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: CLARKE, DEBORAH v CVS PHARMACY
(employee name) *(claims administrator name, or if none employer)*

Claim No.: SIF11264503 **EAMS or WCAB Case No. (*if any*):** ADJ11264523 (DOI: 5/5/2017 – 4/4/2018) ;

I, BRISEIDA CHAVEZ, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, REDLANDS, CA 92374
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 pick up 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: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
A	04/07/21	Natalia Foley, Esq. 8018 E Santa Ana Canyon, Suite 100-215 Anaheim Hills, CA 92808
A	04/07/21	SIBTF Sacramento 1750 Howe Avenue, Suite 370 Sacramento, CA 95825
A		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/07/2021

Briseida Chavez — *(signature of declarant)*

BRISEIDA CHAVEZ — *(print name)*

QME Form 122
Rev. February 2009

Babak Kamkar, OD

Mailing Address:
1680 Plum Lane
Redlands, California 92374
(909) 335-2323

March 3, 2021

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

Natalia Foley, Esq.
8018 E Santa Ana Canyon, Suite 100-215
Anaheim Hills, CA 92808

RE:	**CLARKE, DEBORAH**
Social Security:	XXX-XX-0936
DOB:	05/29/1949
Date of Injury:	4/4/2018
Claim #:	SIF11264503
WCAB Case No.:	ADJ11264523 (DOI: 5/5/2017 – 4/4/2018)
	ADJ11264503 (DOI: 6/1/2017 - 3/25/2018)
Date of Evaluation:	March 3, 2021

SUBSEQUENT INJURIES BENEFITS TRUST FUND EVALUATION

To Whom It May Concern:

As requested, Ms. Deborah Clarke was evaluated at my Glendale office located at 1104 East Colorado Street Glendale, California 91205 for a Subsequent Injuries Benefits Trust Fund Medical Evaluation regarding Ophthalmic factors of the case on March 3, 2021.

Time spent in face-to-face with the examinee was 2.00 hours and the time spent reviewing records was 7.50 hours. Time spent on research on legal precedence for visual impairment was 0.25 hours. The time spent for preparing this report, which included editing, was 13.50 hours. Total time spent on this case was 23.25 hours.

I have received a cover letter dated February 8, 2021, from Natalia Foley, Esq., requesting a medical-legal report regarding the Ophthalmic aspects of Ms. Clarke's case. The letter requests a report covering causation of complaints, apportionment, permanent disability, labor disablement, and any additive factors to the industrial injuries with the ending date: 04/04/2018 related to my specialty.

I have reviewed the SIBTF report by Eric Gofnung, DC, dated October 12, 2020. Dr. Gofnung has concluded that Ms. Clarke qualifies for SIBTF evaluation, based on the criteria set forth by Labor Code Section 4751. In this report Ms. Clarke's ophthalmic conditions are listed as a history of cataract and visual dysfunction including blurry vision. Dr. Gofnung recommended further evaluation by an ophthalmologist/optometrist for a definitive discussion of potential visual impairment, as well as issues relating to causation, apportionment, labor disablement, permanent and stationary status, and work preclusions associated with ophthalmic dysfunction.

I had the opportunity to perform an evaluation for Ms. Deborah Clarke in my Glendale office on March 3, 2021. The appointment began at 10:45 a.m. and concluded at 12:45 p.m. Diagnostic tests performed in my office included retinal photography and visual fields. Arrowhead Evaluation Services, located in Redlands, CA, helped facilitate this evaluation. This report will focus on the ocular and visual condition of the examinee.

Per the Official Medical-Legal Fee Schedule, this report has met the complexity factor standards for billing as ML 104, Comprehensive Medical Legal Evaluation Involving Extraordinary Circumstances with 4 complexity factors. The evaluation included a detailed history, comprehensive eye examination, and extensive medical record review. Causation addressed per written request and apportionment is discussed.

The appointment began with the explanation that the purpose of the visit was solely to evaluate and report on his case. She understood this purpose and had no questions. The following report contains my professional opinion and conclusions concerning this case.

PRE-EXISTING DISABILITY AND INDUSTRIAL DISABILITY

It should be noted that Ms. Clarke had difficulty answering questions and recalling information about some events, dates, and times.

Ms. Clarke reported ocular complaints pre-existing the industrial injury with the ending date of 04/04/2018, including any eye turn (exotropia), history of cataract surgery in both eyes, light and glare sensitivity, itching, redness, watery eyes, as well as blurry vision.

She reported right eye exotropia since childhood. She said that when she is tired the eye turn becomes more evident.

Ms. Clarke has a history of bilateral cataracts. Reportedly, she underwent cataract surgery with intraocular lens implants in December 2008.

Ms. Clarke has been greatly bothered by light and glare sensitivity for many years. She avoids bright lights and is especially disturbed by fluorescent lights. She has also been extremely

sensitivity to the sun since childhood and uses sunglasses and a hat outdoors. Additionally, she avoids driving especially at night due to light sensitivity.

Ms. Clarke is greatly bothered by itchy and watery eyes, which is more intense in the morning. She washes her eyes to relieve the itching. She is sensitive to pollution, especially outdoors in the windy weather. She stated that in the last several years she is experiencing itchy and watery eyes as well as headaches due to perfumes.

She noted dry, red, and watery eyes when she works with computer, which is more intense in the morning for more than 5 years. She stated she started using Visine eyedrops once a day 5 years ago, but she does not use them any longer because they do not relieve her symptoms.

She also reported blurry vision for many years. She has been using reading glasses since 1989. She underwent cataract surgery with intraocular lens implantation, and she still needs reading glasses. She received her latest glasses in September 2020.

HISTORY OF INJURY

Ms. Clarke was working for CVS Caremark Corporation from 2006 to 2018 as a cashier.
She reported cumulative work-related injuries for periods 5/5/2017 – 4/4/2018 and 6/1/2017 - 3/25/2018. After having 14 months off from work due to a non-industrial injury in March 2016, she returned to work with modified duties in May 2017. She worked 4-5 hours for 2-3 days a week. She stated stop working since April 12, 2018.

Reportedly, while working for CVS Caremark Corporation and doing her usual duties, she was experiencing neck, shoulder, and back pain radiating to her hands and wrists, and from the lower back to her legs due to repetitive movements and prolonged posture. She worked with arms above shoulder level, repeatedly performed forceful movements with pushing, pulling and torquing with her hands, flexing, extending and rotating her neck. She also was experiencing frequent headaches associated with difficulty sleeping. She said that she did not report her complaints but took OTC pain medications. Reportedly, she received acupuncture and physical therapy.

She was diagnosed with lumbar disc herniation, lumbar radiculitis, bilateral tenosynovitis, bilateral shoulder impingement syndrome, bilateral lateral elbow epicondylitis, bilateral wrist tenosynovitis, and left hip arthroplasty.

HISTORY OF OTHER INJURIES

Ms. Clarke had a non-industrial injury on March 7, 2016. While she was walking to her car, she fell on the sidewalk. She felt immediate pain in her left hip, called 911 and was transferred to the hospital Kaiser Permanente. An x-ray revealed a sub capital left femur fracture. Left hip hemiarthroplasty was done on 03/08/2016. She recovered and was discharged from the hospital in 6 days. She returned to work 14 months after the accident.

Reportedly, she has history of three motor vehicle accidents one about 10 years ago, another in 2000, and a third in 1976. Ms. Clarke had cholecystectomy in 2009.

JOB HISTORY AND DESCRIPTION

Ms. Clarke has not been working since April 12, 2020.

From 2006 to 2018 she worked for CVS Caremark Corporation as a cashier.

From 1989 to 2006 she worked for Savon Drugs as a cashier.

From 1986 to 1987 she worked for Anaheim Distribution as a packer.

From 1980 to 1986 she worked for Savon Drugs as a cashier.

From 1978 to 1980 she worked at Thrifty Drug store as a cashier.

From 1972 to 1975 she worked for Savon Drugs as a cashier.

MEDICAL HISTORY

Ms. Clarke has an extensive history of psychiatric and other medical issues. She is suspicious about medication side effects and does not like to take many medications.

She suffers from hypercholesterolemia, high blood pressure, gastroesophageal reflux disease, osteoporosis, urinary incontinence, diverticulitis, and constipation.

Reportedly, Ms. Clarke also suffers from major depressive disorder, generalized anxiety disorder, and panic disorder. She reported a history of suicidal thoughts after losing her job.

Ms. Clarke suffers from headaches, ear pain, and dizziness which she contributed with medications.

Reportedly, she has a history of basal cell carcinoma, actinic keratosis, lichenoid keratosis, and dermatitis.

She walks with sidewalk after she fell and underwent left hip surgery.

FAMILY HISTORY

Ms. Clarke reported family history of macular degeneration in her father, and cataract in her sister and grandmother. Her mother died of pancreatic cancer at age 85, and her father died of bladder

cancer at age 83. There is a history of arthritis in her mother, niece, nephew, and grandfather. Her niece has lupus.

She mentioned a history of "lazy eye" in her paternal grandmother.

SOCIAL HISTORY

Ms. Clarke does not smoke, does not drink alcohol, or use recreational drugs.

Ms. Clarke has been married 2 times. She has a daughter, and her son who committed suicide.

She likes to go outside for a walk every day to relieve her stress and depression.

RECORD REVIEW:

Application for Adjudication dated 04/05/18, w/DOI: CT: 06/01/17 – 03/25/18. Stress, depression and anxiety due to discrimination based on age and disability. Employed by CVS Pharmacy Inc as a Cashier.

WC Claim Form dated 04/04/18, w/DOI: CT: 06/01/17 – 03/25/18. Stress, depression and anxiety due to discrimination based on age and disability.

Application for Adjudication dated 04/05/18, w/DOI: CT; 05/05/17 – 04/04/18. Stress and strain due to repetitive movement. Neck, UE, back, LE, and leg. Employed by CVS Pharmacy, Inc. as a Cashier.

WC Claim Form dated 04/04/18, w/DOI: CT: 05/05/17 – 04/04/18. Stress and strain due to repetitive movement.

Compromise & Release form dated 03/08/19, w/DOI: CT; 06/01/17 – 03/25/18. Nervous system, psyche, neck, UE, back, leg, LE, hips. Employed by Garfield Beach CVS LLC as a Cashier. Settlement Amount: $24,950.00.

Undated - Dr's 1st Rpt. Employer: CVS Caremark Corp. Pt had previous work injury and was on modified duty when she reinjured her back and neck. C/o LBP and mid back pain. Pt can only stand 50% of the time and bend 25%. Dx: Other cervical disc displacement, unspecified cervical region. Plan: Recommended chiropractic treatment.

06/06/17 – 08/22/17 (6 Visits) – Acupuncture Note by Suzan Hashemi, L.Ac. Completed 6 sessions of acupuncture tx to L hip. Had L hip replacement in 03/2016. Eyes (tearing, dryness,blurry): N/A. Pain increased in groin area.

09/05/17 – 10/24/17 (6 Visits) – Acupuncture Note by Suzan Hashemi, L.Ac. Completed 6 sessions of acupuncture tx to L hip. Pt is not sleeping well, reports anxiety. Pt reports LBP improved.

11/14/17 – 03/13/18 (6 visits) – Acupuncture Note by Suzan Hashemi, L.Ac. Completed 6 sessions of acupuncture tx to L hip and low back. Hip pain rated at 5-7/10.
03/20/18 – Initial Chiropractic Note by David Johnson, DC. C/o neck and LBP moderate to severe. Pain has been there for sometime but within the past 6 months has become worse. H/o hip surgery in 2016 and spinal stenosis. Dx: 1) Segmental and somatic dysfunction of cervical region. 2) Strain of muscle, fascia and tendon at neck level. 3) Strain of muscle and tendon of back wall of thorax. Plan: Chiropractic manipulation in 1-2 areas. Adjustment with activator.

03/22/18 – 05/09/18 (4 visits) – Acupuncture Note by Suzan Hashemi, L.Ac. Completed 4 sessions of acupuncture tx to L hip and low back. Pain level 8/10 before taking meds.

05/10/18 – Chiropractic Therapy Note by David Johnson, DC. C/o neck pain and LBP. Dx remains unchanged. Plan: Chiropractic manipulation in 1-2 areas. Adjustment with activator.

06/06/18 – 06/19/18 (2 visits) – Acupuncture Note by Suzan Hashemi, L.Ac. Completed 2 sessions of acupuncture Tx for LBP. Reports LBP, cannot walk too long. Reports insomnia, cannot fall asleep.

06/27/18 – Chiropractic Therapy Note by David Johnson, DC. C/o neck and LBP moderate to severe. Chiropractic manipulation in 1-2 areas. Adjustment with activator.

07/24/18 (1 visit) – Acupuncture Note by Suzan Hashemi, L.Ac. Completed 1 session of acupuncture therapy to L hip and low back. C/o dull aching LBP, still using walker. Sleep – not well.

09/13/18 – QME Rpt by Kesho Hurria, MD. DOI: CT 06/01/17-03/25/18. Employer: CVS Caremark Corporation. Pt relates that during the course of her employment and secondary to performing her usual and customary duties as a cashier/stocked, namely being on her feet for prolonged periods, bending, stooping and lifting, she gradually developed neck, back, hips and legs pain, beginning in 07/2017. She did not report the injury to her supervisor. Pt states she had a previous injury in 03/2016 of a L broken hip while working for CVS. She was off work for 14 months until she went back to work in 03/2017 with restrictions of no lifting more than 5 lbs., walking up to 50% of her shift, no climbing ladders, no torso or spine twisting, no driving. Pt stated that on her own she started to receive medical treatment for her back in 06/2017. She received acupuncture treatments for her back on and off from 2017 until now. She also received chiropractic treatment two times only, for her lower back. Pt explains that she is only treating with her PCP, Dr. Balin, who referred her to a neurologist for the pain in her legs, back and neck. She has seen neurologist, Dr. Faiehi at Monarch Medical Group. Dr. Falehi ordered nerve testing for the legs. Pt relates she was told she has nerve damage on both legs. Pt is currently TTD. C/o intermittent

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moderate pain of the back of the neck that radiates down the L arm all the way down to the hand with N/T 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 N/T of the legs and feet. Pain is worse at night. C/o frequent moderate shoulder pain and constant moderate to severe L hip and intermittent moderate R hip pain. Pt also has sleep issues, HA, stress, anxiety, emotional difficulties and GI disturbances such as abdominal pain, weight loss of 5 lbs, weakness of legs and balance problems. Uses walker. Other Industrial Injuries: 03/17/16, she had L broken hip while working for CVS. She underwent arthroplasty. PMH: Automobile accident in 1997 or 1998 with injuries to the neck and back. Illness: H/o anxiety and urinary incontinency. Surgical Hx: Cholecystectomy in 2009 and left total hip replacement in 2016. Effects on ADLs: Severe interference with ADLs and sleep. No interference with hearing, seeing, smelling, tactile sensation, tasting and touching. ROR Summary: 12/18/08 through 01/05/09 - Scott McFarland, M.D. 1) Cataract eye. 2) Pseudophakia, post-op. 10/20/15 — Saeed Torabzadeh, M.D. Right lower hordeolum externum. 11/17/15 - Hue Tri Nguyen, M.D. 1) Right hordeolum externum. 2) Screening for osteoporosis. Dx: 1) Cervical sprain with radiculopathy, non-industrial 2) Lumbar sprain with radiculopathy, non-industrial. 3) Spinal stenosis, non-industrial. 4) S/p fracture left hip, non-industrial. Discussion: Pt has reached MMI and is deemed P&S on 06/01/18. 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 N/T 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 N/T of the legs and feet. Constant moderate to severe pain of the L hip and intermittent moderate pain of the R hip. Objective Factors of Disability: Decreased C/S ROM on all planes. Antalgic gait. Decreased L/S ROM on all planes. Positive Fabere's test bilaterally. Positive seated and supine SLR B/L. Decrease B/L hip ROM except adduction. Weakness to UE and LE 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: Apportionment is not applicable in this case. Period of Disability: Dates of disability started on 04/12/18 to present (non-industrial). Work Restriction: Pt 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. Impairment Rating: 3% from pain on non-industrial basis. Future Medical Treatment: Past medical care was appropriate through Medicare and SCAN.

09/14/18 - Psychological PQME Rpt by Jeffery Coker, Psy.D. DOI: CT: 6/01/17-3/25/18; CT: 5/05/17 - 4/04/18. Employer: CVS Caremark Corporation. Pt indicated her injury did occur while she was performing her usual and customary duties. Pt claimed psychological injury as a result of the injury from 06/01/17 to 03/25/18 and from 05/05/17 to 04/04/18 while working for CVS Caremark Corporation. Pt reported experiencing ongoing depressed moods since her reported injuries at CVS. She remarked being depressed much of the day for at least 2 years. In addition, she endorsed diminished interest or pleasure in most activities since her reported injuries. She reportedly has a reduced appetite most of the time. Also indicated she is experiencing significant psychomotor slowing or retardation following her reported injuries. Moreover, pt endorsed fatigue

or loss of energy occurring nearly every day following her reported injuries at CVS. She also reported feelings of worthlessness subsequent to her reported injuries. She noted she has had difficulty falling and staying asleep. She reportedly averages 4-5 hours of sleep per night whereas, prior to her injuries, she slept 7-8 hours at night. Also experienced diminished ability to think or concentrate as well as ongoing, significant indecisiveness occurring since her reported injury. Pt reported developing anxiety following her reported work injuries. Pt also indicated she has had chronic stomach distress since her reported injuries. Records also indicate complaints of HA as part of her psychiatric symptoms. Medical Hx: Regarding vision or hearing problems, pt stated, "No, just stuff aging.' With respect to GI conditions, pt developed stomach aches and experienced a lot of stomach acid "every time" she worked with Erin at CVS. Concerning surgeries, pt reported only having her hip surgery on 03/08/16, the day after she fell due to an uneven sidewalk at her apartment complex on 03/07/16. Additionally, as noted, she was reportedly off work for 14 months following her hip injury and surgery. Dx: Axis I: 1) Major depressive disorder, recurrent, moderate. 2) Generalized anxiety disorder. 3) Panic Disorder. Axis II: Deferred. Axis III: Physical ailments. Axis IV: Occupational problems. Axis V: 48. Disability Status: Pt has had partial temporary disability on a psychiatric basis. Pt has not had permanent disability with respect to her psychiatric functioning. She has not reached MMI. Industrial events were the predominant cause of pt's symptoms of major depressive disorder, generalized anxiety disorder and panic disorder. Therefore, the temporary disability after the accident is at least 51% or more due to the industrial exposure. Rationale: Pt sustained psychiatric disability directly related to the industrial exposure on 06/01/17 to 03/25/18. Supervisor's behavior is believed to represent harmful action versus a good faith personnel action or actions. Apportionment: Not indicated in this case as there is no permanent disability. Treatment/Future Medical Care: Pt has not met with a mental health professional for weekly psychotherapy for a sustained period consistently. Recommended psychotherapy for 4-6 months, at least once a week, to help her make gains with respect to her symptoms as well as her occupational and social functioning. Continued treatment with psychiatric medication is also recommended if pt is experiencing relief from them and there are no significant, intolerable side effects. With appropriate combined treatment consisting of psychotherapy and medication, there is a good chance that her psychiatric symptoms will further improve. While working, pt will continue to be impeded by her psychiatric symptoms. Therefore, she should not attempt to work extended, long periods without breaks due to her tiredness, anxiety, hypervigilance, low energy and difficulty concentrating and making decisions.

11/13/18 - P&S Rpt by Clay Thomas, DC. DOI: CT; 05/05/17 – 04/04/18; 06/01/17 -03/25/18. Employer: CVS Caremark Corporation. Date of Initial Exam: 06/12/18. Pt sustained work-related injuries on a CT basis during the course of her employment. This examiner initially saw this patient on 06/12/18 with presenting complaints of neck pain, mid and lower back pain. This examiner referred her to pain management consultation and orthopedic evaluation. During the treatment period, pt also continued to see Joseph Tabet, MD. Following the evaluation, meds were dispensed and the patient was advised to continue conservative care with the undersigned. As of this evaluation, it is this examiner's opinion that pt's conditions have reached MMI and P&S. C/o C/S, T/S and L/S pain 9/10 associated with cramps, stiffness and weakness. ROS: Eyes: No h/o glaucoma, blindness or blurred vision. Dx: 1) C/S disc syndrome. 2) L/S disc syndrome. 3) C/S

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segmental dysfunction. 4) T/S segmental dysfunction. 5) L/S segmental dysfunction. 6) C/S sprain. 7) L/S sprain. 8) L hip sprain. 9) Depression. Disability Status: This examiner believes the pt has now reached a point of MMI. Therefore, she is considered P&S for rating purpose. Subjective Findings: C/o neck pain mid and low back pain. Objective Findings: C/S: Palpable tenderness. Limited ROM. Positive orthopedic tests. Positive MRI findings. T/S: Palpable tenderness. Limited ROM. L/S: Palpable tenderness. Limited ROM. Positive orthopedic test and positive MRI findings. L hip: Palpable tenderness. Limited ROM. Positive orthopedic test. Impairment Rating: C/S: 8% WPI. T/S: 5% WPI. L/S: 20% WPI. L hip: 20% WPI. Total WPI: 38%. Apportionment: In the absence of medical evidence to prove the existence or prior permanent impairment in the C/S and T/S from a previous injury or pre-existing non-industrial condition, there was no justification for any apportionment in this case. Therefore, apportionment based on causation would be 100% industrially related to the injury sustained on a CT basis from 05/05/17 to 04/04/18 and from 06/01/17 to 03/25/18 during the course of her employment for CVS Caremark Corporation as a Cashier. As for the L/S, this examiner is apportioning 90% as industrially related to the injury sustained on a CT basis from 05/05/17 to 04/04/18 and from 06/01/17 to 03/25/18 and 10% to non-industrial factor from altercation with her son resulting to broken L3. Regarding the L hip, this examiner apportioned 100% to industrially related injury sustained on a cumulative trauma basis from 05/05/17 to 04/04/18 and from 06/01/17 to 03/25/18, during the course of her employment for CVS Caremark Corporation as a cashier and 0% to other factors both prior to and/or subsequent to the industrial injury. Work Restriction: Examiner opined that pt will not be able to return to her usual occupation. She is restricted from twisting the torso/spine, climbing ladders, driving and working on heights/scaffoldings. Supplemental Job Displacement Benefits: If the work restrictions given are not honored by her employer, then she should be regarded as a Qualified Injured Worker (QIW), and therefore should be eligible for Supplemental Job Displacement Benefits. Future Medical Care: It is this examiner's opinion that this pt should be provided future medical care for flare-ups that would be reasonably expected for her condition. Future medical care should include prescriptions of pain and anti-inflammatory medications, short courses of physical and/or chiropractic therapy, referral to specialist, follow-ups, injections, diagnostic studies including but not limited to radiographs and MRI scan. Surgery to the L/S should be considered.

01/31/19 - QME Supplemental Rpt by Kesho Hurria, MD. DOI: CT; 06/01/17 – 03/25/18. Employer: CVS Caremark Corporation. Medical records were reviewed. (Partial document).

10/12/20 - AME's (SIBTF) Rpt by Eric Gofnung, DC. Pt broke her L hip due to a non-industrial injury and was off work from 03/08/16 to 05/05/17. She was then rehired on modified duty due to her L hip disability of working 4-5 hours per day, 2-3 days per week with no climbing, no standing for more than 50% of shift, and limited bending and lifting, which her employer did not accommodate. Pt last worked on 04/12/18 when she was terminated. She has not worked since. Complaints secondary to subsequent injuries of CT 05/05/17 – 04/04/18: Pt reports constant HA mostly at night that began about a year ago. She takes Tylenol for the HA, but she does not think it helps. She reports blurred vision. Pt has continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. Complaints secondary to subsequent Injuries of CT

06/01/17 to 03/25/18: Neck: Frequent pain described as aching and weakness. There is radiating pain from the neck into her back and arms and her head, and she has been experiencing frequent HA. She is experiencing N/T sensations in her arms. She has difficulty falling asleep and is often awakened during the night by the neck pain. Shoulder: Constant shoulder pain, which radiates to her arms and hands. Experiences weakness and restricted ROM as well as N/T in the arms and hands. The N/T in the hands awaken her at night. B/L Elbow: C/o minimal pain in the elbows and the symptoms occur intermittently in both elbows associated with N/T in the arms and elbows. B/L Hands/Wrists: C/o slight to moderate B/L wrist and hand pain right greater than left, and the symptoms occur frequently. She has difficulty sleeping and awakens with N/T and pain and discomfort. Lower Back: Pain is moderate, and the symptoms occur frequently in the lower back. Pain radiates down her buttocks and her legs to her feet, left greater than right. She has N/T in her feet. B/L hips: Pain is moderate and greater in left versus R hip, and the symptoms occur frequently to constantly. The pain radiates to her groin, left greater than right. B/L knees: The pain is moderate and greater in right versus left, and the symptoms occur frequently to constantly. Sleep: Pt has difficulty sleeping, often obtaining a few hours of sleep at a time. She feels fatigued throughout the day and finds himself lacking concentration and memory at times. She worries over her medical condition and the future. GI Symptoms: Pt began having GI symptoms as a side effect of her multiple medications. She has stomach aches and nausea. Complaints and Injuries Predating the Subsequent Injuries: 1) Right Eye - The patient was diagnosed with cataract (on 08/07/08 per Kaiser records) and had undergone cataract surgery with lens implantation on 12/23/08. 2) Left Eye - She was diagnosed with cataract (on 07/15/10 per Kaiser records) and had undergone cataract surgery with lens implantation on 01/17/12. In addition, Kaiser records (starting from 09/09/08) showed that she had extensive history of other medical problems that included: 3) Glossodynia/GERD. 4) Basal cell carcinoma/lichenoid keratosis/actinic keratosis/angioedema, acquired/dermatitis. 5) Allergies seasonal or perennial; 6) Hyperlipidemia. 7) Urinary incontinence. 8) Vaginal candida/deficiency/spotting. 9) Hemorrhoids/rectal bleeding/anal fissure 10) Vitamin D deficiency; fatigue. 11) Cervical radiculopathy/osteoarthritis of cervical spine/degeneration of cervical intervertebral disc. 12) Right ear pain. 13) HA; confusion with cold sensation over the entire body (per Kaiser ED note dated 05/06/15 by Elke Cooke, MD); delirium. 14) Left chronic lateral epicondylitis. 15) Right epicondylitis. 16) B/L Thumb Dequervain's tenosynovitis (left> right per 09/27/12 PT notes by Brenda Deidrick, PT). 17) B/L wrist & hand pain - Right basal joint osteoarthritis. 18) Left carpal tunnel syndrome; arthritis of hand, bilateral; injury of finger/shut down arthritis [unspecified finger/side; per 04/24/13 Kaiser telephonic note by Lianna Marie Edwards, NP]; 19) Chronic R knee pain/bursitis/arthritis (from a previous work injury from 1988 about and was having pain with weight bearing since then) 20) Diverticulosis. 21) HTN. 22) Abdominal Hernia. 23) Lumbar radiculopathy/chronic LBP; spinal stenosis (diagnosed possibly in 2017, exact date unrecalled; per deposition); hernia (unspecified date/time period of onset; per deposition); hypertension; and adjustment disorder with anxiety. 24) L Hip Fracture –Pt states that in 2016, she was walking on a sidewalk that was uneven, going to work, when she fell and broke her L hip. She was taken to a hospital and underwent L hip surgery. She received postoperative rehabilitation. She was off work for 14 months from 03/08/16 to 05/05/17 as a result of this injury. She filed a personal injury claim for this injury, which was settled. When she returned to work in 05/2017, she was returned with restrictions of no standing or sitting for

prolonged periods of time, no walking, no lifting more than 5 pounds, no climbing, and working 4-5 hours per day, 2-3 days per week. She uses a walker at all times for assistance with ambulation as a result of the injury to her hip. History of Injuries: Pt reports that beginning in 05/2017 or 06/2017, she began to experience the onset of pain in her neck which she attributes to the repetitive nature of her job duties, looking up and down constantly, and turning her body, and working outside her restrictions while using the walker. She denies reporting her symptoms to her supervisor, Erin Black, as she was afraid to talk to her. She states she sought chiropractic treating with Dr. David Johnson and acupuncture treatment with Suzan, on her own for her symptoms. Pt states that in or about 06/2017 or 07/2017, she first began to note pain in her lower back and both legs, left greater than right, after standing for many hours at work, as her supervisor would not let her sit and she also had to walk with walker during work. She did not report her symptoms to her supervisor. Pt states that beginning a month or two after she returned to work in 05/2017, she began to experience pain to both shoulders, elbows, wrists, hands, and fingers, with N/T, and pins and needles sensation. She attributes these symptoms to the repetitive nature of her job duties while working as a cashier and also due to her job duties requiring her to walk while working while using the walker. Pt reports she would experience increased pain of her L hip and R knee while working due to the long periods of standing as she was not allowed to sit as need as well as the walking while using the walker. She reports she would favor her R knee by trying to use her L knee more, and she began to experience worsening L knee pain while working as well. PMH: She was diagnosed with hernia, and advised it did not need to be repaired. She was diagnosed spinal stenosis and neuropathy in 2017. She was diagnosed with acid reflux and gastritis in 12/2017. Injuries: Prior industrial injury in 1988 while working for Albertson's Warehouse to her R knee. Reports a head injury when she tripped and fell and hit her head on a nightstand approximately 10 years ago. She did not receive any medical treatment. Pt was involved in a MVA as a passenger over 10 years ago but denies injury. She was involved in a rear-end MVA in the early 2000's. She states she was seen by a doctor but did not receive any treatment. Pt was involved in a rear-end motor vehicle in 1976 but denies any injuries. Surgeries: L hip surgery in 03/2016. ROS: Remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress. PE (10/07/20): Pt complained of blurry vision, far sightedness per history since about 10 years. Exam is deferred to ophthalmologist. Dx: 1) Closed head trauma, preexisting. 2) C/S S/S. 3) Cervical facet-induced versus discogenic pain. 4) Cervical radiculitis left, spinal stenosis. 5) T/S S/S. 6) Thoracic facet-induced versus discogenic pain. 7) L/S S/S. 8) Lumbar disc herniation, confirmed by MRI. 9) Lumbar radiculitis left. 10) B/L shoulder tenosynovitis/bursitis. 11) B/L shoulder impingement syndrome, r/o rotator cuff tear. 12) B/L elbow lateral epicondylitis. 13) B/L wrist tenosynovitis. 14) Bilateral de Quervain stenosing tenosynovitis of the thumb. 15) L hip s/p fx and hemiarthroplasty. 16) R hip Trochanteric tendonitis/bursitis, secondary to L hip Injury and aberrant gait. 17) B/L knee ID. 18) DJD of B/L knees, aggravation of preexisting. 19) HTN. 20) GERD. 21) Diverticulitis. 22) Abdominal hernia, r/o inguinal hernia. 23) Vision disturbance. 24) Anxiety and depression. Discussion: With regards to QME report by Dr. Hurria, which was dated 09/13/2018, Dr. Hurria notes apportionment was not applicable in this case. This examiner disagree with this statement. With regards to periods of disability, this was from 4/12/18 to present and was noted to be nonindustrial by Dr. Hurria. This examiner has different opinions as expressed in appropriate section. With regards to work restriction, Dr. Hurria stated, pt is unable

to work on nonindustrial basis, should limit walking no more than 30 minutes and sitting no more than 15 minutes to no more than one to two hours per day. Also to limit twisting, gasping, pushing, and pulling to no more than one to two hours per day. It was furthermore noted by Dr. Hurria that past medical care was appropriate through Medicare and SCAN. With regards to work rehab, it was not applicable per Dr. Hurria. With regards to AMA impairment, surprised to see Dr. Hurria rated the patient 3% from pain on nonindustrial basis. Dr. Hurria did not take into account his own physical examination findings nor did he discuss MRI results, which this examiner is sure were available for cervical and L/S, nor did he discuss upper and lower extremities. In supplemental report by Dr. Hurria, which was dated 01/31/19, Dr. Hurria does not provide any discussion to the records he reviewed. AMA Impairment, Causation, Pre and Post Subsequent Injury Apportionment, MMI, Work Restrictions and Discussions: Cervical Spine: Impairment Rating: 8% WPI. Causation: In this examiner's opinion, it is within a reasonable degree of medical probability that the causation of this pt's C/S injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. Apportionment: Apportion causation 30% to preexisting conditions such as foraminal stenosis documented since 2011 from records and 70% to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restriction: A) Pre-existing The Subsequent Work injury: In view of the pre-existing complaints and degenerative changes as per records reviewed, it is reasonable to conclude this pt had a work restriction precluding, repeated flexing, extending, rotating the neck, prolonged posturing with the neck and prolonged work with arms above shoulder level. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from repeated flexing, extending, rotating the neck, prolonged posturing with the neck, lifting over 10 lbs., work with arms at or above shoulder level, forceful or repetitive pushing, pulling, torquing. Thoracic Spine: Impairment Rating: 5% WPI. Causation: In this examiner's opinion, it is within a reasonable degree of medical probability that the causation of this pt's thoracic spine injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of CT 06/01/17 to 03/25/18. Apportionment: Apportion causation 10% to preexisting degenerative condition and 90% to the Subsequent Injury of CT 06/01/17 to 03/25/18. This is based on review of records and diagnostic studies currently available. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restriction: Pre-existing The Subsequent Work injury: In view of the pre-existing complaints and degenerative changes as per records reviewed, it is reasonable to conclude this patient had a work restriction precluding heavy lifting. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from lifting over 10 lbs, repeated bending or twisting. Lumbar Spine: Impairment Rating: 20% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's L/S injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. Apportionment: Apportion causation 10% to preexisting degenerative condition and 90% to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing

The Subsequent Work injury: In view of the pre-existing complaints and degenerative changes as per records reviewed, it is reasonable to conclude this pt had a work restriction precluding heavy lifting and prolonged standing or walking. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from lifting over 10 lbs., repeated bending or twisting and precluding stooping. She cannot stand for any meaningful period of time. She requires a walker for standing probably beyond a few minutes and cannot stand longer than most likely 10 minutes with a walker. She must be able to change positions from standing to sitting as needed based on pain levels. She should wear a lumbar non reinforced orthosis while performing any strenuous activities. Spine total impairment 30% WPI by combining 8% cervical spine with 5% T/S with 20% L/S impairment. R Shoulder: Impairment Rating: 7% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. Apportionment: Apportion causation; 50% to L hip fracture and surgery necessitating use of a walker, and 40% due to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. It is reasonable to conclude the apportionment based on fact that this pt was on her feet a significant time of the day and using walker and cash register as well as other work activities requiring use of arms while working. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restriction: Pre-existing The Subsequent Work injury: Pt did not have any work restrictions. B) Following Subsequent Work Injury: Following the subsequent Injury, the pt should be precluded from lifting over 10 lbs., overhead work. R wrist, hand and Thumb: Impairment Rating: 18% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of CT 06/01/17 to 03/25/18. Apportionment: Apportion causation 70% to preexisting condition and 30% to the Subsequent Injury of CT 06/01/17 to 03/25/18 based on records reviewed. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restriction: A) Pre-existing The Subsequent Work injury: It is reasonable to conclude this pt had a work restriction precluding repeated or forceful grasping, torquing, pulling or pushing with both hands. B) Following Subsequent Work Injury: The pt should be precluded from repeated or forceful grasping, torquing, pulling or pushing with both hands, lifting or carrying over 10 pounds. No prolonged writing or typing or using the mouse, no more than 15 minutes per hour. She should wear B/L carpal tunnel splints and thumb splicas; however, it is important to note this pt relies on a walker and the braces needed would likely prevent her from using a walker and she would require the use of a wheelchair. RUE total impairment, 38% by combining 30% wrist impairment with 11 % shoulder impairment or 7% whole person impairment. Left Shoulder: Impairment Rating: 7% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of CT 06/01/17 to 03/25/18. Apportionment: 50% to L hip fracture and surgery necessitating use of a walker, and 40% due to the Subsequent Injury of CT 06/01/17 to 03/25/18. It is reasonable to conclude the apportionment based on fact that this pt was on her feet a significant time of the day and using walker and cash register as well as other work activities requiring use of arms while working. MMI: It is reasonable to declare this patient has reached MMI as this pt is

expected to have reached MMI one year from the date of the subsequent injury. Work Restriction: A) Pre-existing The Subsequent Work injury: The pt did not have any work restrictions. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from lifting over 10 lbs., overhead work. Left Wrist, Hand & Thumb: Impairment Rating: 18% WPI. Causation: In this examiner's opinion, it is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of CT 06/01/17 to 03/25/18. Apportionment: Apportion causation 70% to preexisting condition and 30% to the Subsequent Injury of CT 06/01/17 to 03/25/18 based on records reviewed. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: In view of the pre-existing complaints and diagnoses and treatments as per records reviewed, it is reasonable to conclude this patient had a work restriction precluding repeated or forceful grasping, torquing, pulling or pushing with both hands. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from repeated or forceful grasping, torquing, pulling or pushing with both hands, lifting or carrying over 10 lbs. No prolonged writing or typing or using the mouse, no more than 15 minutes per hour. She should wear B/L carpal tunnel splints and thumb splicas; however, it is important to note this pt relies on a walker and the braces needed would likely prevent her from using a walker and she would require the use of a wheelchair. B/L Elbows: Impairment ratings for the wrists, hands & thumbs include the rating for the B/L elbows as this examiner do not find any additional ratings. Causation: In this examiner opinion, it is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the subsequent Injury of CT 06/01/17 to 03/25/18. Apportionment: Apportion causation 80% to preexisting condition and 20% to the Subsequent Injury of CT 06/01/17 to 03/25/18. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: Pre-existing The Subsequent Work injury: It is reasonable to conclude this pt had a work restriction precluding forceful grasping, torquing, pulling or pushing. B) Following Subsequent Work Injury: The pt should be precluded from repeated or forceful grasping, torquing, pulling or pushing with both hands, lifting, pulling, pushing or carrying over 10 pounds. Pt should wear epicondylitis brace. LUE total impairment 38% by combining 30% wrist impairment with 11 % shoulder impairment or 7% WPI. BUE total impairment is 62% by combining 38% right with 38% LUE impairment or 37% WPI.

L hip: Impairment Rating: 24% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the Subsequent Injury of CT 06/01/17 to 03/25/18. Apportionment: Apportion causation 90% to pre-existing condition of 2016 L hip fracture and surgery and 10% to the Subsequent Injury of CT 06/01/17 to 03/25/18. This patient had significant work restrictions prior to the subsequent injury. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have MMI one year from the date of the subsequent injury. Work Restriction: A) Pre-existing The Subsequent Work injury: In view of the 2016 L hip fracture and records reviewed, it is reasonable to conclude this pt had a work restriction precluding standing more than 15 minutes per hour; prolonged sitting, no more than 15 minutes per hour, prolonged walking more than 15

minutes per hour. No repeated squatting, walking over uneven ground. Pt must use a walker for ambulation. B) Following Subsequent Work Injury: Following the subsequent injury, the pt's condition deteriorated overall; however, it is difficult to state any additional work restrictions beyond those that existed prior to the subsequent injury. From the history of injury, know the pt was forced by her manager to perform activities beyond her work restrictions as related to the L hip. In this examiner's opinion, at this point the pt's condition deteriorated to the point that she could not be forced to perform the same activities today. With that in mind, her prior prophylactic work restrictions are at this time actual work restrictions the pt is simply unable to perform. L Knee: Impairment Rating: 12% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. Apportionment: Apportion causation 50% to preexisting conditions that include L hip fracture and R knee prior injuries/degenerative conditions that placed greater biomechanical stresses on L knee and 50% to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: It is reasonable to conclude this pt did not have any work restrictions prior to the subsequent injury. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from repetitive squatting, kneeling, prolonged standing and prolonged walking, no more than 15 minutes per hour with regards to standing and walking. Pt must use a walker for ambulation as physically can't otherwise. Pt should use a L knee brace. LLE total impairment is 72% by combining L hip 59% and L knee impairment 31% or 29% WPI. Right Hip: Impairment Rating: 4% WPI. Causation: It is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. Apportionment: Apportion causation 50% to issues that preexist the subsequent injury of L hip fracture and patient compensating by placing greater axial loads on R hip and 50% due to the Subsequent Injury of CT 06/01/17 to 03/25/18 as this pt was weigh bearing a significant time while working and thereafter developed R hip pain. MMI: It is reasonable to declare this pt has reached MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restrictions: A) Pre-existing The Subsequent Work injury: The prior records reflect this pt did have some episodes of pre-existing R hip pain long a significant amount of time prior to the subsequent injury; however, imaging studies were essentially unremarkable. It is reasonable to conclude this pt did not have any work restriction prior to the subsequent trauma. B) Following Subsequent Work Injury: Following the subsequent injury, the pt should be precluded from prolonged standing more than 30 minutes per hour; prolonged walking more than 30 minutes per hour. No repeated squatting, walking over uneven ground. Please note this pt must use a walker as she cannot walk without a walker. Right Knee: Impairment Rating: 12% WPI. Causation: In this examiner's opinion, it is within a reasonable degree of medical probability that the causation of this pt's injuries and subsequent disability/impairment arose out of the employment due to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. Apportionment: Apportion causation 80% to preexisting degenerative condition and 1988 work injury and 10% to the Subsequent Injury of Continuous Trauma 06/01/17 to 03/25/18. MMI: It is reasonable to declare this pt has reached

MMI as this pt is expected to have reached MMI one year from the date of the subsequent injury. Work Restriction: A) Pre-existing The Subsequent Work injury: It is reasonable to conclude this pt had a work restriction precluding repetitive or forceful squatting or kneeling as well as prolonged stair climbing. B) Following Subsequent Work Injury: The pt should be precluded from squatting, kneeling, prolonged standing and prolonged walking, no more than 15 minutes per hour with regards to standing and walking. She is precluded from stairclimbing. Pt must use a walker for ambulation. Pt should use a stabilized knee brace. Impairment Rating: RLE total impairment is 38% by combing R hip 10% with R knee impairment 31 % or 15% WPI. Bilateral total LE impairment is 83% by combining right 38% and left 72% LE impairment or 33% WPI. Total calculated WPI 71% by combining 30% spinal impairment with 37% UE WPI with 33% LE WPI. P&S Status: Pt's condition is P&S. Subjective Factors of Disability: 1) Neck pain is described as frequent aching with weakness. 2) Bilateral shoulder constant pain in the shoulders radiating to her arms and hands. 3) B/L elbows pain is minimal in the elbows. 4) B/L hands/wrists pain slight to moderate pain in the B/L wrists and hands, right greater than left. 5) LBP is moderate, and symptoms occur frequently in the lower back. 6) Sleeping difficulty, GI symptoms. Objective Factors of Disability: With regard to the C/S and L/S, objective factors of disability consist of 1) Palpatory tenderness. 2) Decreased and painful ROM. 3) Abnormal orthopedic testing. 4) Abnormal results of the MRI of C/S and L/S. T/S: 1) Palpatory tenderness. 2) Decreased and painful ROM. 3) Abnormal orthopedic testing. B/L: 1). Palpatory tenderness. 2) Painful Rom. 3) Decreased muscle function. 4) Abnormal orthopedic testing. L elbow: Palpatory tenderness. B/L Wrists: 1) Abnormal ortho testing. 2) Decreased B/L grip strength. L hip: 1) S/p fx post hemi-arthroplasty. 2) Decreased and painful ROM. 3) Decreased muscle function. 4) Decreased ROM. R hip: 1) Palpatory tenderness. 2) Abnormal orthopedic testing. 3) Decreased muscle function. 4) Decreased ROM. B/L Knees: 1) Palpatory tenderness. 2) Decreased and painful ROM. 3) Abnormal orthopedic testing. 4) Decreased muscle function of both knees. Vocational Rehab: In this examiner's opinion, the pt is a QIW although with the myriad of issues this pt has involving multiple body and organ systems, this examiner do not believe he will be able to return to any gainful employment or compete or function or be in the open labor market or in any capacity based on examination and all records reviewed. Overall Summary of Non-Ortho Impairments: Ophthalmology, deferred to ophthalmologist. GERD, deferred to IM. Diverticulitis, deferred to IM. Closed head trauma, deferred to neurologist. Spinal stenosis, deferred to neurologist. Abdominal hernia, deferred to general surgeon/internist. Hemorrhoids, deferred to general surgeon/internist. Anxiety and depression, deferred to psychiatrist/psychologist. Dermatitis, deferred to dermatologist. Conclusions: There does appear to be adequate evidence to conclude with reasonable medical certainty that pt had previous partial disability as per the work restrictions outlined by the undersigned. The combined effect of the preexisting impairment and the impairment due to the subsequent injury is likely to result in a permanent disability equal to, or greater than, 70%. The permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or age of the employee, exceeds the 35% threshold for Labor Code 4751. Future Medical Care: Pt will require future medical care in the form of orthopedic consultation and treatment, pain management consultation and treatment with regards to C/S and L/S, B/L shoulders, L elbow, B/L wrists, B/L hips, and B/L: knees. Recommended the pt to undergo x-rays of B/L hips, MRI of B/L shoulders, MRI of B/L knees,

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NCV /EMG of BUE for work up of CTS versus cervical radiculopathy. Pt is recommended Ophthalmology consultation to evaluate vision problems/glaucoma, internist for gastroenterologist consultation to evaluate GERD, diverticulitis. Neurology consultation to evaluate condition post closed head trauma. General surgical consultation to evaluate B/L groins for hernia.

10/14/20 – SIBTF Psychological Eval by Nhung Phan, Psy.D. DOI: CT: 05/05/17-04/04/18. CT: 06/01/17- 03/25/18. Employer: CVS Pharmacy. Medical Hx (before and after Subsequent Injury): Pt had five pregnancies; three miscarriages and two live births. Her first pregnancy was at age 26. She went through menopause at age 50. Menopause symptoms included hot flashes and being irritable when she was in pain. She had GERD for three years and had symptoms of stomach pain and nausea all day and night. She was diagnosed with a fatty liver one year ago. She was diagnosed with high cholesterol around six months ago. She began to have neuropathy two years ago. She was hospitalized for the births of her children in 1975 and 1986 and for gallbladder removal in 2006. She had hip surgery for a broken hip on 03/08/16. In 2004, she was disabled due to a pinched nerve in her neck causing numbness in the left side of her left neck radiating down her left arm to her hand. She had no non-work-related injuries prior to the subsequent injury. Since the subsequent injury she often has pain in her neck, back, arms, hands, legs, and feet. She had chiropractic treatment, epidural injection, cortisone injection and TENS unit therapy, and the treatment helped ease her pain during treatment. She is not currently receiving treatment for any of her pain. According to an undated medical record, pt had a previous work injury and was on modified duty when she reinjured her back and neck. She had low back and neck pain and could only stand for 50% of the time and bend for 25%. According to a medical record by Dr. Kesho Hurria, dated 09/13/18, pt was unable to work on a non-industrial basis. She was advised to limit her walking for less than 30 mins and sitting for less than 15 mins to no more than 1-2 hrs/day. According to a medical record by Dr. Kesho Hurria, dated 09/24/18, the pt was involved in an automobile accident in 1997/1998 with injuries to her neck and back. She sustained a previous injury in 03/2016. Her L hip was broken while working for CVS Pharmacy, and she was placed off work for 14 months until she went back to work in 03/2017. She had cholecystectomy in 2009 and left total hip replacement in 2016. Medical/Psychological Conditions and Incidences (before subsequent injury): Childhood: Felt sad due to father's verbal abuse. Adolescent years: Father beat her a couple times with a belt. Unknown: Married to first husband for 13 years. 1972-1973: Cashier at Savon and quitted due to pregnancy, did not work for three years after. 1975 (Age 26): Birth of son (five pregnancies, three miscarriages). 1975: Received EDD benefits for six months. 1978-1980: Cashier at Thrifty and quitted to return to Savon. 1981: In an abusive relationship for two years. 1980-1986: Stocker at Savon, quitted due to pregnancy. 1982: Divorced first husband due to his infidelity. 1986: Birth of daughter. 1989-2004: Cashier at Savon and quitted to take care of her parents. 1994: Second husband divorced her after eight years of marriage. 1997/1998: Injury to the neck and back. 1999: Menopause at age 50. 2000: Nervous breakdown due to mother's diagnosis of bladder cancer, collapsed at work. 2000: Off work for three months and received psychological counseling/ 2004: Pinched nerve in her neck and was disabled. 2004: No intimate relationship since then, feeling lonely. 2005: Mother died from bladder cancer. 03/2016: Injury, left hip broken at CVS. 2016: Off work for 14 months due to work injury. 2017: Returned to CVS after time off work. 2006-2018: Cashier at Savon and managed by manager, Erin. 2016: Personal

injury claim against an apartment complex where she fell. Unknown: Received SSDI benefits. Unknown: Prior work injury, injury to the back and neck. Medical/Psychological Conditions and Incidences (after subsequent injury): 2017: GERD for three years. 07/13/2018: Son committed suicide at age 42. 2018: Neuropathy. 2018: Began having suicidal thoughts. May 2018: Counseling by Dr. Sylvia and received Ativan. 2019: Fatty liver. 2020: High cholesterol. 2020: Recent thoughts of suicide wishing she was dead. Surgery (before subsequent injury): 2006: Gallbladder removal. 2009: Cholecystectomy. 03/8/16: Hip surgery for broken hip. 2016: Spinal stenosis. Mental Health History (before and after subsequent injury): In 2000, she had a nervous breakdown when her mother was diagnosed with bladder cancer. She collapsed at work, received psychological counseling (duration unrecalled) and was off work for 3 months. She is currently depressed, but has not had a depressed mood most days over the past two weeks. Since the start of her depression, she has not felt depressed for a period of two or more months straight. Her depression was due to the loss of her son, her chronic pain, and losing her job. Her pain was "bad" and she was unable walk by herself. Losing her job still bothers her, because she loved to work. She reported, she keeps everything in. She cannot let it go. Not having a job made her feel bored. She reads the Bible. She used to do crossword puzzles when bored. She lives at a senior community and nobody goes outside due to COVID-19. It is hard for her to get out of bed due to pain and depression. She loved fixing herself up doing her hair and makeup for work, but does not want to anymore. She sometimes does not feel like taking a walk. She stated she should see nature and talk to people. She currently has anxiety and intrusive thoughts about her son's suicide and her fall injury. She has disturbing memories of her son's death every day. She had dreams of her fall, but not recurrent distressing dreams or nightmares of her son's death. Her son's urn was in her bedroom and when she lied down at night, she thought of her son because he used to come over to spend the night and slept on the couch. She also reported developing significant anxiety following the subsequent injury, degree of worrying had been difficult to control, feelings of jitteriness, frequent panic attacks, panic episodes a couple of times a day, included feeling of intense fear as well as palpitations, sweating, trembling or shaking, chest pain, nausea or abdominal distress, dizziness or light headedness, derealization, fear of losing control, fear of going crazy, fear of dying, numbness and tenderness in her hands, and chills or hot flashes. She endorsed recurrent, bad memories of the injury. She had intense bodily tension and psychological stress when exposed to cues related to her work difficulties; noted it occurred when she would see a television commercial for CVS or see the CVS Pharmacy when inside a Target store. Additionally, she endorsed ongoing feelings of detachment or estrangement from others following her injuries. She reported becoming irritable much more easily, endorsed developing an exaggerated startle response, and had chronic stomach distress. When questioned about significant depressive episodes prior to her reported injuries at CVS, she noted she was depressed around the time her parents died. Both of her parents reportedly died in 2005 from cancer. She stated she is no longer depressed due to their deaths. Regarding any significant periods of anxiety prior to her reported injuries, she noted she experienced anxiety when her mom was diagnosed with cancer in 2000. Concerning previous psychiatric treatment, she indicated she was prescribed Valium and Prozac around the time her mother was diagnosed with cancer. Regarding individual or group psychotherapy or counseling prior to her reported injuries, she reportedly took a class on codependency weekly for a year. Before The Last Work Injury (also known as Subsequent Injury):

Pt did not have difficulty in any areas of functioning; such as self-care, communication, physical activity, sensory function, household activity, travel, sexual function, and sleep function. Communication before the subsequent injury. No difficulties with speaking/talking, hearing/seeing, reading, using a phone, writing texting, keyboarding, using a mouse or typing. No difficulty with smelling, hearing, seeing, feeling, tasting or swallowing. Periods of TTD from Pre-Existing: Unknown. Pre-existing Psych Symptoms: Major depressive disorder. Pre-Existing Psychiatric Diagnoses: Axis: 1 Major depressive disorder, recurrent, mild. Axis II: No diagnosis. Axis III: Status per the review of the medical records. Axis IV: Mild. Axis V: Current GAF 66. Pre-existing Disability Rating: Her GAF score was 66, which is equivalent to a WPI of 6%. It is this examiner's opinion pt had no disorder that impacted her occupational functioning causing pre-existing labor disablement. There were no pre-existing restrictions prior to her subsequent industrial injuries. History of Subsequent Injury: Pt worked at CVS Pharmacy beginning 2006-2018 and last worked in 2018. Pt injured herself on CT: 05/05/17- 04/04/18 and CT: 06/0/17-03/25/18 while employed as a Cashier at CVS Pharmacy. She sustained stress/psychological related type injuries; stress and depression due to repetitive movement for the CT: 05/05/17-04/04/18 injury and stress, depression, and anxiety due to discrimination based on age and disability for the CT: 06/01/17- 03/25/18 injury. After pt was injured from previous work injuries, she used a walker to ambulate and was given restrictions by her doctor and HR (human resource) agreed to the restrictions. Her manager Erin Black was very pushy, demanding, and not friendly. Erin told her to work faster so they would not have to call a second cashier. Erin would say to her coworker that pt could not clean the bathroom or do anything. Her coworker would ask Erin if she saw her with a walker. Erin never greeted her. Erin did not like her since day one. When she would clean the counters, Erin would say "she was worthless." She was not allowed to sit. Erin said she was really not working. Erin was mean to her, the other workers, and to customers. Erin reduced her hours significantly down to 8-12 hours and even to two hours per week. She had to beg Erin for more hours. She thought maybe Erin was embarrassed to have an employee who used a walker, but her customers loved the pt. She would shake due to pain and customers would ask her if she was okay. She did not make mistakes at work. She focused on her duties and the customers. Erin made her feel very nervous at work. After work, she went home and cried. pt did not want to be around Erin, but she wanted to work until she was 80 years old. Erin verbally terminated her in front of everyone and deliberately embarrassed her. Her coworkers looked down toward the ground when Erin fired her. She wanted to commit suicide after Erin terminated her and in 2018. She almost stepped in front of a car so it would run over her. Pt's treatment consisted of physical therapy for her low back, hip, and legs. She also received chiropractic treatment. She has not received surgery for her subsequent injuries. Psychological tests were performed. Subsequent Injury Psychiatric Diagnoses: Axis 1: Major depressive disorder, recurrent, severe. Generalized anxiety disorder, moderate. Panic disorder without agoraphobia. Unspecified trauma-and stressor-related disorder. Bereavement. Pain disorder associated with both psychological factors and a general medical condition. Sleep disorder due to a general medical condition, insomnia type. Axis II: No diagnosis. Axis III: Status per the review of medical records. Axis IV: Severe. Axis V: Current GAF 50. Subsequent Injury Impairment Rating: Pt has difficulty in the following areas of functioning; such as self-care, communication, physical activity, sensory function, household activity, travel, sexual function and sleep function. Collectively, pt is moderately impaired. Thus,

after careful consideration, pt's score is placed at the level of 50, which translates to a WPI of 30%. Causation of Subsequent Disability and Labor Impairment: It is this examiner's opinion that pt's subsequent psychiatric injury was predominantly caused by the actual events of employment. This examiner reason that, given the longitudinal nature of pt's emotional difficulties, they are more than a mere lighting-up of her previous depressive and chronic pain symptoms typically seen during an exacerbation. Rather, they have been permanent and are more accurately described as an aggravation. This issue is clearly seen via an examination of her GAF and WPI scores prior to and subsequent to her injuries. Pt's prior GAF score of 66 equates to a WPI of 6%. Following her subsequent injury, her psychiatric condition deteriorated significantly. The increase in depressive and anxiety symptoms resulted in a decrease of her GAF to 50 - which means her disability increased by 24% to 30%. The subsequent injury disability represents the predominant cause of her overall disability rating. Given the length of time that has expired and the consistency of psychiatric symptoms since their inception, it is this examiner's opinion that pt's psychiatric disability is now P&S. Pt's psychiatric injury is labor disabling and requires the following work restrictions: Part-time schedule with frequent breaks due to her fragile and emotional states (from her depression, anxiety, and bereavement). Flexible schedule to accommodate pt's need for weekly psychotherapy. Flexible schedule to accommodate pt's sleep disorder. No assignment of excessive job pressures such as multiple, frequent deadlines, or frequently working with difficult people such as her former manager. Due to her cognitive difficulties from her depression and anxiety, pt requires the following: Accommodation of increased time due to slower pace and persistence. Understanding supervisor to break larger tasks into a series of smaller ones. Frequent feedback on performance with sensitivity to pt's struggles. Time to reconnect with co-workers given pt's deteriorated social skills (resulting from her depressive symptoms of social withdrawal and lack of interest in men). Frequent feedback on performance by an understanding supervisor to accommodate pt's low self-esteem (due to her depression, past intimate abuse and betrayal, incontinence, and inability to function sexually). Apportionment between Disability Stemming from Subsequent Injury and pre -existing disabilities: Pt had a pre-existing psychiatric disability that was P&S, ratable, and work limiting. This examiner believe that pt's psychiatric condition was aggravated by the subsequent injury and she subsequently experienced a significant psychiatric deterioration. This examiner believe the increase of her psychiatric impairment is due solely to the subsequent injury. Preexisting Disability: Psychiatric disability 6%. Psychiatric disability increased by 24% to 30%. The ratings are unmodified and uncombined. Pt's disability from the subsequent and pre-existing is greater than that which resulted from the subsequent alone.

10/17/20 - SIBTF Med/Legal Eval by Sameer Gupta, MD. DOI: CT 06/01/17-03/24/18. Employer: CVS Pharmacy. H/o Pre-existing Illness: Pt overall is a poor historian and cannot recollect many of the details when asked in questioning today. Pt notes that on 03/07/16 she was walking on the sidewalk and she fell on her left side after she tripped over an uneven portion of the sidewalk. She subsequently developed pain in her left hip and lower back. She was diagnosed with a L hip fx and underwent hip replacement and hospitalized extensively for this. Since that time she has needed chronic pain medications to help assistant some of these issues. She also recollects having gallbladder issues and having a gallbladder removed in 2006. She also recollects having endoscopies in the past. She does note a h/o GERD/gastritis for several years. She does not

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recollect the details of the workup that has been done. She recollects having and initial endoscopy that demonstrated "bleeding." She does note that she had a recent endoscopy that was unknown what the results showed. She also has had previous endoscopies. Those records are not available. She also recollects having lower GI issues in the form of diverticulosis. She denies any current immediate issues associated with the lower GI tract at this very moment. But notes that she has had lower GI issues in past. She also recollects that prior to her employment with CVS has had a history several head injuries including 3 car accidents with one while she was still a teenager along with another one around 1976 and a then one in 2000. She cannot recollect the details of this -- given the fact that overall the pt was a poor historian it makes sense that the TBI associated with the car injuries has contributed to cognitive impairment. Pt recollects being seen for most of her later adult life at Kaiser. She recollects going there for over 30 years and then a switch on over to Medicare/Humana in around 2016. Therefore it would be most helpful to have an opportunity to review the records from Kaiser from 1986 to present to be able to better determine pre-existing medical conditions and establish baseline medical issues. H/o Subsequent Injury: Pt sustained injury to the neck, shoulders, forearms, hands, lower back, LE, GERD, and stomach while working as a cashier as a result of repetitive work activities. Pt reports being involved in a CT injury. She developed pain in her neck, shoulders, forearms, hands, and lower back in about 05/2017 which she attributes to the lifting, repetitive movements of her neck, shoulders, forearms and hands, bending, reaching, and prolonged standing and walking activities she performed at work. She self-treated her pain by applying biofreeze, taking hot showers, and OTC analgesics. She sought medical treatment. She was evaluated by Dr. Peter de Silva. She was examined and may have been referred to Dr. Montgomery. She was examined and seen on a one-time basis. She continued to perform her customary work duties in pain and her work activities aggravated her symptoms. Subsequent Treatment: She was referred to Dr. Jones, a neurologist. She was examined and underwent an EMG/NCS of the upper and lower extremities. She was diagnosed with neuropathy in her LE. In about 2017 she developed nausea, stomach aches, heartburn, and acid reflux, which she attributes to stress at work caused by her manager Erin Black, who stood and watch her work, followed her around, and put her down. She sought treatment by a gastrologist, Dr. Donner. She was examined, medication was prescribed (made her symptoms worse), and referred for an ultrasound of her stomach (normal findings). She was subsequently referred to Dr. Clay, a chiropractor. She was examined and a course of PT was initiated. She received about 9-12 months of PT and noted temporary relief. She subsequently came under the care of Dr. Harris for pain management. She was examined and epidural injections to the lower back were recommended. She received 2 epidural injections to the lower back and noted temporary relief. She was referred to Dr. Assby, a gastrologist. She was examined and underwent a test in which a scope was inserted down her throat. She then came under the care of her primary physician Dr. Ghazi. She was referred for an U/S of her stomach, prescribed her medication, and advised her to watch her diet. She has been evaluated by multiple physicians whose names, locations, or treatment received. She continues under the care of Dr. Ghazi. She was last evaluated about 2-3 weeks ago and has a return appointment in about 11/2020. Pt has not worked since 04/08/18 as she terminated. Present Complaints: Neck: C/o recurrent pain in the neck, with pain radiating to the back of her head causing her to develop HA. She notes grinding in her neck. She has recurrent N/T in both UE, left greater than right. Weakness is noted in both UE. She notes stiffness in her neck. Shoulders: C/o

recurrent pain in the shoulders, left greater than right, with pain radiating to her neck. Weakness is noted in BUE. Forearms: C/o recurrent dull aching pain in the forearms, left greater than right, with pain radiating to her hands. She notes recurrent numbness in her forearms. Weakness is noted in BUE. Hands: C/o continuous pain in her hands, left greater than right. She has recurrent N/T in all her fingers, bilaterally. Weakness is noted in BUE. Lower Back: C/o continuous pain in the lower back, with pain radiating to her hips. She has N/T, and weakness in BLE. She uses a walker. Stomach/GERD: C/o nausea, heartburn, and acid reflux, and pain in her upper abdomen midepigastric pain. The symptoms are moderate chronic daily year round despite the treatment with dietary modifications with gluten free diet and removal of other triggering foods like sugar and dairy. She also takes Protonix, Famotidine and Pepcid complete. Even with all of this her symptoms continue to be chronic moderate frequent with frequent breakthrough symptoms. Pt notes that even with the normal stresses of life will develop nausea to the point of vomiting sometimes even several times in a day. Hospitalization/Surgeries: 03/2016, Kaiser Permanente for L hip, lower back and neck pain following a fall. Pt was discharged five to six days -later. In 2006, Kaiser Permanente for a gallbladder removal and released the following day. In 1986 St. Joseph's Hospital for childbirth. The examinee was discharged two to three days later. 1975 Huntington Beach Hospital for childbirth. Pt was discharged two to three days later. ADLs: Pt has some blurred vision. She has no difficulty writing, typing, hearing, and speaking. She has some difficulty seeing and tactile feeling. She has no difficulty hearing, tasting and smelling. ROS: Reports appetite change, HA, dizzy spells, watery/itchy eyes, ringing in the ears, and ear pain, sinus pain, nose bleed, runny nose, and cough, easy bruising, unable to breathe with walking depending how long she walks, frequent urination at night, muscle or back pain, joint pain in hips, vomiting, constipation, stomach pain, heartburn, and acid reflux, weakness, N/T, poor memory, poor concentration, depression, and anxiety and reports intolerance of hot weather. Off work Activities: Pt enjoys reading the Bible, watching TV, and speaking to people. As a result of the alleged injury, pt feels she can no longer going out to lunch and dinner with her friends and family. PE: HEENT: Pupils are equal and reactive to light. No scleral icterus. Nasal examination demonstrated normal turbinates and normal nasal mucosa. Dx: 1) TBI several times throughout the years prior to the CT injury, likely a preexisting condition and not industrial in nature, request QME neurology and QME neuropsychology evaluation to quantify the preexisting traumatic brain injuries and its effects. 2) Upper GI issues of acid reflux, heartburn, burning mid-epigastric pain that was mild to moderate even prior to the CT trauma, in the setting of significant pain medication use, aggravated during the CT injury due to the occupational stress and due to the pain medications. Likely at least in part pre-existing and non-industrial symptoms. Important to note that the pain medication use was also in part to the prior hip injury as well in 2016. Has had endoscopy in the past. Notes bleeding on the first endoscopy. Request those records to better evaluate the issues. (QME ortho apparently thought the issues were not industrial in nature.). 3) History of diverticulosis from prior colonoscopy, request records, likely pre-existing, and nonindustrial in nature. 4) Pre-existing hip injury s/p hip replacement with continued problems, outside the realm of this examiner's expertise, request QME musculoskeletal evaluation to determine pre-exiting issues vs industrial issues as it relates to the current CT injury. 5) Sleep disorder, likely complex sleep disorder, and request evaluation by QME sleep specialist to better determine the industrial and pre-existing issues. Likely chronic pain a contributing factor. Possible sleep apnea as a contributor component. Await

for QME sleep specialist analysis. 6) Urinary issues on oxybutynin per records received, likely pre-existing and not industrial in nature, outside the scope of this examiner's specialist, request QME Urology to evaluate pre-existing nonindustrial issues and industrial issues in regard to this. Causation: Upper GI Issues of Gastritis: It is within a reasonable degree of medical probability that the most recent cumulative workplace exposure with CVS at most minimally aggravated the pt's upper GI issues. This examiner made this medical opinion based on the subjective history obtained by the patient. Objective medical records demonstrate that the orthopedic issues are non-industrial in nature per QME orthopedics and therefore the pain medication use that likely caused and significantly aggravated the gastritis is not industrial in nature. Ideally this examiner would review the medical records especially the medical records from Kaiser from 1986 to 2016 to establish baseline medical history as it relates to the upper GI issues. In the interim this examiner will make an attempt at analysis that can be modified should those records become available. P&S: Upper GI Gastritis: After examination of the pt, review of all available medical tests, studies and records, this examiner have concluded the pt's gastritis reached MMI from treatment. Pt appears to be on MMI and despite this still get significant breakthrough symptoms. Impairment: This examiner opine a 30% impairment of the WPI as it relates to the upper GI issues. Apportionment: For the upper GI issues, there is medical evidence, pre-Injury restriction, limitation, accommodation that caused or can be related to the pt's permanent disability, therefore apportionment is appropriate. It is clear that the pt has industrially related psychiatric issues, and this can minimally contribute to the pt's upper GI issues. It is also clear that the ortho QME stated that the orthopedic issues are not industrially related and therefore her pain medications use is not industrial in nature which is significantly contributing to the gastritis development. Therefore this examiner opine that 10 % of the upper GI issues are related to the occupationally related psychiatric issues that developed from the CT exposure while working for CVS and that 90% of the upper GI gastritis issue is non-industrial. Labor Disabling Conditions: In this examiner's medical opinion the Upper GI issues of gastritis are labor disabling because of the extensive nausea and episodes of vomiting require her to be near a bathroom at all times. Also it is labor disabling since whenever she is working she need increased pain medications to help her work throughout the day which then aggravates her gastritis issues causing her much abdominal pain and nausea preventing her from working in significant capacity. In addition to this, given her preexisting gastritis, she cannot tolerate the typical stresses that come with working as these triggers will cause her more GI symptoms creating an even more need to be close to the restroom because of vomiting. Work Restrictions: No work restrictions from an internal medicine perspective.

10/29/20 - Comprehensive IME in Neurology SIBTF Eval Rpt by Lawrence Richman, MD. DOI: CT 05/05/17 – 04/04/18; CT 06/01/17 – 03/25/18. Employer: CVS Caremark Corporation, SIBTF. Initial SIBTF Summary: Pt did have industrial injury. She developed carpal tunnel entrapment neuropathy from repetitive trauma. Did the industrial injury rate to a 35% disability without modification for age and occupation, unknown. Pt has a pre-existing disability resulting in a tremor, a prior R knee injury while employed in a warehouse for another company. She did not file a Workers' Compensation claim. She was seen treated by an orthopedist. This examiner will defer to a board certified orthopedist to address the pt's prior R knee injury; the pt was involved in a MVA in 2000 involving the neck and back, which resolved. Pt had a prior fall but does not

recall the year, sustaining blunt trauma to the R hand. There was no head trauma, memory problems or headaches; the pt was diagnosed with HTN in 2000 which will be addressed by a board certified internal medical specialist. Pt has a history of neuropathy, which has become more pronounced over the last few years involving N/T and weakness of the lower limbs without a history of diabetes; history of osteoporosis and osteoarthritis of many years duration, to be addressed by a board certified internal medical specialist; h/o a prior L hip fx and surgery in 2016 to be addressed by a board certified orthopedist. Pre-existing disability affected UE and LE and eye. Pt has had substantial loss of function and atrophy of the musculature of the bilateral lower limbs, loss of sensation and impaired gait of the lower limbs requiring a walker from peripheral neuropathy, which is not considered to be of industrial origin. It is unknown if the industrial permanent disability affect the opposite or corresponding body part. It is unknown what her prior industrial total disability is from this examiner. The patient is 100% disabled from her peripheral neuropathy of the lower limbs. She is markedly unstable and incapable of ambulating. Pt should be further evaluated at any major university medical center to determine the nature of her peripheral neuropathy, although these types of disorders rarely benefit from treatment. This examiner would be agreeable to performing muscle and nerve testing at Cedar Sinai medical center office and that this examiner is board certified in electrodiagnostic testing/medicine. Pt developed a h/o carpal tunnel entrapment neuropathy. In addition, the pt had a prior knee injury while employed by another firm which should be addressed by an orthopedist. She has a h/o HTN, which should be addressed by a board certified internal medical specialist. She has a h/o osteoporosis and osteoarthritis, which should also be addressed by an internal medical specialist. She reports weakness of the bilateral lower limbs. She has a h/o L hip fx in 2006 which required surgery. She also reports that she sustained a cervical sprain, as well as lumbar injury/sprain while employed by CVS Pharmacy. The patient's job at CVS Pharmacy required standing and walking. She did repetitive simple and firm grasping with both hands. Current Complaints: Reports frequent C/S pain 8/10, occasional pain of the B/L shoulders 7-8/10, frequent pain of the bilateral lower limbs 7-8/10, frequent pain of the midback 9/10 and frequent pain in the lower limbs 9/10. Pt reports the inability to walk. She has an altered sensation and weakness in the bilateral lower limbs. PMH: Pt had a L hip fx in 2016. She was involved in a MVA in 2000 with injuries to the neck, back which resolved. She had a prior fall, but does not recall the year injuring the R hand. ADLs: Pt reports urinary incontinence, constipation and incontinent stool. She has difficulty with riding in a car and difficulty with sleep due to stress and averages three hours of sleep per night. Scores 0 out of 24 on the Epworth Sleepiness scale. Difficulty standing, walking and climbing stairs. PE: Cranial nerves II-XII are serially tested and are within normal limits. Clinical Impression: 1) Peripheral neuropathy, probable mixed axonal and demyelinating neuropathy of the lower limbs (four limb involvement), given the degree of atrophy observed it is more likely that not that this condition has been present at least two years or longer no industrial causation. 2) Marked gait instability of the bilateral lower limbs, no industrial causation. 3) Prior H/o of carpal tunnel entrapment neuropathy, industrial causation. 4) Prior H/o L hip fx, no industrial causation. 5) Prior h/o R knee trauma, unrelated to the pt's employment at CVS Pharmacy. 6) H/o HTN, to be addressed by a board certified internal medical specialist. 7) H/o osteoporosis and osteoarthritis, to be addressed by a board certified internal medical specialist. 8) Bowel and bladder incontinence, to be addressed by a board certified gastroenterologist. 9) Probable neurodegenerative disorder of undetermined

etiology, no industrial causation. 10) Probable psychotic disorder, no industrial causation, to be addressed by a board certified psychiatrist, along with underlying anxiety and depression. Discussion: Based on this examiner's overall analysis of pt, she clearly shows underlying nonindustrial peripheral neuropathy predominantly involving the lower limbs with atrophy of the lower limbs. This examiner observations were also reported elsewhere. This was also found by a chiropractor in a nonsciatic distribution, which corresponds with this examiner's own examination. Pt was markedly unstable and requires use of a walker. This examiner cannot address the pt's underlying radiculopathic complaints, which, in this examiner's opinion, are not associated with her weakness, although are capable of causing her back pain. This examiner would defer commenting on her spine-related complaints, R knee complaints and L hip complaints. She reports evaluations with an orthopedist, as relates to the pt's carpal entrapment neuropathy. This will require further assessment by an orthopedist, as well. She did not undergo surgery for carpal tunnel entrapment neuropathy at either wrist. This examiner cannot address her HTN, osteoporosis or osteoarthritis, as this should be addressed by an internal medical specialist, as well as her anxiety, depression and psychotic-appearing hallucinations, which should be addressed by a board certified psychiatrist. The neurocognitive impairment, which was noted by Coker, psychologist, requires a thorough neurocognitive assessment and psychiatric assessment, as well, both by a Ph.D. and a M.D. As such, this examiner will only address the pt's peripheral neuropathy of the lower limbs associated with loss of sensation and atrophy of the proximal distal muscles bilaterally. In this examiner's opinion for practical purposes, the pt has reached MMI from a neurological standpoint. She qualifies for a 60% WPI in regards to her inability to walk and her gait instability/imbalance with 100% apportionment of permanent disability to nonindustrial factors. Based on this examiner's examination of the pt and the degree of atrophy of the upper and lower limbs, it is likely that this is a longer-standing condition spanning two years or longer and progressive in nature. It is likely that the pt also has a central neurogenic disorder involving the brain. Again, it is more than likely that this condition has been present for more than two years. With respect to the former, the pt should undergo EMG/NCV testing by this examiner to better determine the duration and presence of the pt's underlying peripheral neuromuscular disorder, which can be accomplished with proper EMG testing and NCV testing. As relates an underlying neurodegenerative disorder involving the central nervous system, this can be accomplished with PET imaging or functional MRI imaging of the brain, which can be obtained at Cedars-Sinai Medical Center, as well. Both studies can be performed on the same day with the pt being scheduled for a metabolic brain scan in the afternoon and undergoing EMG/NCV testing in the morning. Within reasonable medical probability, based on the pt's degree of instability and atrophy of the limbs, this is, in this examiner's experience, a longer-standing disorder spanning at least two years, if not longer. Finally, the pt should undergo general MRI imaging of the brain, as well as MRI studies of the cervical and dorsal spine to address both the presence of potential brain atrophy, as well as potential spinal cord stenosis, which typically is longstanding. The latter studies can be accomplished at a local facility in the proximity of her residence. Clues to a longer-standing condition may be found in an acupuncture report of 06/27/17, referring to the pt losing balance. This may represent imbalance due to muscle weakness and atrophy of the lower limbs. In another report dated 08/15/17 refers to the pt needing help with walking, which may not necessarily be attributed to the pt's L hip condition and surgery; keeping in mind that these are acupuncture notes

and therefore would not be expected to be complete and thorough medical notes. In addition, in a chiropractor report dated 03/28/18 refers to potential spinal stenosis, which could also be contributory to the pt's weakness of the lower limbs, although the diffuse atrophy would best be explained by an underlying and longer standing neuromuscular disorder. This further provides a foundation for the pt to undergo imaging of the cervical and dorsal spine, possibly the L/S and clearly the brain. This patient requires a thorough workup to address her underlying neuromuscular and potential neurodegenerative disorder. A psychological report dated 09/14/18 also refers to the patient having psychomotor slowing or psychomotor retardation, which supports this examiner's direction of further inquiry to a preexisting nonindustrial disorder. Pt will need assistive care, which she does have someone present today. This examiner does not know the frequency of the assistance that is being provided to her.

01/06/21 - Vocational Rehab Counselor Rpt by Madonna Garcia, MRC, VRTWC. DOI: CT; 06/01/17 – 03/25/18; CT; 05/15/17-04/04/18. This examiner has been requested to perform a forensic vocational analysis and report addressing pt's ability to compete in the open labor market based upon her subsequent industrial injury as well as pre-existing illness and injuries that have crated labor disabling conditions that would diminish pt's ability to compete in the open market. H/o Present Injury: Pt injured during the course of her employment with CVS Caremark Corporation by performing her usual and customary duties as a cashier/stocked, namely being on her feet for prolonged periods, bending, stooping and lifting, she gradually developed neck, back, hips, and legs pain, beginning in 07/2017. She did not report the injury to her supervisor. Pt states she had a previous injury in 03/2016 a left broken hip while working for CVS. Pt was off work for 14 months until she went back to work in 03/2017 with restrictions of no lifting more than 5 lbs, walking up to 50 % of her shift, no climbing ladders, no torso or spine twisting and no driving. Pt stated that on her own she started to receive medical treatment for her back in 06/2017. She received acupuncture treatments for her back intermittently 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. Pt stated that she is only treating with her PCP, Dr. Balin and referred her to a neurologist for the pain in her legs, back, and neck. Pt also stated that she has seen neurologist Dr. Faiehi and ordered nerve testing for the legs and was told that she had nerve damage on both legs. ADL: During interview, pt completed the ADL questionnaire with assistance. This examiner asked questions regarding how her disabilities affect her ADLs. Pt noted that she had difficulty washing and drying herself and dressing herself. Pt's self-care issues like her eating, grooming, bathing, dressing her upper body and toileting had been difficult for her and she is always getting help and assistance from a care assistant. Pt reported having much difficulty doing light housework such as cleaning and doing laundry. She also has much difficulty with cooking and yardwork activities. Pt could previously cook but no longer is able to because she cannot stand for very long and she cannot use her fingers to prepare food. With her physical disorder, she has difficulty standing and using her hands to perform routine household chores such as vacuuming because she experiences SOB. Pt's subjective physical tolerances include difficulty sitting and standing for long periods of time. During the assessment, pt had difficulty sitting in her chair for long periods of time and had to alternatively sit and stand and stretch. Pt also reported difficulty walking on a flat surface,

walking on incline and walking down on a decline. She also reported difficulty crouching, bending, stooping, crawling, kneeling and maintaining her balance. Pt states she must always cautiously maintain her balance, especially in the shower or to avoid falling from stairs. At home she often drops cups. She can no longer open jars. For her shoulders, pt has chronic pain and loss of ROM. She can no longer do overhead work. Because of her arm pain, pt is incapable of vacuuming. Pt also stated some difficulty driving. She also experiences problems getting in and out of the car most especially getting in and out of the car and opening and closing doors. Pt also could not turn her head while driving and because of this she could not drive more than 15 minutes. Pt reports problems with vision and she has difficulty watching TV or reading a book. She has difficulty seeing both up close and far away. During the assessment, pt needed assistance reading the questions out loud was helpful to her. Pt reports having difficulty sleeping at night. She tries to go to bed around 11:00 p.m. and will sometimes sleep at 2, 3, 4, or even 5 am. It takes her several hours to fall asleep, though she wakes up every 2-3 hours and experiences difficulty going back to sleep. Pt also reported that is both difficult to walk up and down a flight of stairs. She also reported difficulty with forward flexion of the neck, as well as difficulty twisting and turning her neck from left to right. Pt also reported much difficulty reaching above shoulder level with both left and right arm. Pt reported difficulty push and pulling object and gripping a glass of water or carrying a gallon of milk with one or both hands. Pt also reported difficulty lifting more than 5 lbs. and much more difficulty lifting more than 10 lbs. and 20 lbs and much more difficulty lifting more than 50 lbs. Pt reported difficulty with fine finger manipulation like turning screws and bolts, using a cell phone or texting and have trouble with repetitive movements and simple and firm grasping such as holding a cup or carrying a gallon of milk. Pt also reported difficulty with her sensory functions, her ability to feel, smell, and taste. The greater of these issues is mostly her touch sensations due to her neuropathy and nerve damage issues. Overall, pt 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. Pt's physical activity reports 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. Pt states moderate to severe interference with the following activities. Applying pressure, applying torque, grasping and gripping. Pt's travel restrictions also states moderate to severe interference with the following activities: driving, flying and riding. In addition, Ms. Pt's sleep issues also state 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. Effects of Medication on Full Time Employment: Pt takes Gabapentin 300 mg, Oxybutynin 5 mg, Pantoprazole 40 mg, Norco and Lorazepam. Pt takes prescription medication that severely limits her ability to function in a full-time work setting. Medication usage could limit an employer from fully considering pt from full time gainful employment. Pt takes Gabapentin is an anti-epileptic drug, also called an anticonvulsant and affects chemicals and nerves in the body that are involved in the cause of seizures and some types of pain. The side effects include headache; dizziness, drowsiness, tiredness problems with balance or eye movements, fever, nausea and vomiting. Pt takes Oxybutynin, Pantoprazole, Norco and Ativan. The side effects include dizziness, drowsiness; weakness and feeling unsteady. The side

effects of the medications for pt were required to be taken because of her disabilities and severely limiting her employability. The side effects experienced by the pt and her physical limitations will make it very difficult to find employment. Even if she was able to find work, her physical limitations and the side effects of the medication will significantly interfere with her ability to work. Vocational Testing: RAVEN Standard Progressive Matrices: Pt's test results showed that she scored in category GRADE III "Intellectually average", the score lies between the 25th and the 75th percentiles. Pt scored 29 correct out of 60 items which puts her on the Grade III–Intellectually Average which means that the 25th and 75th percentiles mark the boundaries for the middle 50% of pt's that took the test. The result of Raven Progressive Matrices (RPM) shows that pt has average intelligence which indicates that she seems to have greater reasoning ability and greater cognitive capacity to analyze information. Pt's results reveal that she can excellently make insights and comprehend relationships among nonverbal figures or designs. She has quickness of mind and has the ability to infer and apply patterns and possesses the ability to deal with mental complexity which is all of the aspects of one's general intelligence. Vocational Observation During the CAPS Assessment: Pt scored 50th percentile score in Mechanical Reasoning. This is considered average. Pt scored 30th percentile score in Spatial Relations. This is low. Pt scored 60th percentile score in Verbal Relations. Pt scored 50th percentile score in Numerical Ability. This is considered average. Pt scored 50thth percentile score in Language Usage. This is considered average. Pt scored 80th percentile score in Word Knowledge. This is considered high. Pt scored 50th percentile score in Perceptual Speed and Accuracy, this is considered average. Pt scored 10th percentile score in Manual Speed and Dexterity which is considered low. The results of Pt's test reports that her strongest areas were in the area of Word Knowledge. This test measures how well you can understand the meaning and precise use of words. This is important in Communication and all professional level occupations involving high levels of responsibility and decision making. Results of Transferable Skills Analysis: The OASYS system determined that pt given her functional limitations has incurred a 92% percent loss of labor market access. The functional limitations assigned to Pt further erode the labor market that would be available to her at a Sedentary level of physical functioning. A sedentary level of jobs is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Although sitting is primarily involved in a sedentary job, walking and standing should be required only occasionally. There are limited jobs or increasingly fewer jobs for pt that she can do due to this "eroding the occupational base" for sedentary work. With pt multiple work-related limitations, the occupational base for sedentary work has been significantly eroded to the point that there are no sedentary jobs she is capable of doing due to her physical limitations. The results of the OASYS Program and the results of the transferable skills analysis in all vocational probability contributed to this examiner's opinion that pt is unable to return to work in any position or occupation. The OASYS system does produce occupations occurring at an SVP of one (1) or two (2). Jobs in these categories are considered simple jobs that do not require multiple steps to complete job tasks. These jobs were taken in consideration during the completion of the transferable skills analysis. However, the loss of capacity of her BUE significantly reduce the labor market available for pt at a Sedentary level of physical functioning. 1) Activities of Daily Living- Mild Impairment. 2) Social Functioning- Mild Impairment. 3) Concentration- Mild Impairment. 4) Adaptation- Mild Impairment. Dr. Clay Thomas stated that pt would not be able to return to her

usual occupation. She is restricted from twisting the torso/spine, climbing ladders, driving and working on heights/scaffoldings. Dr. Clay Thomas stated that pt's future medical care should include prescriptions of pain and anti-inflammatory medications, short courses of physical and/or chiropractic therapy, referral to specialist, follow-ups, injections, diagnostic studies including but not limited to radiographs and MRI scan and surgery to the lumbar spine. Pt has mild impairments in ADL, social functioning, concentration and adaptation as well as depression, anxiety, low self-esteem and other psychological factors, all of which would also contribute to pt's labor disablement. Pt's job as a Cashier. Also, Pt side effects from her medication which includes dizziness, drowsiness, weakness and blurred vision will greatly affect and impair her concentration and remembering information essential for her job as a Cashier. Furthermore, Pt job requires frequent sitting, walking, standing as a Cashier. As mentioned earlier, Pt is restricted from prolonged sitting and standing and lifting more than 5 pounds. The synergistic effect of the previously mentioned functional limitations resulting from pt's pre-existing non-industrial and industrial injuries, combined with her CT industrial injury of pt in all vocational probability has incurred a total loss of labor market access. Pt cannot perform this job due to the fact that the physical requirements require constantly sitting, walking and or standing frequently, pushing and or pulling of arm and or leg controls, reaching frequently and extending hands and arms in any direction. Frequent handling, seizing, holding, grasping and turning, fingering and occasionally picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm. Accommodations and Vocational Analysis: In reaching vocational opinion regarding pt, this examiner considered the synergistic effect of the functional limitations resulting from her pre-existing non-industrial and industrial injuries combined with her industrial injury during the interpretation of the vocational testing results and the transferable skills analysis. In this case, considering all her functional physical limitations resulting from her pre- and post-injuries, pt's disabilities have rendered her unable to perform the substantial and material acts necessary to perform any job in the usual or customary way in which the job is meant to be performed. Conclusion: In this case, pt is significantly restricted in ability to meet typical physical employment requirements to perform previous job or usual line of work such unable to lift or carry objects required, unable to sustain continuous or prolonged paced movement of the arms, hands, or fingers, unable to sustain a continuous or prolonged standing or sitting position of the body, unable to sustain consistent physical work effort, significantly restricted in ability to tolerate typical psychological stresses in the work environment, unable to tolerate the common environmental conditions found at work, unable to sustain a consistent mental work effort and unable to complete tasks at a pace comparable to that of the average person in the general population. Pt's opportunities to return to work are slim because of all the accommodations the employer will need for the job. Pt's job as Cashier will require an adjustment to her job or work environment which makes it possible for an individual with a disability to perform the essential functions of her job. Pt will need accommodations and modifications to the work environment and even adjustments to her work schedules or responsibilities due to her physical limitations. This examiner determined that pt is not amenable to any form of vocational rehabilitation. Her functional limitations combined with the intensity, duration, and nature of her chronic and disabling pain will preclude her pre-injury skills and academic accomplishments. This examiner do not believe that pt is amenable to any form of rehabilitation and thus has sustained a total loss in her capacity to meet

any occupational demands. This examiner reserve the right to augment or change opinion based upon any additional medical, legal, or vocational documentation that becomes available for further review.

(End of Record Review)

PRESENT MEDICATIONS

Ms. Clarke reported taking the following medications:

Pantoprazole
Gabapentine
Narco
Lorazepam
Famotidine
Stool softener
Zofran
Glucosamine
Chondroitin
Multivitamine
Vit D
Vit C
Vit E

ALLERGIES

Ms. Clarke is allergic to Omeprazole. She also mentioned seasonal allergy. She is also allergic to milk and nuts.

PHYSICAL EXAMINATION

Examination revealed a 5 feet 2 inches female weighing 110 pounds, who appeared her stated age of 71. She was oriented to time, place, and person.

Uncorrected vision:

FAR:	Right eye 20/100	Left eye 20/30	Both eyes 20/30
NEAR:	Right eye RS 30	Left eye RS 50	Both eyes RS 25

Ms. Clarke reported using over-the-counter reading glasses. She did not bring them along to the evaluation.

Cover-uncover test showed about 6 prism diopters of constant right exotropia at far and at near.

Extraocular muscles were smooth and unrestricted. Confrontation fields were full in all directions.

Refractive findings were as follows:

OD	-1.00 -1.25 x 135	20/25
OS	Plano -0.75 x 120	20/25
		OU 20/25

Near add of +2.50 OU resulted in near acuity of RS 25 at 40 cm.

External exam: Eyelids were well positioned in primary gaze. Lashes and lid margins were healthy. The tear breakup time were reduced to 5 seconds in both eyes. Conjunctiva was clear in both eyes. The cornea showed inferior superficial keratitis in both eyes. The irides were flat and blue in both eyes. There were clear, well-centered monofocal intraocular lens implants in both eyes. The anterior chambers were without cells or flare and the angles were open in both eyes.

Pupils in both eyes were 6 mm in dim lighting and 3 mm in bright lighting. There were brisk reactions to direct and consensual light. They were regular in appearance and there was no afferent pupillary defect using the APD Tester™.

Intraocular pressures (IOP) were measured by Goldmann Applanation Tonometry. Right eye measured 14 mmHg; left eye measured 18 mmHg at 12:05 p.m. The pupils were dilated with Tropicamide 1.0% followed by Phenylephrine 2.5% eyedrops.

Binocular indirect ophthalmoscopy and slit lamp Biomicroscopy with Volk Superfield lens were performed after full dilation. The vitreous humor was clear in both eyes. There was normal vasculature in both eyes. There were no hemorrhages, exudates, pigment changes, or retinal lesions in both eyes. Macula was homogenous and avascular without edema in both eyes. The cup-to-disc ratios was 0.2 round in both eyes. The peripheral retina was attached 360 degrees and no retinal tears or holes were detected in both eyes.

DIAGNOSTIC TESTS

- Fundus photography was performed by Optos instrument. This technology allows detailed panoramic 200-degree views of the retina. Wide field images of both retinas were obtained. The images were interpreted as within normal limits.

- Visual Field Study was performed using a kinetic strategy from non-seeing to seeing along 16 meridians for each eye. This method is used to quantify defects in the visual fields in accordance with the disability rating system of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. Various threshold static visual fields strategies are generally used for ocular disease evaluations and monitoring; however, they do not

correspond as well as suprathreshold kinetic strategy for disability rating purposes. The results are plotted in the figures below. The reliability for both eyes was excellent.

Figure 1 Left Eye Kinetic Visual Field

Figure 2 Right Eye Kinetic Visual Field

The visual fields in this case are considered full.

DIAGNOSES

1. Light and glare sensitivity, pre-existing, ICD-10 code: H53.71
2. Exotropia, right eye, constant, pre-existing, ICD-10 code: H50.111
3. Dry eye syndrome, bilateral, pre-existing, ICD10 code: H57.12
4. Myopia, right eye, pre-existing, ICD-10 code: H52.11
5. Astigmatism, bilateral, pre-existing, ICD-10 code: H52.223
6. Presence of intraocular lens, pre-existing, ICD-10 code: Z96.1

DISCUSSION

In my evaluation of Ms. Clarke, I found that she has moderate sensitivity to light (photophobia) and glare, constant outward eye-turn of the right eye right eye (right exotropia), moderate ocular irritations from dry eye, and refractive error of near sighted (myopia) in the right eye. Except for the refractive error, these conditions affect her work and are labor disabling.

Ms. Clarke has had cataract surgery with intraocular lens implants in both eyes. Although she has low amounts of myopia and astigmatism, she does not use distance glasses after her surgery. Her refractive error is not labor disabling as she can use prescription eyeglasses for normal visual acuity.

In SIBTF cases, each disability prior to the subsequent injury date and its cause must be identified. Furthermore, current disabilities and their causes must also be identified. In both cases, the AMA

Guides to the Evaluation of Permanent Impairment, 5th Edition, is considered to establish the level of disability. The AMA Guides has specific section regarding ophthalmic conditions. However, regarding ocular irritations from dry eye syndrome, the general rule for bodily pain is employed at a maximum of 3%. The following is consideration of the level of disability for 1) visual acuity and visual fields restrictions, 2) photophobia and glare sensitivity, 3) exotropia and poor depth perception, and 4) ocular pain. The SIBTF date of injury in this case is 4/4/2018.

Work preclusions are discussed further in this report.

1. **Visual acuity and visual field restrictions**

Ms. Clarke has best-corrected visual acuity of 20/25 in each eye and in both eyes. Visual acuity of 20/25 is normal and is assigned a Visual Acuity Score (VAS) of 95 (Visual Acuity Impairment Rating of 5%).

Using Table 12-3 of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, on Page 284, Functional Acuity Score (FAS) is calculated as follows:

VASOU : 95 x 3 = 285
VASOD : 95 x 1 = 95
VASOS : 95 x 1 = 95

ADD OU, OD, and OS = 475

Divide by 5 = 95 This is Functional Acuity Score (FAS)

Acuity related Impairment Rating is 5% (calculated as 100 – FAS) and is pre-existing to 4/4/2018.

There are no limitations in her peripheral vision.

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

<u>Right Eye</u>

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10

225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10
315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

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

Left Eye

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10
315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

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

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

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10
315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

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

Subsequently, FFS is calculated as follows:

VFSOU	:	100 x 3 = 300
VFSOD	:	100 x 1 = 100
VFSOS	:	100 x 1 = 100

ADD OU, OD, and OS = 500

Then divide by 5 = 100 This is Functional Field Score (FFS)

Field Related Impairment Rating is 0% (calculated as 100 – FFS).

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

FVS thus equals: (95 x 100) /100 = 95 % Functional Vision Score (FVS)

The impairment rating based on the visual acuity loss and visual field loss is **5.0%** and is **pre-existing**.

2. **Photophobia and glare sensitivity**

Ms. Clarke has moderate photophobia and glare sensitivity for several years. She has been extremely sensitive to sunlight and wearing sunglasses and a hat to shield the sun. She also has been avoiding driving at nights. She has had these symptoms prior to her industrial injury of April 4, 2018.

Photophobia and glare sensitivity are labor disabling factors in considerations of visual impairment. The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, allows for individual adjustment for conditions such as glare sensitivity and poor depth perception. The Guides allow up to the maximum of 15% for individual adjustment. Specifically, on page 297, it states:

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

> acuity or visual field loss, a further adjustment of the impairment rating of the visual system may be in order. The need for the adjustment, however, must be well documented. The adjustment should be limited to an increase in the impairment rating of the visual system (reduction of the FVS) by, at most, 15 points."

In the precedence case of Michele Tousley vs. Dept of Interior, State of Utah, the individual adjustment for glare and decrease in contrast sensitivity was determined as 15%. With the severity of her symptoms in mind, I see reasonable medical justification of allowing **15%** individual adjustment for Ms. Clarke's photophobia and glare sensitivity. This opinion is based on the extreme amount of photophobia and glare sensitivity, on my clinical experience of over 30 years, and the above-mentioned case.

3. Exotropia and depth perception

Ms. Clarke has had poor depth perception from her childhood due to her right eye constant turn outward, or exotropia. She does not have normal stereopsis which is a labor disabling condition. Stereopsis is critically needed for appreciating depth of vision for near objects. People with impaired binocularity have difficulty pouring liquids from one container into another, have difficulty in judging distances, and are often excluded from physical activities such as competitive sports, becoming pilots, etc. As stated above, the AMA Guides allows up to a maximum of 15% for conditions that affect the visual system beyond visual acuity and visual fields restrictions. By itself, I would allow 5% disability for Mrs. Clarke's poor depth perception and lack of binocular vision. However, I have applied the maximum rating of 15%, according to the AMA guides, to this case for photophobia and glare sensitivity. Therefore, the total remains 15% for this category of Individual Adjustment.

4. Ocular pain

As stated above, Ms. Clarke suffer from moderate ocular irritations from dry eye syndrome. Under biomicroscopy, she had inferior superficial punctate keratitis in both eyes. She is prevented from certain work-related activities because of this condition, including reading for extended periods, working on a computer screen, working in dusty or windy environments, etc. Ocular pain and irritations are categorized as bodily pain by the AMA Guides and allowed up to 3% disability. In this case I see justification of allowing **2%** for her moderate dry eyes. I base this opinion on the severity of her symptoms, the clinical signs, and on my experience. She has had this condition for several years, prior to 4/4/2018.

Having considered all the aspects of the visual impairment in this case, we can combine them to achieve a total visual impairment rating. The current level of visual impairment in this case is the same as the level present pre-existing to the industrial injury of 4/4/2018. The impairments are additive according to the AMA Guides.

Pre-existing and current: 5% (visual acuity and visual fields) + 15% (photophobia, glare sensitivity, and poor binocularity) + 2% (ocular pain) = **22%**.
Table 12-10, The Classification of Impairment of the Visual System (expanded) of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, is shown on page 298 of the Guides. With the current impairment rating of 22%, the table categorizes Claimant's visual impairment as Class 2, mild vision loss, in the range of 10 – 29%. From an ocular standpoint, Whole Person Impairment Rating (WPI), with an estimate of overall Activities of Daily Living ability loss, is also 22%.

This value is additive to all other impairments of the body since there is no overlap in the function of the eyes with respect to other body parts. The visual impairments in this case are labor disabling.

MAXIMUM MEDICAL IMPROVEMENT

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

SUBJECTIVE FACTORS

Subjective factors of examinee's ocular conditions include photophobia, glare sensitivity, poor depth perception, and ocular irritations associated with dry eye syndrome.

OBJECTIVE FACTORS

1) Photophobia and glare sensitivity
2) Right exotropia,
3) Dry eye syndrome

CAUSATION

The ophthalmic factors of disability in this case are all pre-existing. They are unrelated to the industrial injury and are due to natural causes.

APPORTIONMENT

There is no apportionment in this case.

WORK PRECLUSIONS

Ms. Clarke suffers from severe photophobia and glare sensitivity. Work preclusions include working outdoors under the sun, or indoors under bright artificial lights. Examples include stadiums and concert halls. Due to her disabling glare at night, any occupation that involves driving at night can be hazardous to her and others. Examples include delivery services, bus and

transportation jobs, emergency vehicle jobs, police or security jobs, ride sharing jobs, chauffeur, etc.

Her inability to judge distances well precludes her from any work that requires good binocular vision, such as sports referee, military or police work, dental hygienists, manufacturing small parts such as soldering, being a waitress that would have to fill coffee or water by pouring from a carafe, etc.

Her ocular irritations associated with dry eye syndrome precludes her from working in an office job environment behind a computer screen, in dusty or windy environments, in work conditions with varying humidity like kitchens and restaurants, etc.

FUTURE MEDICAL TREATMENT

Ms. Clarke needs annual eye examinations to manage her refractive and dry eye conditions.

REASONS FOR OPINIONS

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

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

COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. Partial compilation and excerpting of the medical records were completed by trained staff at Arrowhead Evaluation Services, Inc. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

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

Date of report: March 3, 2021. Signing of Report: April 4, 2021 in Los Angeles County, California

Sincerely,

Babak Kamkar, OD, QME

Babak Kamkar, OD, QME
Optometry