

ERIC E. GOFNUNG CHIROPRACTIC CORP.

QME OF THE STATE OF CALIFORNIA

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604 • Los Angeles, CA 90048 • Tel: (323) 933-2444 • Fax: (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a resident of the County aforesaid: and I am over the age of eighteen years and not a party to the within action: my business address is 6221 Wilshire Boulevard, Suite 604 Los Angeles, CA 90048.

On 1 day of November 2019, I served the within concerning:

Patient's Name: Sanchez, Debra
Claim Number: 188939446-001

On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in Los Angeles, California, to be hand delivered Via United States Mail.

- | | |
|--|---|
| <input type="checkbox"/> MPN Request | <input type="checkbox"/> QME Appointment Notification |
| <input type="checkbox"/> Notice of Treating Physician | <input type="checkbox"/> Designation Of Primary Treating Physician |
| <input type="checkbox"/> Medical Report _____ | <input type="checkbox"/> Initial Comprehensive Report |
| <input type="checkbox"/> Itemized – (Billing) / HFCA
<u>9/11/2019</u> | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) |
| <input type="checkbox"/> Doctor's First Report | <input type="checkbox"/> Med Legal Report |
| <input type="checkbox"/> RFA | <input checked="" type="checkbox"/> Permanent & Stationary |
| <input type="checkbox"/> Record Review | <input type="checkbox"/> Authorization Request for Evaluation/Treatment
<u>9/11/2019</u> |

List all parties to whom documents were mailed to:

cc: Law offices Of Natalia Foley	Broadspire Brea
8306 Wilshire Blvd., Suite 115	P.O. Box 14352
Beverly Hills, CA 90211	Lexington, KY 40512

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 1 day of November 2019.



Ilse Ponce

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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September 11, 2019

Law offices Of Natlia Foley
8306 Wilshire Blvd., Suite 115
Beverly Hills, CA 90211

Re: Patient: Sanchez, Debra
SSN: 559-79-2503
EMP: Keck Medical Center
INS: Broadspire
Claim #: C-2019-096171
WCAB #: ADJ11924493
DOI: CT: 02/08/2018-02/07/2019
D.O.E./Consultation: September 11, 2019

Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation Report

Dear Gentlemen:

The above-named patient was seen for a Comprehensive Permanent and Stationary Evaluation on September 11, 2019, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. My associate, Dr. Kravchenko, examined the patient and I, Dr. Gofnung, the primary treating physician, agree with Dr. Kravchenko's physical examination findings and conclusions.

This report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager. This report serves as a written request for written authorization for today's evaluation/consultation and all additional appropriate treatment. This request is in compliance per AB 775 and with the mandates contained in Reg. 9792.6. Please pay within 60 days to avoid interest and penalties per Labor Code §§4603.2 and 5814.

My history and physical examination are as follows.

Job Description:

Ms. Debra Sanchez was employed by Keck USC Medical Center as a pathology office coordinator at the time of the injury. She began working for this employer in approximately March of 2014. She worked full time.

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Job activities included filing paperwork, filing microscopic slides, answering phones, emailing, telephone calls assisting patients, hospitals and physicians as well as sending tissue to different facilities for testing.

During the course of work, the patient was required to perform sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, climbing, and kneeling.

The patient is a right-hand dominant female and she would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding, writing, pushing and pulling, reaching at shoulder level, reaching above shoulder level and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 25-30 pounds.

The patient worked 8 hours per day and 5 days a week. Normal work hours were 7:30 to 4 p.m. Lunch break was 30 minutes. Rest break was 15 minutes. She notes she worked through lunch and did not take her breaks occasionally. The job involved working 100% indoors.

The last day the patient worked for Keck USC Medical Center was January 10, 2019.

There was no concurrent employment at the time of the injury. The patient denies working for any new employer.

Prior Work History:

Regarding prior employment, the patient worked for Torrance Memorial as a transcriber for three months. She worked full-time

Prior, she worked for Long Beach Community Hospital as a front office and transcriber for seven years. She worked part-time.

History of Injury and Treatment as Presented by the Patient:

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The patient states that while working at her usual and customary occupation as a pathology office coordinator for Keck USC Medical Center, she sustained a work-related injury to her neck, back, shoulders/arms, elbows, and knees, which she developed in the course of her employment due to continuous trauma dated from February 8, 2018, to February 7, 2019. She attributes the injuries due to gripping, grasping, carrying, lifting, pushing, pulling, prolonged sitting, and poor

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ergonomics. The computer screen on her desk was high, and her chair did not go high enough. She worked with her neck upward throughout her entire work shift every day. When she filed, she was required to stand at a counter for prolonged periods of time. The repetitive movements of squatting, bending and kneeling while performing her job duties was attributed to the pain in her lower back, and knees. She rotated every other week to carry mail weighing up to 30 pounds across the street. She carried a bag with the mail on her back to a different building. She also carried the mail on a box or basket. She opened and closed heavy file cabinets and filed a large number of slides and paperwork. In 2016, the patient developed the onset of pain and discomfort. The patient managed the pain with over-the-counter Tylenol.

The patient presented to her Dr. Daisy Guevara, primary care physician for evaluation. X-rays of her knees were obtained. The x-rays revealed fluid in one of her knees (she cannot recall which side). She was advised to apply hot and cold packs and wore ace bandages on both knees, which provided minimal pain improvement.

In 2018, Ms. Sanchez requested a new chair from her manager and requested assistance with her duties as her co-worker did not help. Her manager Gina Madrid minimized her complaints and did not offer medical care.

In late 2018, the patient experienced aggravated pain in her arms and legs. The patient presented to Dr. Daisy Guevara's office for evaluation. She was taken off work for one week.

She returned to her usual and customary job duty with pain and discomfort.

In January of 2019, the patient returned to Dr. Guevara for a follow-up visit. The patient was tested for Lupus or Fibromyalgia and x-rays of the left arm were obtained. Her lab work revealed no abnormalities. Dr. Guevara requested an authorization to see an orthopedic specialist. Due to lack of insurance coverage the patient has not been able to see the specialist.

She applied a heating pad to her left arm but continued to experience persistent pain and discomfort in her left arm.

She continued working with persistent pain and discomfort until January 10, 2019.

Information regarding Medical Provider Networks and their rights if they are injured was not posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were not provided information relating to Medical Provider Networks and their rights if injured at work.

Ms. Sanchez underwent a comprehensive course of treatment under our care consisting of chiropractic manipulations and adjunctive multimodality physiotherapy. She has not been able to return to work until present. She denied any new accidents or injuries. The patient feels improvement with treatment she underwent while under our care, however, she remains

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symptomatic. We recommended MRI of cervical and lumbar spine as well as orthopedic consultation, which were not performed due to lack of authorization.

Current Complaints (September 11, 2019):

1. Neck pain, best described as frequent and moderate, 4-6/10.
2. Left elbow pain associated with numbness and tingling in forearm, best described as frequent and moderate, 4-6/10.
3. Lower back pain, frequent and moderate, 4-6/10.
4. Sleep difficulty, anxiety and depression.

Past Medical History:

Illnesses:

The patient denies any major medical illnesses.

Injuries:

Approximately 20 years ago while working for Tella-care La Casa she worked as a transcriber and sustained injury to both hands. She was diagnosed with bilateral carpal tunnel syndrome. Treatment consisted of evaluation and physical therapy. The patient made a full recovery and was rehabilitated. This case settled with compensation.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking Axil and over-the-counter Tylenol as needed for pain.

Surgeries:

2014 Gastric Bypass Surgery.

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Hospitalization:

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the continuous trauma injury from February 8, 2018, to February 7, 2019, as related to the neck, shoulders/arms and upper extremities, back, upper and lower extremities and also prior to employment Keck Medical Center.

Review of Systems:

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems and stress.

Activities of Daily Living:

Self-Care - Personal Hygiene: As a result of the industrially-related injury, the patient states: Difficulty with urination, defecation, brushing teeth, combing hair, bathing by self, dressing by self, with a rating of 4/5.

Communication: As a result of the industrially-related injury, the patient states: Difficulty with writing, typing, with a rating of 4/5.

Physical Activities: As a result of the industrially-related injury, the patient states: Difficulty with standing, sitting, reclining, walking and going up and down stairs, with a rating of 4/5.

Hand Activities: As a result of the industrially-related injury, the patient states: Difficulty with grasping or gripping, lifting and manipulating small items with a rating of 4/5.

Travel: As a result of the industrially-related injury, the patient states: Difficulty with riding in a car, bus, etc., driving a car, and restful night sleep pattern with a rating of 4/5.

Family History:

Mother passed away from multiple myeloma. Mother had a history of breast cancer.

Father passed away from a heart attack.

The patient has one sibling.

There is no known history of colon cancer, and prostate cancer.

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Social History:

Ms. Debra Sanchez is a 52-year-old single female with one daughter and one grandchild.

The patient completed high school and some college vocational classes.

The patient consumes occasional alcohol. She does not smoke.

The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

Physical Evaluation (September 11, 2019) – Positive Findings:

General Appearance:

Ms. Sanchez is a 53-year-old, right-handed female who appeared to be reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3.

Vital Signs:

Pulse: 70
Blood Pressure: 130/70
Height: 4'11"
Weight: 180

Cervical Spine:

Examination of the cervical spine revealed tenderness to palpation at paracervical musculature.

Shoulder depression test was positive on the left.

Ranges of motion for cervical spine were decreased and painful. Please see formal ranges of motion study attached.

Elbows & Forearms:

Examination revealed tenderness to palpation at medial epicondyle.

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Ranges of motion for the elbows were within normal limits.

<i>Elbow Ranges of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

Right: 2/2/0

Left: 0/0/0

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

Sensory Testing:

C5 (deltoid), C6 (lateral forearm, thumb & index finger), C7 (middle finger), C8 (little finger & medial forearm), and T1 (medial arm) dermatomes are intact bilaterally as tested with a Wartenberg's pinwheel **with the exception of dysesthesia at left forearm ulnar nerve distribution.**

Lumbar Spine:

Examination of the lumbar spine revealed tenderness to palpation at bilateral paralumbar musculature, worse at L3 through L5 vertebral regions.

Milgram's test was positive. Sacroiliac joint compression test was positive bilaterally.

Straight Leg Raising Test (supine) elicited increased lower back pain.

Right: 60 degrees

Left: 60 degrees

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Ranges of motion for lumbar spine were decreased and painful. Please see formal ranges of motion study attached.

Deep Tendon Reflex Testing of the Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact upon testing with a pinwheel.

Review of Records:

- A. I reviewed the entire medical file with all pertinent patient information including our prior reporting.
- B. March 29, 2019, Doctor's First Report of Occupational Injury or Illness, Eric Gofnung, DC: Current complaints: The patient presented with the complaints of neck, bilateral shoulders/arms/hands/wrists, left elbow, thoracic/lumbar spine, and bilateral hips/knees pain. She also had continuous episodes of anxiety, stress and depression due to chronic pain and disability status. She had difficulty sleeping, often obtaining a few hours of sleep at a time. She was worrying about her medical condition and the future. Her condition had persisted due to continued work, lack of medical treatment and activities of daily living. Medications: The patient was taking Paxil and over-the-counter Tylenol as needed for pain. ADLs: ADLs were reviewed. PE: Tenderness and myospasm was present at the cervical, thoracic, and lumbar spine with tenderness and hypomobility at C4-C7, T6-T10, and L2-S1. Ranges of motion for the cervical, thoracic, and lumbar spine were decreased with pain. Left elbow tenderness was present. Positive orthopedic tests. Bilateral pes planus. Bilateral hallux valgus. X-ray and laboratory results: Pending.

Diagnoses: 1) Cervical myofasciitis. 2) Cervical facet induced vs. discogenic pain. 3) Thoracic myofasciitis. 4) Lumbar sprain & strain. 5) Lumbar myofasciitis. 6) Sacroiliac joint dysfunction/sprain & strain. 7) Left elbow epicondylitis, lateral. 8) Left elbow brachioradialis tendonitis. 9) Bilateral carpal tunnel syndrome. 10) Rule out bilateral knee internal derangement. 11) Bilateral pes planus. Treatment plan: Chiropractic manipulative therapy for the cervical spine, thoracic spine, lumbar spine, and left elbow with adjunctive multimodality PT to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, therapeutic exercise, and all other appropriate physiotherapeutic modalities twice a week for three weeks. Lumbosacral orthosis with non-reinforced and bilateral knee brace. MRIs of the lumbar spine and

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bilateral knees were ordered. Referred for pain management consultation with Dr. Kohan. Work status: Modified work as of 3/29/19. Restrictions: No repeated bending, flexing, extending, or rotating the neck. No repetitive or forceful grasping, gripping, torquing, pulling, and pushing with bilateral hands. No squatting, kneeling, climbing. No prolonged standing and walking, must sit as needed. Must wear back brace and bilateral knee brace while working. If modified work as indicated was not provided to the patient, then she was considered TTD until next re-examination.

- C. August 21, 2019, Agreed Medical Evaluation Report, Lawrence A. Feiwell, MD: Chief Complaints: 1) Constant moderate neck pain. 2) Constant moderate bilateral shoulder pain. 3) Constant moderate to severe bilateral elbow pain, left greater than right. 4) Intermittent moderate bilateral wrist/hand pain with tingling, numbness, and weakness. 5) Constant moderate to severe upper, mid and low back pain. 6) Constant moderate bilateral hip pain. 7) Constant moderate to severe bilateral knee pain with weakness. 8) Constant moderate bilateral ankle/foot pain. 9) Depression and anxiety. History: The patient was alleging cumulative trauma injuries from February 08, 2018 through February 07, 2019. Her work station was not ergonomically adjusted. Her physical activities required sitting, walking, standing, bending, twisting, stooping, squatting, kneeling, reaching, grasping, handwork, lifting, carrying, pushing and pulling. She worked 40 hours a week. In 2017, she developed depression and anxiety due to her work stress. Over time, she developed pain in her neck, shoulders, elbows, wrists, hands, back, hips, knees and ankles, which she attributed to her work activities. In 2018, she reported her symptoms to the supervisor and her insurance was cancelled after she was laid off. In February 2019, she obtained legal counsel and filed a claim. She continued working through February 07, 2019. On March 29, 2019, she received physical therapy and chiropractic treatments.

Past related history: In 1996, she developed pain in her wrists and hand while working as a transcriptionist. She took treatment for 6 months, which consisted of evaluations, x-rays, medications, cortisone injections, and physical therapy. MRI scans and nerve conduction studies were performed. She made a full recovery and was rehabilitated. This case settled with compensation. PSH: Gastric bypass 2-3 years prior. Medications: Paxil 40mg. Prior employments: Prior to her employment with University of Southern California, she had worked for Torrance Memorial Medical Center as a pathology transcriptionist for approximately four months. She previously worked at Long Beach Medical Memorial as an office coordinator for five years. ADLs: ADLs were reviewed. Review of records: Dr. Feiwell reviewed patient's medical records dated from February 16, 2019 to July 24, 2019. Present status: The patient complained of constant moderate neck pain. Her pain was aggravated with prolonged positioning of the head and neck, upward and downward gazing, looking right or left, prolonged sitting, walking, and with lifting. She complained of constant moderate bilateral shoulder pain, which was aggravated with lifting her arms at or above shoulder level, pushing, pulling, torquing or rotation of the arms as well as

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with lifting. She also complained of constant moderate to severe bilateral elbow pain, left greater than right. Her pain was aggravated with repetitive use of her arms, pushing, pulling, torquing or rotation of the arms and with lifting. In addition, she complained of intermittent moderate bilateral wrist/hand pain with tingling, numbness and weakness, which was aggravated with very repetitive use of her arms, pushing, pulling, torquing or rotation of the arms and with lifting.

She also reported complaint of constant moderate to severe upper, mid and low back pain that was aggravated with prolonged sitting, standing and walking as well as bending, stooping, twisting, turning, and with lifting. She complained of constant moderate bilateral hip pain. The pain was aggravated with prolonged sitting, standing and walking as well as bending, stooping, twisting, and turning and with lifting. She complained of constant moderate to severe bilateral knee pain with weakness. The pain was aggravated with prolonged standing, walking, kneeling, squatting, walking on uneven surfaces, and ascending/descending stairs. She complained of constant moderate bilateral ankle/foot pain that was aggravated with prolonged standing, walking, walking on uneven surfaces, and ascending/descending stairs. She also complained of depression and anxiety. Physical Examination: BMI (body mass index): 38.2 (obese). Measurements: Gait examination: Squat: 90% of normal; arouse readily with complaints of right knee pain. Elbow examination: Palpation: Left tenderness: Noted medial epicondyle tenderness. Wrist examination: Inspection: Noted right soft tissue swelling; greater than 10% enlargement of first carpometacarpal joint. Palpation: Noted right tenderness; moderate tenderness of the first carpometacarpal joint, minimal tenderness at the dorsum of the third metacarpal. Left tenderness: She had tenderness over the flexor tendons just proximal to the wrist and over the first carpometacarpal joint.

Special tests: Right Tinel's Test: Mildly positive over the carpal tunnel. Right Thumb Crunch test: Positive. Left Tinel's Test: Positive over the carpal tunnel. Left Phalen's Test: positive. Left Thumb Crunch Test: Positive. Right Patellar Crunch Test: Patient complained of pain, but no crepitation. X-rays: X-rays of the cervical, thoracic & lumbar spine/bilateral wrists/hips/scapulas/shoulders/elbows/knees/ankles, and feet were reviewed. Diagnoses: 1) Osteoarthritis, cervical spine minimally symptomatic. 2) Asymptomatic osteoarthritis, thoracic spine. 3) Normal low back examination. 4) Normal hip examination. 5) Normal bilateral shoulder examination. 6) Normal right elbow examination. 7) Evidence of medial epicondylitis and cubital tunnel syndrome, left elbow. 8) Mild evidence of carpal tunnel syndrome, bilateral wrists and hands. 9) Advanced osteoarthritis, bilateral thumbs. 10) Normal left knee examination. 11) Complaints of parapatellar pain, right knee with symptoms of chondromalacia. 12) Normal ankle and foot examination. 13) Morbid obesity. 14) History of anxiety and depression. Comment: The patient was able to perform her usual and customary duties with pain through February 07, 2019, when she was laid off. She apparently had sought medical treatment through her private physician who performed arthritis panel testing. The undersigned indicated that none of her private medical file had been submitted for review.

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She had significant past medical history for morbid obesity. She had undergone gastric bypass surgery 3 years prior. She weighed 190 pounds at the time of her surgery and presently weighed 183 pounds and was 4' 10" in height. She had a history of bilateral carpal tunnel syndrome.

She also had stress and anxiety due to stress at work. Noted complaints of pain when performing patellar crunch test of the right knee. Examination of the neck revealed slight loss of range of motion on extension and right rotation. Examination of the left elbow revealed medial epicondylar tenderness with positive Tinel's test and slightly diminished two point discrimination in the ulnar nerve distribution. Examination of both wrists revealed soft tissue swelling of the first carpometacarpal joints with tenderness and positive thumb crunch test. She had positive Tinel's test on the right. The undersigned reviewed the diagnostic results as well. Impairment Rating: Upper extremities: WPI: 13%. The undersigned indicated there was no ratable impairment for her neck, thoracic/lumbar spine, hips, knees, ankles, or feet. Causation: The undersigned indicated that it appeared to him that the patient had sustained cumulative trauma injury to her right knee, left cubital tunnel, bilateral carpal tunnels, and bilateral thumbs. He added that apportionment will be indicated. He also indicated that advanced arthritic changes of both thumbs secondary to osteoarthritis in part would be due to a pre-existing condition. He would indicate further opinion regarding causation after review of her entire medical file. Apportionment: Deferred, review of her entire medical file. Work recommendations: Full duty. Future medical care: EMG/NCV studies of the both upper extremities were ordered. The undersigned indicated she was a candidate for excisional arthroplasties of both thumbs. He also indicated that depending on the EMG/NCV study results she might be a candidate for bilateral carpal tunnel release surgery and left cubital tunnel release surgery.

Diagnostic Impressions:

1. Cervical spine myofasciitis, cervical facet-induced versus discogenic pain.
2. Lumbar spine myofasciitis, lumbar facet-induced versus discogenic pain, bilateral sacroiliac joint dysfunction.
3. Left elbow epicondylitis, cubital tunnel syndrome, rule out.

Discussion and Recommendations:

Ms. Sanchez underwent a comprehensive course of treatment under our care consisting of chiropractic manipulations and adjunctive multimodality physiotherapy. She was recommended MRI of cervical and lumbar spine. These recommendations still stand. The patient was also recommended orthopedic consultation, which is still recommended at this time.

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With regards to Dr. Fewell's report, I respectfully disagree with his opinions regarding cervical and lumbar spine. All of our opinions or issues or work restrictions AMA impairments and apportionment are presented below with regards to bilateral wrist/hands, as per History given by the patient, this was due to prior injury. The Patients has improved with conservative care and stabilized into permanent and stationary. Further treatment is indicated for relief and can temporarily decrease the patient's impairment with activities of daily living for periods of time, as well as prevent worsening of same; however, further treatment will not decrease this patient's current level of **permanent** disability/impairment rating.

Please note that once the patient undergoes MRI of cervical and lumbar spine, our opinions may change with regards to AMA impairment rating, apportionment and other pertinent issues.

Medical Causation Regarding AOE/COE:

In our opinion, it is within a reasonable degree of medical probability that the causation of this patient's cervical and lumbar spine and upper extremities injuries and resultant conditions, as well as need for treatment are industrially related and secondary to continuous trauma injuries from 02/08/2018 through 02/07/2019 while working for Keck Medical Center as a pathology office coordinator.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

The patient's condition is now permanent and stationary.

Subjective Factors of Disability:

The subjective factors of disability consist of:

1. Neck pain, best described as frequent and moderate, 4-6/10.
2. Left elbow pain associated with numbness and tingling in forearm, best described as frequent and moderate, 4-6/10.
3. Lower back pain, frequent and moderate, 4-6/10.
4. Sleep difficulty, anxiety and depression.

Objective Factors of Disability:

With regards to cervical spine, the objective factors of disability consist of:

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1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Abnormal orthopedic testing.

With regards to lumbar spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Abnormal orthopedic testing.

With regards to left elbow, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Abnormal neurological examination findings.

Work Restrictions:

Based upon all the information available to me, including the results of diagnostic testing and my physical examination findings, as well as the patient's subjective complaints and the opinions of the secondary treating physicians, I recommend the following prophylactic work restrictions for the patient:

No lifting in excess of 15 pounds. No repeated or forceful use of hands for grasping, torquing, pulling or pushing. No repeated bending or stooping.

Vocational Rehabilitation Benefits:

In my opinion, the patient is a qualified injured worker.

AMA Impairment Analysis:

1. Spine: Cervical and lumbar spine.
2. Upper Extremity: Left elbow.

Spine:

- A. Cervical Spine: The patient is qualifying for DRE Category II, 5% whole person impairment by referencing Table 15-5 on page 392 due to asymmetrical loss of range of motion.
- B. Lumbar Spine: The patient qualifies for DRE Category II, 5% whole person impairment by referencing Table 15-3 on page 384 due to history and physical

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exam compatible with mechanism of injury and asymmetric loss of range of motion.

- C. Spine total impairment is 10% whole person impairment by combining cervical and lumbar spine impairment.

Upper Extremity:

1. Left Elbow: Based on Table 16-15 on page 490, the patient qualifies for 7% upper extremity impairment due to sensory deficit/pain in ulnar nerve distribution or 4% whole person impairment by referencing Table 16-3 on page 439.

Total Calculated Whole Person Impairment Rating:

Total calculated whole person impairment 14% by combining 10% spinal impairment with 4% upper extremity whole person impairment.

Apportionment to Causation:

Based on the patient's past medical history, she had injury to both hands approximately 20 years ago while working as a transcriber. She was diagnosed with carpal tunnel syndrome, received physical therapy and reported making full recovery. The patient denied any other prior or new injuries. There are no diagnostic studies available for review at this time. Based upon currently available information, I apportion causation with regards to cervical and lumbar spine and left elbow 100% to above-described continuous trauma and 0% to nonindustrial causes.

Please note, I reserve the right to change my opinions should additional medical records come forward.

Future Medical Care:

Provision should be made for further chiropractic and physiotherapy care and treatment, to include both medical and surgical treatment on an as needed basis. The patient is recommended MRI of cervical and lumbar spine. Based on the results of the above testing, the patient may require orthopedic consultation.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604,

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Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628)(b): "I declare that Dr. Kravchenko examined the patient and may have assisted with initial preparation and assembly of components of this report, and I, Dr. Gofnung, the primary treating physician, have reviewed the report, edited the document, reviewed the final draft and I am in agreement with the findings, including any and all impressions and conclusions as described in the this report."

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and it's attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office

Re: Patient: Sanchez, Debra
DOI: CT: 02/08/2018-02/07/2019
Date of Exam: September 11, 2019

considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

Time spent on reviewing the records and preparing the report, including dictation and editing, was 60 minutes. **Reviewing the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition in preparing this report, 30 minutes were spent.**

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

Should you have any questions with regard to this consultation please contact me at my office.

Re: Patient: Sanchez, Debra
DOI: CT: 02/08/2018-02/07/2019
Date of Exam: September 11, 2019

Sincerely,



Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 30th day of October, 2019, in Los Angeles, California.

EEG:



Mayya Kravchenko, D.C., QME
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 30th day of October, 2019, in Los Angeles, California.

MK:svl/MM

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a resident of the county aforesaid: and I am over the age of eighteen years and not a party to the within action: my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048

On 11th day of September, 2019, I served the within concerning:

Patient's Name: Sanchez, Debra

Claim Number: _____

WCAB / EAMS case No: ADJ11924493

On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in Los Angeles, California, to be hand delivered via United States Mail.

- | | |
|--|--|
| <input checked="" type="checkbox"/> MPN Notice | <input checked="" type="checkbox"/> Initial Consultation Report - _____ |
| <input checked="" type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) _____ |
| <input checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Permanent & Stationary Evaluation Report - _____ |
| <input checked="" type="checkbox"/> Request for Authorization - _____ | <input type="checkbox"/> Post P&S Follow Up - _____ |
| <input checked="" type="checkbox"/> Itemized - (Billing) / HFCA - _____ | <input type="checkbox"/> Review of Records - _____ |
| <input type="checkbox"/> QME Appointment Notification | <input type="checkbox"/> PQME / Med Legal Report - _____ |
| <input type="checkbox"/> Primary Treating Physician's Referral | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 11th day of September, 2019.



ILSE PONCE

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Los Angeles, CA 90048
United states

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Important Notice: This report contains protected health information that may not be used or disclosed unless authorized by the patient or specifically permitted by the Health Insurance Portability and Accountability Act (HIPAA).

Evaluator

Date

Summary/Discussion

Calibration Certificate

Date of Examination	Device Type	Device ID
9/11/2019	Muscle Tester	19EE89

Last Factory Calibration

Date
5/28/2014

Last Full Calibration

Date & Time	Drift from Factory Calibration	JTECH Recommended Drift Limits
1/9/2019 5:14:15 PM	2.0%	±20%

Last Zero Calibration

Date & Time	Drift from Factory Calibration	JTECH Recommended Drift Limits
1/9/2019 5:14:25 PM	2.5%	±20%

Medical Necessity

Based on functional deficits observed and reported by the patient during the initial physical examination, objective computerized testing was ordered to evaluate the patient's physical performance, quantify the functional losses and establish a baseline functional level. The objective data will also be used to develop an appropriate treatment plan, track patient's response to treatment and to modify the treatment plan accordingly. The following areas were included in the evaluation _____.

This patient's computerized physical performance evaluation is being re-administered including the following tests _____ as outlined in the established treatment plan to measure the patient's progress during this course of care. Objective measurements are medically necessary to determine the patient's response to treatment by documenting functional progress. The treatment plan began on _____ and these results show the patient is responding to treatment and will benefit from further intervention. Please review the attached progress report graphs. The treatment plan has been modified to reflect status and (on-going/continuing) care for _____ weeks is medically necessary to reach established goals.

The computerized physical performance evaluation has been re-administered including the following tests _____ as outlined in the established treatment plan to measure response to treatment. Objective measurements are medically necessary to determine Maximum Medical Improvement with standardized objective and reproducible findings. Based on the results of this evaluation, the patient will be discharged from active care with an established discharge plan that includes _____ to maintain final physical/functional outcomes.

Maximum Medical Improvement is defined in the American Medical Association's Guides to the Evaluation of Permanent Impairment 5th Edition (p. 601) as: "A condition or state that is well stabilized and unlikely to change

substantially in the next year, with or without medical treatment. Over time, there may be some change; however, further recovery or deterioration is not anticipated."

Patient Information

Name: Debrah Sanchez
Gender: Female
Dominant Hand: Right

Primary Insurance

Secondary Insurance

Employer

Referral

Attorney

Care Providers

Range of Motion - Incliniometry

Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

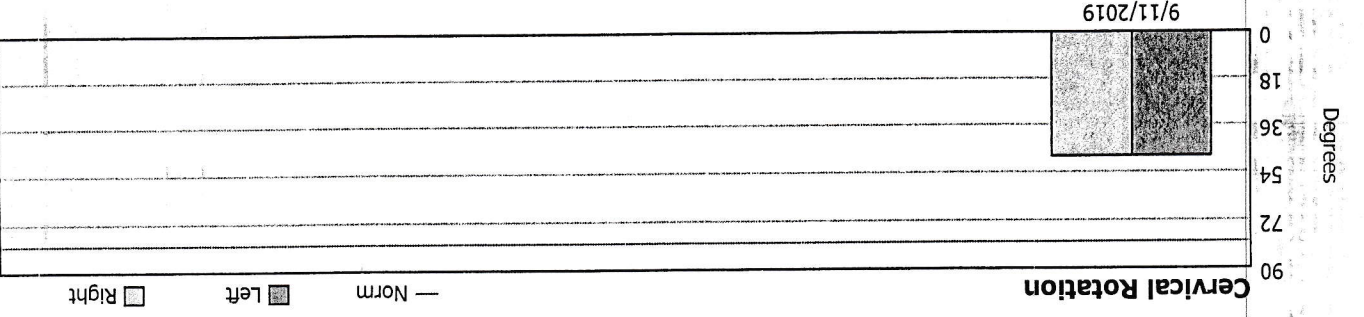
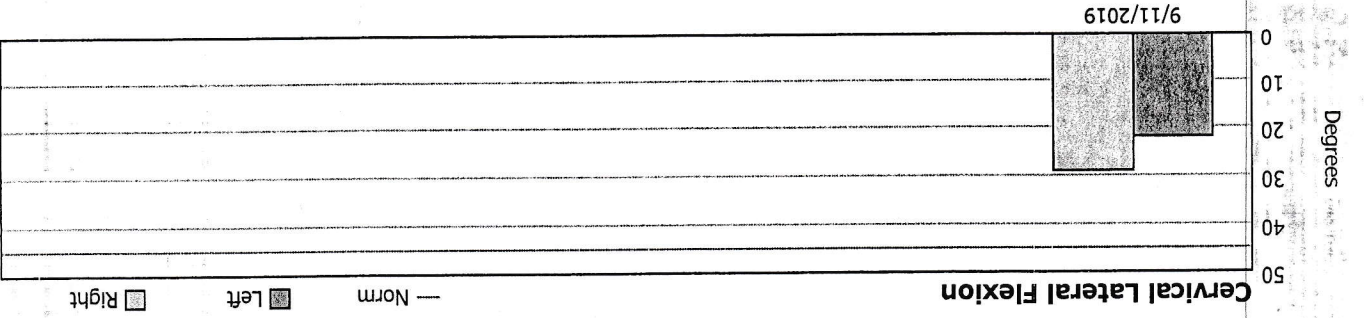
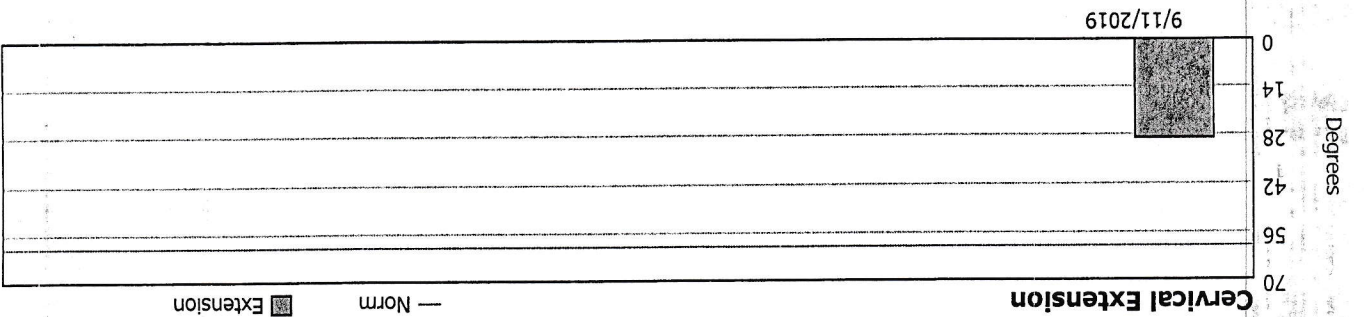
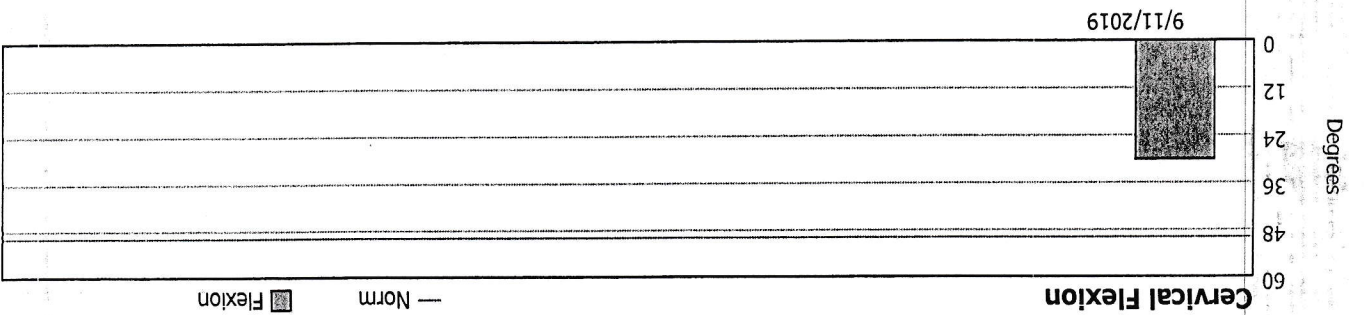
Cervical ROM	Norm	Result	Difference	% Norm
Cervical Flexion	50°	30°	20°	60%
Cervical Extension	60°	29°	31°	48%
Cervical Lateral Left	45°	22°	23°	49%
Cervical Lateral Right	45°	29°	16°	64%
Cervical Rotation Left	80°	48°	32°	60%
Cervical Rotation Right	80°	48°	32°	60%

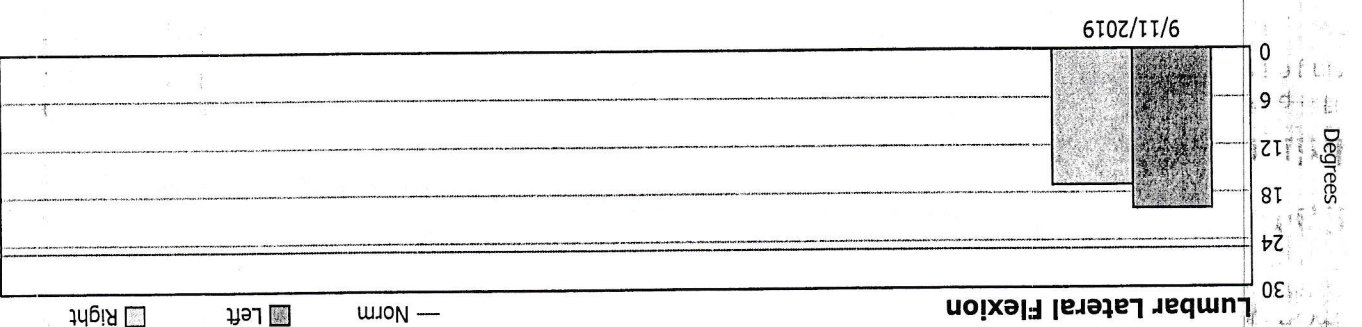
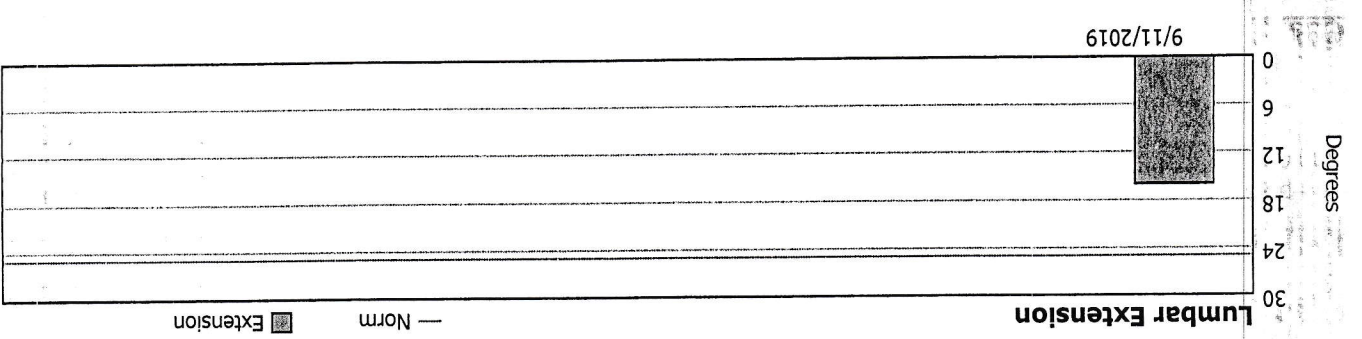
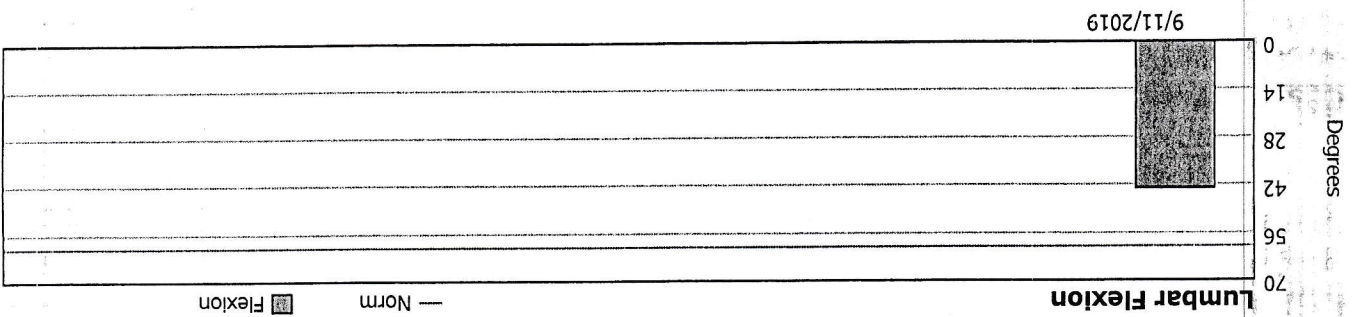
Lumbar ROM	Norm	Result	Difference	% Norm
Lumbar Flexion	60°	43°	17°	72%
Lumbar Extension	25°	16°	9°	64%
Lumbar Lateral Left	25°	20°	5°	80%
Lumbar Lateral Right	25°	17°	8°	68%

According to the AMA Guides, "An accessory validity test can be performed for lumbosacral flexion and extension... If the straight-leg-raising angle exceeds the sum of sacral flexion and extension angles by more than 15°, the lumbosacral flexion test is invalid. Normally, the straight-leg-raising angle is about the same as the sum of the sacral flexion-extension angle... If invalid, the examiner should either repeat the flexion-extension test or disallow impairment for lumbosacral spine flexion and extension."

Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

Spine Range of Motion Progress





Custom Spine Range of Motion

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using dual inclinometry protocols.

Custom Spine Range of Motion Progress

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the single and dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment. The table(s) above show current test results compared to American Medical Association normative values.

Extremity Range of Motion Progress

Custom Extremity Range of Motion

The patient's range of motion was objectively evaluated with Tracker ROM from JTECH Medical using single and/or dual inclinometry protocols.

Custom Extremity Range of Motion Progress

Muscle Strength Testing

Muscle Tests

The patient was tested using the JTECH Tracker system, a computerized muscle strength evaluation system. When compared to the opposite side, a strength difference greater than 15% is generally recognized as an indication of motor deficit.

Consistency of the patient's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

Muscle Test Progress

Custom Muscle Tests

The patient was tested using the JTECH Tracker system, a computerized muscle strength evaluation system. When compared to the opposite side, a strength difference greater than 15% is generally recognized as an indication of motor deficit.

Consistency of the patient's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%.

Custom Muscle Test Progress

The ratios displayed below can be used to quickly compare the maximum strength results of opposing muscle test motions. The notation A:B means the ratio of A to B and is equal to A divided by B.