walks slowly with using a walker, she manages. Assessment: 1) Establish care or get acquainted visit (primary encounter diagnosis). 2) Vaccination for strep pneumonia w pneumovax. 3) Anxiety. 4) Generalized anxiety disorder. 5) Neuropathic pain. Plan: begin state chronic use of anxiolytics benzodiazepines, begin Celexa for anxiety, refill the Ativan but limit its use because it can become habit forming, not to fall behind her physical therapy sessions. RTC in 2 weeks.

11/02/2016 – CT Left Hip – Joon Hyuk Sung, M.D., Kaiser Permanente.

Reason: Pain with internal rotation of the left hip. Impression: Left femoral prosthesis in place. The alignment is normal. Right hip is unremarkable. There is mild degenerative changes of the lumbar spine convex to left. There is fecal loading. No significant soft tissue abnormality identified.

11/14/2016 – Physical Therapy Notes – Bey-Ying Asada, P.T., Kaiser Permanente.

Applicant participated with therapy for Hip fracture, PT certification, and 84-day rehab plan.

11/28/2016 - Physical Therapy - Jose Pena, P.T.A., Kaiser Permanente.

Referring diagnosis: Left femoral neck garden 2 fx rout subseq.

12/06/2016 – Progress Notes – Johnny Moreno Orozco, D.O., Kaiser Permanente.

Applicant presents with ear pain on right side and plugged, going on for a while, with h/o excessive wax. PE: Positive for hearing loss. Diagnoses: 1) Bilateral cerumen impaction. 2) Essential hypertension. Plan: removal bilateral impacted cerumen by instrumentation.

06/06/2017 through 12/12/2017 – Physical Therapy Notes – Suzan Hashemi L.A.c., Foothill Ranch.

Applicant participated 14 visits of physical therapy due to hip, legs and back pain.

11/10/2017 – Progress Notes – Amina Zakaria Haggag, M.D., Kaiser Permanente.

Applicant presents with pain left buttock pain present for a few days with scar tissue. PE: She is well- developed, well- nourished, and in no distress. Assessment: Declines

influenza, muscle spasm, buttock pain, and neuropathic pain. Plan: Referral physical therapy/occupational therapy, Diclofenac sodium (Voltaren) 1% top gel, massage therapy with stroking, compression, percussion.

11/13/2017- Therapy Discharge Summary Did Not Return - Sarah Louise Frudakis, P.T., Kaiser Permanente Medical Group.

Diagnosis: 1) Muscle spasm. 2) Buttock pain. Visit#1

11/27/2017 – Telephone appointment visit – Dina Ovando Brown, R.N., Kaiser Permanente.

Applicant called due to constant "excruciating" epigastric pain about 1- 2 weeks ago and progressively getting worse, rates pain at 6/10 at this time, having nausea with no vomiting, feeling cold all the time.

11/28/2017 – Telephone appointment visit – Gloria Luz M.D., Kaiser Permanente.

Applicant called due to losing weight, states she can't eat and muscle mass is not good always, feeling cold insomnia balance issues fatigue cough and unable to attend to appointment due to work, she also added that there is pain when lifting her leg upper thigh and hip.

11/29/2017 – Progress Notes – Anthony Ian Matthews, M.D., Kaiser Permanente.

Applicant presents with intermittent dizziness for 2 days, having low blood pressure, health maintenance. PE: Positive for cough, malaise/fatigue, abdominal pain and nausea, also positive for weakness, mild tenderness to non-focal abdominal. Assessment: 1) Screening. 2) Dizziness. 3) Dehydration. 4) Gerd (Gastroesophageal Reflux Disease). Plan: Follow up with the primary care doctor. Strict precautions given, Diagnostic data acquisition and interpretation of results.

12/04/2017 – Progress Notes – Gloria Luz Martinez, M.D., Kaiser Permanente.

Applicant presents for follow-up for urgent care clinic. PE: Left hip with limited range of motion. Assessment: Hyperlipidemia. Plan: Stop Motrin indefinitely.

12/15/2017 – Progress Notes – William Charles Hayton, M.D., Kaiser Permanente.

Applicant presents with vaginal problem. PE: Appears anxious and afraid of pain, atrophic changes, with tenderness on left levator. Assessment: 1) Vaginal pain. 2) Postmenopausal atrophic vaginitis. Plan: Discussed antifungal but wants to warn it until wet mount result, discussed atrophic vaginitis usually causing dyspareunia and not spontaneous pain, discussed vaginismus with levator pain, discussed application of over the counter xylocaine ointment to levator area. RTC as needed.

12/18/2017 – Emergency Department Note – David Michael Moss, M.D., Kaiser Permanente.

Applicant presents with abdominal pain. PE: 1+ diffuse tenderness to palpation on abdomen. Assessment: Abdominal Pain. Plan: Discharge home, condition improved, adhere to clear liquid diet and advance as tolerated, continue previously prescribed medications as directed, aftercare instructions provided and additional verbal discharge instructions given and discussed. RTC to ED immediately if she gets worse or does not' get better, or if she develops any new or concerning symptoms.

12/18/2017 – CT Abdomen / Pelvis – David Michael Moss, M.D., Kaiser Permanente.

Impression: Status post hip replacement. Hepatic cyst. Post cholecystectomy dilatation of common bile duct. No obstructive right nephrolithiasis. Old parenchymal scarring versus infarction on the left kidney. Atherosclerosis. Diverticulosis without diverticulitis. CT Dose.

12/20/2017 – Progress Note – Danh Thanh, M.D., Kaiser Permanente.

Applicant presents for consultation and referral. PE: Subjective tenderness at epigastric area. Assessment: Dyspepsia, Nausea but no vomiting, Proton pump inhibitor, EGD. Plan: Start Protonix twice daily 30 minutes before breakfast, schedule your upper endoscopy: contact us after your endoscopy if you are still having symptoms.

12/21/2017 – Procedure Notes – Jeffrey Benjamin Rauch, M.D., Kaiser Permanente.

Applicant presents for assessment of DNR status. PE: Ambulatory (age appropriate): Assessment: Bilateral knee, overactive bladder, postmenopausal hormone replacement therapy, neuropathic pain. Plan: Await biopsy results, resume regular diet, continue current medications, and discharge home when standard parameters met. RTC as needed.

12/21/2017 – Upper Endoscopy – Rauch, Jeffrey Benjamin, M.D., Kaiser Permanente.

Impression: 1) Normal esophagus. 2) There was scattered hematin in the stomach with no identifiable mucosal lesion(s). Possible tiny arteriovenous malformations. No peptic ulcer disease. Biopsies taken for PyloriTek. 3) Normal duodenum.

01/31/2018 through 06/09/2018 – Acupuncture Daily Treatment Note – Suzan Hashemi L.A.c., Foothill Ranch.

Applicant participated 10 visits of acupuncture therapy due to bruising both hands, radiates to chest /neck, lumber hip and low back pain. Diagnoses: 1) Pain in unspecified hip. 2) Low back pain.

03/20/2018 through 06/27/2018 – Office Visit – David Johnson DC., Kaiser Permanente Medical Group.

Applicant complains neck and lower back pain moderate to severe, pain has been there for some time but within the past 6 months has become worse. PE: C/S and L/S ROM decreased and painful, moderate hypertonic of the paraspinal muscles. Assessment: 1) Segmental and somatic dysfunction of cervical regimen. 2) Strain of muscle, fascia and tendon at neck level. 3) Strain of muscle and tendon of back wall of thorax. Plan: Chiropractic Manipulation 1-2 areas adjustment with activator.

ROR Summary:

- **Diagnoses:**
  12/18/2008 through 01/05/2009 – Scott McFarland, M.D.
  1) Cataract eye. 2) Pseudophakia, post-op.

  10/16/2010 – Virginia Dow, R.N.
  Throat pain.

  10/23/2012 through 07/17/2013 – Boris Ellyason,M.D
  1) De Quervain's. 2) Lateral Epicondylitis of elbow. 3) Right knee joint pain.

  01/07/2013 through 11/20/2014 – Lianna Marie Edwards, M.D.
  1) Low back pain. 2) Arthritis hand. 3) Health Check Up, Adult. 4) Hyperlidemia. 5) Arthritis of knee. 6) Congenital tongue anomaly.

  02/05/2013 through 01/09/2014 – William M. Fenton M.D.
  1) Cervical radiculopathy. 2) Hyperlipidemia. 3) Cervical Disc degeneration. 4) GERD (Gastroesophageal reflux disease).

  07/30/2015 – Jeff David Tracy, M.D.
  Right knee joint pain.

  08/06/2015– Natalie Adair, P.A.
  1) Right knee osteoarthritis. 2) Low back pain.

  10/20/2015 – Saeed Torabzadeh, M.D.
  Right lower hordeolum externum.

  11/17/2015 – Hue Tri Nguyen, M.D.
  1) Right hordeolum externum. 2) Screening for osteoporosis.

03/08/2016 through 03/12/2016 – Kamil Yousef Antonios, M.D.
Left hip osteoporotic FX, initial encounter.

09/01/2016 – Akasheh Ashkan, M.D.
Left hip joint pain

12/06/2016 – Johnny Moreno Orozco, D.O
1) Bilateral cerumen impaction. 2) Essential hypertension.

11/13/2017 – Sarah Louise Frudakis, P.T.
1) Muscle spasm. 2) Buttock pain.

01/31/2018 through 06/09/2018 - Suzan Hashemi L.Ac
1) Pain in unspecified hip. 2) Low back pain.

- **Most Recent**
  - **Treatment Recommendations:**
    Chiropractic Manipulation 1-2 areas adjustment with activator.
  - **Work Restrictions:**
    None

DIAGNOSES

1. Cervical sprain with radiculopathy, non-industrial
2. Lumbar sprain with radiculopathy, non-industrial
3. Spinal stenosis, non-industrial
4. Status post fracture left hip, non-industrial

DISCUSSION

Ms. Deborah Clarke is a 69-year-old female who works as a cashier at CVS. He works 4-hour shift. She stands for 2 hours. As a cashier, she collects money and stocks merchandise. Her job also involves bending but no stooping and no heavy lifting. She uses walker. She works 4 hours a day, 3 days a week since August 2009.

She states that on 06/01/2017 started to have back pain that goes down to both legs, left greater than right and neck pain that radiates into the left upper extremities. No report was made. She did not report the injury to her supervisor.

Applicant states she had a previous injury in March of 2016 a left broken hip while working for CVS; she was off work for fourteen months until she went back to work in

March of 2017 with restrictions of no lifting more than five pounds, walking up to 50 % of her shift, no climbing ladders, no torso or spine twisting, no driving.

Applicant stated that on her own she started to receive medical treatment for her back in June of 2017. She received acupuncture treatments with Suzane for her back on and off from 2017 until now.

She also received chiropractor with Dr. Johnson two times only, for her lower back.
She has not received any treatment for this injury under workers compensation.
She is not currently seeing any doctor for her hip injury.

Applicant explains that she is only treating with her primary care doctor Dr. Balin at Monarch Medical Group she uses her private medical insurance. Dr. Balin referred her to a neurologist for the pain in her legs, back, and neck who performed an MRI of the back. She had spinal stenosis. She went for an acupuncture. Since 06/06/2017, she had 20 visits with 15 dollars copayment under her own insurance Medicare SCAN. She also had chiropractic therapy twice under Medicare SCAN.

She has seen neurologist Dr. Falehi at Monarch Medical Group. Dr. Falehi ordered nerve testing for the legs. Applicant relates she was told she has nerve damage on both legs. Applicant states that she did not received any other treatment or medication and surgery was not recommended.

She got an attorney in April 2018 who is Ms. Foley in Los Angeles. Ms. Foley did not send her to a doctor but sent her to a chiropractic, Dr. Clay Thomas in Rancho Santa Margarita whom she saw two times a week for two months.

Currently, the applicant complains of neck pain going to the upper extremities; low back pain going down the legs and hip pain.

She is currently not working. Her last day of work was on 04/12/2018.

The applicant has reached maximum medical improvement and is deemed permanent and stationary on 06/01/2018.

SUBJECTIVE FACTORS OF DISABILITY

- Intermittent moderate pain of the back of the neck that radiates down the left arm all the way down to the hand with numbness and tingling of the fingers
- Intermittent to constant moderate to severe pain of the lower back with radiation of pain to both legs all the way down to her feet with numbness and tingling of the legs and feet
- Constant moderate to severe pain of the left hip and intermittent moderate pain of the right hip

OBJECTIVE FACTORS OF DISABILITY

- Decreased cervical spine range of motion on all planes
- Antalgic gait
- Decreased lumbar spine range of motion on all planes
- Positive Fabere's test bilaterally
- Positive seated and supine straight leg raise test bilaterally
- Decrease bilateral hip range of motion except adduction
- Weakness to upper and lower extremity bilaterally on manual muscle testing
- Difficulty to stand on heels, toes, foot and to squat, kneel and stoop.

CAUSATION

Based on the history, review of medical records, clinical examination, and current reviewed medical literature, this injury is non-industrial in causation.

APPORTIONMENT

Pursuant to LC Section 4663, apportionment of permanent disability shall be based on causation. On contemplation of apportionment, a review of the applicant's past employment and prior injuries was taken into consideration along with a review of the history, medical records, and clinical examination.

Apportionment is not applicable in this case.

PERIODS OF DISABILITY

Dates of disability started on 04/12/2018 to present (non-industrial)

WORK RESTRICTIONS

Applicant is unable to work on non-industrial basis. She should limit walking for more than 30 minutes and sitting for more than 15 minutes to no more than 1-2 hours per day. She should also limit twisting, grasping, pushing and pulling to no more than 1-2 hours per day.

FUTURE MEDICAL TREATMENT

Past medical care was appropriate through Medicare and SCAN.

VOCATIONAL REHABILITATION

Vocational rehabilitation is not applicable in this case.

AMA IMPAIRMENT RATING

The applicant has reached maximum medical improvement and is deemed permanent and stationary for rating purposes.

3% from pain on non-industrial basis

This examination and recommendations pertain to my specialty only. Other specialists may be necessary to address any additional impairments and subsequent treatments.

DISCLOSURE STATEMENT

All the facts and opinions contained in this report are based upon my review of the submitted medical records, the history obtained by historian, Manuel Rodriguez, from the applicant, which I reviewed with the applicant, and also the examination I performed. Medical Records were personally reviewed by me. The report was transcribed by Mr. Biboy Cruz Bacdayan. A medical assistant, Kathy Ly, was present during the exam. If a diagnostic test is required to complete the evaluation, the AME or QME should order it as part of the medical/legal evaluation and it is considered a medical/legal expense.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

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 I have indicated I have 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. This report and Declaration were signed on 09/24/2018 at Los Angeles, California, County of Los Angeles.

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

Yours very truly,

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

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

Case Name: DEBORAH CLARKE v CVS CAREMARK CORPORATION

Claim No: 30189866969-0001 EAMS or WCAB Case No. (if any): ADJ11264523; ADJ11264503

I, Maria Adame, declare:

1. I am over the age of 18 and not party in this action.

2. My business address is 14623 Hawthorne Blvd. Suite 402, Lawndale, CA, 90260

3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm 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 pickup by a professional messenger service 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:	Date Served:	Addressee and Address Shown on Envelope:
A	10/04/2018	Lizpeth Broguiere Sedgwick PO Box 14153 Lexington KY 40512
A	10/04/2018	Natalia Foley, Esq. 8306 Wilshire Blvd., Ste. 115 Beverly Hills CA 90211
A	10/04/2018	Julie Feng, Esq. 1411 W. 190th St., Ste. 225 Gardena CA 90248

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

Date: 10/04/2018

Maria Adame
(signature of declarant)

Maria Adame
(print name)

THANK YOU FOR YOUR
PROMPT ATTENTION TO THIS INVOICE

PLEASE REMIT YOUR TIMELY PAYMENT TO:

14623 Hawthorne Blvd. Suite 402

Lawndale, CA, 90260

TO AVOID LATE FEES, ALL COMMUNICATIONS MUST GO TO THIS ADDRES TO BE OFFICIALLY "SERVED."