

# **Lawrence M. Richman, M.D.**

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July 29, 2021

DEPARTMENT OF INDUSTRIAL RELATIONS  
Subsequent Injury Benefit Trust Fund  
1750 Howe Avenue, Suite 370  
Sacramento, California 95825-3367

WORKERS DEFENDERS LAW GROUP  
8018 East Santa Ana Canyon, Suite 100-215  
Anaheim Hills, California 92808  
Attention: Natalia Foley, Esquire

EMPLOYEE:	<b>DEBRA SANCHEZ</b>
EMPLOYER:	University of Southern California
WCAB NO.:	ADJ11924493; ADJ11924494
SIBTF NO.:	SIF11924493
CLAIM NO.:	SIF11924493
DATE OF BIRTH:	May 29, 1966
SCHEDULED DATE:	July 15, 2021

**COMPREHENSIVE INDEPENDENT MEDICAL – LEGAL EVALUATION**  
**SUBSEQUENT INJURY BENEFITS TRUST FUND – NOTICE OF FAILED**  
**APPOINTMENT:**

Gentlepersons:

The examinee, Debra Sanchez, failed her Subsequent Injury Benefits Trust Fund appointment on July 15, 2021, which was scheduled in the county of Los Angeles at 1141 West Redondo Beach Boulevard, Suite 202, Gardena, California 90247.

This report is billed at the ML-200 level for a missed appointment as the patient did not show up for the scheduled evaluation.

In addition, I declare under penalty of perjury that have received and reviewed 550 pages of medical records which included an attestation and declaration for the same number of pages.

Due to the fact that her medical records were provided prior to the appointment and reviewed in preparation for her evaluation, a supplemental report including the summary of the reviewed records follows:

**REVIEW OF MEDICAL RECORDS:**

Declaration: The total page count of the documents provided to the physician is 550.

WC Claim Form dated 02/08/19, w/DOI: CT 02/08/18 - 02/07/19. Stress and strain due to repetitive movement over period of time. Lower back, neck, shoulders, elbows, wrists, knees, ankles and tailbone.

WC Claim Form dated 02/08/19, w/DOI: CT 01/20/18 - 02/01/19. Stress due to hostile environment.

Application for Adjudication dated 02/09/19, w/DOI: CT 02/08/18 - 02/07/19. Stress and strain due to repetitive movement over period of time, injured lower back, neck, shoulders, knees, ankles, hips and elbows. Back, shoulders, UE, neck and LE. Employed by University of Southern California as a Pathology Office Coordinator.

Application for Adjudication dated 02/09/19, w/DOI: CT 01/20/18 - 02/01/19. Stress, depression, anxiety due to hostile work environment. Nervous system. Employed by University of Southern California as a Pathology Office Coordinator.

Compromise and Release dated 03/26/20, w/DOI: CT 01/20/18 - 02/01/19; CT 02/08/18 - 02/07/19. Stress, neck, UE, back, shoulder, LE, wrists and fingers/thumbs. Employed by University Of Southern California an Office Assistant. Settlement amount \$40,000.

02/04/05 - Call Documentation at Talbert Med Grp. Pt called to make change of dose on Paxil 20 mg.

02/16/05 - Call Documentation at Talbert Med Grp. Pt is having body ache, requested for generic brand antibiotic. Rx: Erythromycin 333 mg.

03/14/05 - Laboratory Rpt at Long Beach Memorial Med Ctr. Urine pregnancy and serum pregnancy tests were negative.

07/25/05 - Progress Note by Daisy Guevara, MD/Internal Medicine at Talbert Med Grp. Pt c/o recurrence of right-sided migraine HA, been present for the last 3-4 days. Cat scratch on R leg x 1 week. Macula discoloration on both cheeks. Vitals: BP: 104/60. Wt: 185.6 lbs. PE: Obese. Well developed and well nourished. A&Ox3. Neuro: Motor normal. Sensory intact. DTR normal. Gait normal w/o assist. Dx: 1) Migraine HA. 2) Cat scratch. 3) Macula rash on face. 3) Obesity. Tx: Given Tetanus Toxoid 0.5 cc IM and Toradol 60 mg IM. Rx: Fioricet and Keflex 500 mg. Plan: Referral to Dermatology. Recommended weight loss. RTW on 07/27/05.

12/16/05 - Call Documentation by Daisy Guevara, MD at HealthCare Partners. Pt requested refill on Paxil 20 mg.

12/19/05 - Call Documentation by Daisy Guevara, MD. Pt requested refill on Paxil 20 mg.

04/03/06 - Office Visit by Gregory Ochoa, MD/Internal Medicine at Talbert Med Grp/Downey Family Practice. Pt presents with vague c/o body pain, joint pain, burning and irritation to ears, pressure behind eyes, HAs and irritation when urination since Tuesday. No relief with OTC meds. Family Hx: Diabetes, heart disease, high BP and cancer. Pt has hx of HAs, frequent dizzy spells and eye pain. Vitals: BP: 110/70. Wt: 176 lbs. PE: Well developed and well nourished. No acute distress. Dx: 1) Acute sinusitis, NOS. 2) Dysuria. Rx: Zithromax Z-PAK 250 mg, Loratadine 10 mg, Sudafed 30 mg and Ibuprofen 600 mg. Plan: Drink plenty of fluids and rest. Off work from 03/31/06-04/04/16. Return to regular duty on 04/05/06.

04/24/06 - Progress Notes by Gregory Ochoa, MD. Pt is here for URI symptoms. Vitals: BP: 122/70. Wt: 176 lbs.

05/02/06 - Progress Note by Gregory Ochoa, MD. Pt with h/o migraines now with symptoms and signs of migraine HAs x 2 days. Vitals: BP: 110/80. Wt: 177 lbs. PE: WDNW. NAD. Dx: 1) Depressive disorder, NEC. 2) Classic migraine without mention intractable. Tx: Given Toradol 30 mg/ml IM. Rx: Paxil 20 mg and Imitrex 100 mg. Plan: Drink plenty of fluids and rest. TTD until 05/03/06.

05/09/06 - Call Documentation Violeta Jimenez, MA. Pt would like to be on disability for her migraines. She recently lost her new job due to her coming in for appt. Pt notified that per Dr. Guevara; she cannot be put on disability for her migraine if she got fired from works and she probably qualifies for unemployment but not disability.

06/05/06 - Call Documentation by Violeta Jimenez, MA. Pt requests samples for Imitrex 100 mg, states she cannot afford to fill prescription. Pt and is aware that we do not have samples of Imitrex at the time.

09/06/06 - Call Documentation by Benita Bentley, LVN. Pt requested refill for Paxil 20 mg.

09/14/06 - Progress Note by Daisy Guevara, MD. Pt is here for rash in L pubis area with itching and dry skin. Also c/o chronic LBP. Vitals: BP: 122/78. Wt: 181 lbs. PE: No distress. Normal gait. Neuro: Non-focal. Dx: 1) Hair disease, NEC. 2) Lumbago. Rx: Mycelex OTC 1% external cream and Keflex 500 mg. Plan: Ordered labs and x-ray of L/S.

09/14/06 - X-ray of L/S Interpreted by Alan Turner, MD at Talbert Med Grp. Impression: Normal L/S series.

09/21/06 - Correspondence Signed by Daisy Guevara, MD. Informed pt that her L/S x-ray is normal.

01/11/07 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

05/23/07- Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

05/29/07 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

08/01/07- Progress Notes by Li Florence Lee, NP. Pt is here for gynecologic exam. Vitals: BP: 110/60. Wt: 188 lbs.

08/01/07 - Quick Note. Regarding pap result.

08/08/07 - Laboratory Rpt. Liquid Based Pap Test. Result: Negative.

01/24/08 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

02/25/08 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

03/25/08 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

04/04/08 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg. Medication refill refused. Appt required, advised pt.

05/27/08 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

06/20/08 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

06/26/08 - Progress Note by David Meacham, PA. Pt is here for med refill. Hx of migraines, menses related. Vitals: BP: 110/70. Wt: 192 lbs. PE: No apparent distress. Dx: Classical migraine intractable. Rx: Paxil 20 mg.

01/27/09 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

02/13/09 - Progress Note by Daisy Guevara, MD. Pt takes Paxil for depression. Mainly here for screening blood test. States HAs have improved. C/o wheezing during cold weather, cough with phlegm. Vitals: BP: 124/80. Wt: 201 lbs. PE: Ambulatory, no distress, normal gait. Neuro: Non-focal. Dx: 1) Neurotic depression. 2) Migraine, NOS, w/o mention intractable. Plan: Ordered labs.

02/26/09 - Call Documentation by Daisy Guevara, MD. Pt requested refill for Paxil 20 mg.

08/11/09 - Call Documentation by Daisy Guevara, MD. Regarding mammogram schedule.

08/28/09 - Call Documentation by Daisy Guevara, MD. Rx: Paxil 20 mg.

11/13/09 - Progress Notes by Gregory Ochoa, MD. Pt c/o sore throat x 1 day, chest congestion with fever and body aches x 3 days. Vitals: BP: 130/90. Wt: 214 lbs.

01/04/10 - Call Documentation by Daisy Guevara, MD. Rx: Paroxetine HCl 20 mg.

04/05/10 - Progress Notes by Prasad Chode, MD/Internal Medicine. F/u of URI symptoms. Vitals: BP: 102/60. Wt: 209 lbs.

04/07/10 - Call Documentation by Prasad Chode, MD. Call for requesting work note extension for fever and chest congestion.

08/06/10 - Call Documentation by Prasad Chode, MD. Rx: Paroxetine HCl 20 mg.

09/09/10 - Progress Notes by Gregory Ochoa, MD. Pt presents for ongoing migraines, states she feels nothing has been working. C/o severe HAs without relief with several meds. Unable to work secondary to pain. Vitals: BP: 110/70. Wt: 197 lbs. PE: WDWN, distressed. Photophobia. Dx: 1) Migraine NOS without mention intractable, improved. 2) N/V. Tx: Administered Toradol 60 mg IM injection. Rx: Nortriptyline HCl 10 mg and Paroxetine HCl 20 mg. Plan: Ordered labs. Continue meds. Referral neurologist. Advised to f/u with PCP prn. RTW on 09/13/10.

09/10/10 - Laboratory Rpt at HealthCare Partners. AST (H) 49. ALT (H) 68. Urinalysis. Bacteria (A) many. Leukocyte Esterase (A) trace. WBC (A) 6-10. Color (A) orange. Protein (A) trace. Squamous epithelial cells (A) 28. Ketones (A) 2+.

10/06/10 - Call Documentation by Daisy Guevara, MD. Regarding blood work results.

10/25/10 - Call Documentation by Daisy Guevara, MD. Pt has tried Imitrex doesn't help. States Relpax helped in the past, requests meds refill. Rx: Relpax 40 mg.

11/11/10 - Call Documentation by Daisy Guevara, MD. Rx: Paroxetine HCl 20 mg.

04/27/11 - Call Documentation by Daisy Guevara, MD. Labs extended. Rx: Paroxetine HCl 20 mg.

05/27/11 - Call Documentation by Maria Manzano, MA. Pt requests at least 1 pill of Paroxetine to hold her through the weekend. Informed pt to keep appt with Jennifer. Rx: Paroxetine HCl 20 mg.

08/29/11 - Call Documentation by Azucena Martinez, MA. Pt called asking if she can get samples of Relpax for migraines. States her insurance does not cover this med and Dr. Guevara has been able to give her samples before. Ok to give Relpax. Previous version.

08/30/11 - Call Documentation by Marcella Duarte, LVN. Pt notified that per Dr. Guevara, she may pick up samples of Relpax at reception desk.

09/20/11 - Call Documentation by Marcella Duarte, LVN. Informed pt, her requested Relpax to be faxed to pharmacy yesterday. Per pt stated she wanted Paxil. Informed pt this examiner misunderstood/heard pt say Relpax. Informed this examiner have spoke with Dr. Guevara regarding refill for Paxil, per Dr. Guevara, give one refill this one time. Notified pt, Paxil has an interaction with Relpax, per Dr. Guevara, pt needs to only take one medication either Relpax or Paxil cannot take both due to interaction with both medications.

09/21/11 - Call Documentation by Daisy Guevara, MD. Pt is instructed not to take both meds Relpax and Paxil. Pt is requesting to only take Paxil. Pt also states she may to urgent car for evaluation today if finds transportation, complains migraine is severe. Informed pt needs f/u appointment before any refills on medication. Rx: Paroxetine HCl 20 mg.

10/19/11 - Call Documentation by Daisy Guevara, MD. Pt is requesting refill on Paxil 20 mg. Pt had a scheduled appt for 10/19/11 and was cancelled and rescheduled on 10/26/11 due to J. Clark, NP being out sick. Pt aware to keep appt for further refills. Rx: Paroxetine HCl 20 mg.

10/26/11 - Laboratory Rpt at HealthCare Partners. Normal result.

10/26/11 - Correspondence by Cynthia Calderon, LVN. Regarding lab results.

10/27/11 - Progress Notes by Daisy Guevara, MD. Regarding lab results.

12/22/11 - Patient Message by Angelina Romero, MA. Regarding appt schedule.

02/17/12 - Progress Notes by Demetra Bastas, NP. Pt c/o B/L ear aches, cough and cold, body aches and chest congestion. Requests meds refill. Vitals: BP: 104/70. Wt: 210 lbs. PE: Oriented to person, place, and time. No distress. Dx: 1) Chronic sinusitis NOS, chronic, acute flare. 2) Bacterial infection NOS. 3) Depressive reaction, stable. Rx: Flonase 50 mcg/actuation, Sudafed 30 mg, Keflex 500 mg and Paroxetine HCl 20 mg. Plan: Continue meds. Encouraged activities to help promote Endorphin release.

06/14/12 - Progress Notes by Demetra Bastas, NP. Visit for annual routine Pap and checkup. Vitals: BP: 124/90. Wt: 214 lbs.

06/20/12 - Laboratory Rpt at HealthCare Partners. HPV test, negative.

06/20/12 - Call Documentation by Demetra Bastas, NP. Regarding lab result.

06/22/12 - Progress Notes by Daisy Guevara, MD. Pt is not able to lose weight, been through exercise program, diet programs, tried oral medications, no success, pt requesting for bariatric surgery evaluation. C/o R knee pain x 2 weeks. Also c/o dark pigments in facial area. Vitals: BP: 138/76. Wt: 215 lbs. PE: Ambulatory. No distress, obese. Neuro: Non-focal. Normal gait. Obese. Dx: 1) Morbid obesity. 2) L leg joint pain, R acute. 3) Uncertain behavior neoplasm of skin. Rx: Ibuprofen 600 mg. Plan: Requested x-ray of R knee. Referral bariatric surgery and dermatology. Encouraged to eat less portions and exercise daily.

07/23/12 - Call Documentation by Daisy Guevara, MD. Regarding referral for bariatric surgery.

09/19/12 - Laboratory Rpt at HealthCare Partners. Normal result.

09/20/12 - Call Documentation by Desiree Bonilla, MA. Rx: Paroxetine HCl 20 mg.

09/25/12 - Office Visit by Aileen Takahashi, MD/General Surgery at Association of South Bay Surgeons Med Grp, Inc. Visit regarding bariatric surgery. Vitals: BP: 110/62. Wt: 217 lbs.

09/30/12 - Call Documentation by Daisy Guevara, MD. Lab report of 09/18/12 was reviewed. Pt is notified of lab results. Glucose (H) 100.

12/27/12 - Patient Communication by Maria Manzano, MA. Regarding lab test.

01/15/13 - Call Documentation by Daisy Guevara, MD. Rx: Paroxetine HCl 20 mg.

01/16/13 - ECG Rpt at Talbert Med Grp/Midmark Diagnostics Grp.

01/16/13 - Progress Notes by Maleah Grover-McKay, MD/Cardiology. Pt presents for consultation with h/o CV. Vitals: BP: At 15:31 112/68. At 15:34 110/70. Wt: 217 lbs.

01/16/13 - Echocardiogram Rpt interpreted by Maleah Grover-McKay, MD at Talbert Med Grp.

01/17/13 - Call Documentation by Paige Larrabee, NP. Discussed the results of echocardiogram.

01/24/13 - Testing Order Form Association of South Bay Surgeons Med Grp, Inc. Referral for chest x-ray.

03/08/13 - Progress Notes by Demetra Bastas, NP. Visit for cough, bronchitis - chest pressure, and body aches x 1 week. Vitals: BP: 120/74. Wt: 204 lbs.

04/01/13 - B/L Screening Mammography interpreted by Ana Shah, MD at Healthcare Partners.

04/01/13 - X-ray of Chest interpreted by Anita Boorman, DO at.

04/02/13 - Laboratory Rpt at HealthCare Partners. HgbA1c (H) 5.8. AST (H) 39. ALT (H) 57. Urinalysis. Bacteria (A) few.

04/04/13 - Laboratory Rpt at HealthCare Partners. Normal result.

04/05/13 - Laboratory Rpt at HealthCare Partners. Normal result.

05/09/13 - Call Documentation by Daisy Guevara, MD. Rx: Paroxetine HCl 20 mg.

06/11/13 - Progress Note by Daisy Guevara, MD. Pt presents for preop exam for bariatric surgery. She has of L earache, cold and congestion. Her problem list includes depressive reaction, intractable migraine, chronic sinusitis, morbid obesity and respiratory abnormality. Has past hx of depression and is on Paroxetine. Pt denies smoking or alcohol. Vitals: BP 110/64. Wt 200.7 lbs. PE: Neuro: Non focal. Normal gait. Dx: 1) Preop exam. 2) Morbid obesity. 3) BMI 40.0-44.9, adult. 4) Vitamin D deficiency. 5) Vitamin D deficiency, NOS. 6) L acute otitis media, NOS. 7) Major depression single episode – mild. Rx: Augmentin 875/125 mg. Plan: Ordered labs and ECG. Recommend bariatric surgery. Advised to continue Paroxetine.

06/11/13 – EKG at Talbert Medical Grp.

06/17/13 – Laboratory Rpt at Healthcare Partners. CBC with diff is WNL.

06/18/13 – Laboratory Rpt at Healthcare Partners. Fasting glucose (H) 100.

06/19/13 - Laboratory Rpt at Healthcare Partners. 25-hydroxy Vitamin D is WNL.

06/20/13- Inpatient Admission Rpt at Torrance Memorial Hospital. Pt admitted with dx of morbid obesity.

06/20/13 - Operative Rpt by Aileen M Takahashi, MD. Preop Dx: 1). Morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery. 2). Joint pain. 3). Dyspnea on exertion. 4). Elevated liver function tests. 5). Hypovitaminosis D and A. 6). Migraines. Operative Procedure: Laparoscopic short limb gastric bypass (30 cc pouch with 100 gm antecolic antegastric roux limb) and hiatal hernia repair. Postop Dx: 1). Morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery. 2). Joint pain. 3). Dyspnea on exertion. 4). Elevated liver function tests. 5). Hypovitaminosis D and A. 6). Migraines. 7) Hiatal hernia.

06/23/13 - Discharge Summary by Aileen M Takahashi, MD. Admission Dx: 1). Morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery. 2). Joint pain. 3). Dyspnea on exertion. 4). Elevated liver function tests. 5). Hypovitaminosis D and A. 6). Migraines. Pt was admitted and underwent a laparoscopic short limb gastric bypass surgery. She was noted to have



a large hiatal hernia at the time of surgery which was repaired. Postoperatively, she was able to be up and ambulating, but was quite slow in her oral intake and was unable to be discharged to home until postoperative day #3. Pt is afebrile with stable vital signs, ambulating, tolerating a bariatric liquid diet, pain well controlled with oral pain medication and the incisions healing well with no evidence of infection. Her labs were acceptable. Dx: 1). Morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery. 2). Joint pain. 3). Dyspnea on exertion. 4). Elevated liver function tests. 5). Hypovitaminosis D and A. 6). Migraines. 7) Hiatal hernia. Rx: Paroxetine 20 mg. Advised to hold Vitamin D 50,000 units and discontinue Amoxicillin/Clavulanate 825/125 and Phentermine 37.5. Pt discharged with discharge instructions.

07/03/13 - Progress Notes by Daisy J. Guevara, MD. Pt presents for f/u s/p gastric bypass, doing well, lost 10-15 lbs. Vitals: BP 100/64. Wt 188 lbs. PE: Neuro: Non focal, normal gait. Dx: Gastric bypass, chronic, stable. Plan: Ordered labs. Advised to f/u with surgeon.

07/03/13 - Laboratory Rpt at Healthcare Partners. Labs are WNL.

07/04/13 - Laboratory Rpt at Healthcare Partners. Labs are WNL.

07/05/13 - Laboratory Rpt at Healthcare Partners. Labs are WNL.

07/07/13 - Laboratory Rpt at Healthcare Partners. Labs are WNL.

07/10/13 - Call Documentation by Daisy Guevara, MD. Called and informed pt that blood test is WNL.

10/10/13 - Call Documentation by Daisy Guevara, MD. Pt called for refill request of Paroxetine HCL 20 mg.

03/06/14 - Call Documentation by Daisy J. Guevara, MD. Rx: Paroxetine 20 mg.

05/07/14 - Call Documentation by Daisy J. Guevara, MD. Pt currently does not have insurance and inquires if she can be given refill on medication. She gets really bad migraine HAs without her meds. Pt is scheduled appointment on 05/21/14. Rx: Paroxetine 20 mg.

10/18/14 - Telehealth Nurse Note by Demetra Bastas, NP. Pt requests refill replacement of Paroxetine HCl 20 mg.

11/17/14 - Progress Note by Demetra Bastas-Bratkic, NP. Visit for vaginal discomfort. Vitals BP 102/80. Wt 162 lbs.

11/17/14 - Laboratory Rpt at HealthCare Partners. Atopobium Vaginae (A) High-2 score. BUN/Creatinine Ratio (H) 27. Vitamin D, 25-Hydroxy (L) 29.3.

11/24/14 – Correspondence by Demetra Bastas-Bratkic, NP. Lab report of 11/17/14 was reviewed. Rx: Vitamin D 2000 units. Plan: Recommended OTC Vitamin B12, sublingual. Ordered repeat labs in 2 months. Low level of Vitamin D. Treatment is recommended for bacterial imbalance. Advised to increase cardiovascular exercise. Limit sugars and simple carbohydrates. Avoid trans fat and limit saturated fat.

12/23/14 - Ambulatory Visit Note by Betty Fletcher, MD/Family Medicine. Visit for vaginal itchiness and lower abdominal cramps. BP 100/70. Wt 166.3 lbs.

12/23/14 - Laboratory Rpt at HealthCare Partners. Labs are WNL.

01/02/15 – New Ambulatory Visit Note by Jamshid Sheik, MD/Family Medicine. Visit for cough, sore throat, chills, body aches x5 days. BP 104/64. Wt 166 lbs.

01/06/15 – Correspondence from Betty Fletcher, MD Family Medicine. Lab of 12/23/14 was reviewed.

01/09/15 - Follow-Up Rpt by Aileen M. Takahashi, MD. Pt presents for routine postop visit. Wants to lose 30. Frequent small meals are part of the pt's current diet plan. High protein diet is part of the pt's current eating plan. 2-3 protein drinks in addition to food. Counseled too many calories. Hx of bypass with Roux-en-Y for morbid obesity. Pt has 3 meals per day. Pt is sick for last 2 weeks. Plans to start walking. Current Meds: B12, Biotin, Cipro 500 mg, Multivitamin chew tabs, Paroxetine HCl 20 mg, Vitamin D3. Social Hx: No tobacco use and never smoker. Vitals: BP 118/74. Wt 166 lbs. PE: Oriented x3. Dx: 1) Dyspnea during exertion, improved. 2) Arthralgia, improved. 3) Other comorbidities include hypovitaminosis A & D. Plan: recommended nutrition consult. Recommended diet and exercises.

02/17/15 - Progress Note by Lori Zanini, RD. Pt is here for initial nutrition assessment. She had gastric bypass surgery at Torrance Memorial Hospital. Dx: Pt reports increased stress secondary to mother's CA diagnosis. She is drinking ETOH on occasion to deal with stress. Pt reports being bored and this leads her to eating/drinking more than she would like. She takes at least 2-30 grams protein shakes daily and is adhering to supplement recommendations. Discussion: Encouraged to take adequate protein daily. Avoid gas forming foods and beverages. Encouraged to consume higher intake of nutrient-dense foods. Encouraged pt to seek out mental health support for ongoing emotional food concerns. Recommended regular physical activity.

05/14/15 - Office Visit by Demetra Bastas-Bratkic, NP. Pt is here for pressure around head and eyes x3 days. Pt c/o could be stress. Pt c/o headache for 3 days. Associated symptoms are nausea and ocular pressure located in frontal, occipital area as mild and moderate. Pt has stress because pt's mother is dying of cancer and the past few months "turn for the worse". Pt cares for her and believes probably reason for headache. Vitals: BP 102/70. Wt 167 lbs. PE: Cranial nerves II-XII intact bilaterally. Motor strength bilaterally 5/5 and symmetrical in all large muscle groups of the

limbs. Normal sensory in the extremities. Tendon reflexes 2+ bilaterally and symmetrical in the limbs. Romberg negative. Gait appears normal. Dx: 1) Major depressive disorder, single episode, mild. 2) Insomnia. Rx: Melatonin 3 mg. Plan: Continue Paroxetine. Stop ETOH before bed. Recommended Melatonin 3 mg. and sleep hygiene.

01/05/16 - Progress Note by Daisy Guevara, MD. Pt is here for R arm pain radiates to elbow with swelling for 3-4 months. Pt has R knee pain/swelling for 3 months. Pt tripped on a cord, fell and hurt R elbow. Pt has R knee pain x3 months. Pt presents independently. Current Meds: Melatonin 3 mg, Paroxetine HCl 20 mg, Triamcinolone Acetonide 0.1% external cream. Vitals: BP 100/80. Wt 168 lbs. Dx: 1) Chronic R elbow pain. 2) Chronic R knee pain. Plan: Ordered x-ray of R elbow and R knee. Referred to ortho. Off work from 01/05/16 to 01/18/16, regular duty on 01/19/16.

01/05/16 - X-ray of R knee interpreted by Ana Shah, DO at HealthCare Partners.  
Impression: Mild medial joint arthritic changes. Suprapatellar bursal effusion.

01/05/16 - X-ray of R elbow interpreted by Ana Shah, DO at HealthCare Partners.  
Impression: Normal R elbow.

01/28/16 – Correspondence from Daisy Guevara, MD. X-ray of R elbow of 01/05/16 was reviewed.

02/02/16 – Correspondence by Lernik Torossian, OD/Optomety. Referred pt to glaucoma specialist due to narrow appearance of angles. Referred to Dr. Reznik or Dr. Richter.

03/07/16 - Progress Note by Demetra Bastas-Bratkic, NP. Pt is here for migraines x2 days. Nothing new/alarming or changed about HA steady and present. PI is being followed at USC for eye surgery in the next 2 wks for worsening narrowing angle of lens of both eyes. Belief is that her headaches will improve after surgery. Pt takes Paroxetine for headache management x 10 yrs now and does feel they are less severe since starting. If she skips a few days, the headaches return and just feel bad. This is informational, mostly here b/c she needs help finding a grief counselor. Pt lost her mother 10 a long battle with cancer in December 2015 and is having a hard time coping. Pt works in pathology and deals with cancer daily and reminded constantly. Pt's boyfriend notes that pt is exhibiting signs of poor coping as well. The grandson is her life, he was so close to his mother. Pt would never do something like hurt or kill herself. Pt is open to counseling but admits she needs help how where to turn besides a number. Good support system with boyfriend, but he lives in Hawaii and so is backforth. Pt also admits she holds in, put on a brave face but she is crumbling. Vitals: BP 110/82. Wt 178 lbs 4 oz. PE: Sensory normal to light touch and pinprick and normal motor exam. Diagnosis: 1) Major depressive disorder, single episode, mild. Grieving, mother passed away 12/2015. Pt requesting assistant with grief counseling. 2) Migraine, chronic. Plan: Administered Ketorolac Tromethamine 60 mg. Recommended to have eye surgery. Off work from 03/07/16 to 03/09/16, RTW on 03/09/16.

03/09/16 - Social Worker Note by Franca Elimimian, BSW. Received task from Demetra, NP asking social worker to contact pt to provide resources for grief counseling. T/c to pt, left VM asking for a c/b.

03/10/16 - Social Worker Note by Franca Elimimian, BSW. Received call back from pt who is at work. Reports she was under the impression a referral is needed for psyche/BH and wanted NP to make recommendations. Informed her that BH is a self referral.

04/18/16 - Ophthalmology Rpt by Ehsan Sadri, MD/Ophthalmology. Pt presents for eval of glaucoma in R eye and L eye.

05/19/16 - Sleep Test Results from SuperCareHealth/Waltermark Medical.

Positive Findings: Patient underwent a one night Home Sleep Test and by behavioral criteria, slept for approx 6.1 hours, with a sleep latency of 10 minutes and a sleep efficiency of 87.6%. Mild sleep disordered breathing (AHI 14) is noted based on a 4% hypopnea desaturation criteria. Pt slept supine 77.9% of the night based on valid recording time of 6.1 hours and is 1.2 times as likely to have apneas/hypopnea when supine. When considering more subtle measures of sleep disordered breathing, the overall respiratory disturbance index is moderate (RDI 26) based on a 1% hypopnea desaturation criteria with confirmation by surrogate arousal indicators. The apneas/hypopnea are accompanied by mild oxygen desaturation (percent time below 90% SpO2 .8.0%, Min SpO2: 80.5%). The average desaturation across all sleep disordered breathing events is 4.0%. Snoring occurs for 51. 2% (30 dB) of the study, 44.2% is very loud. The mean pulse rate is 70 BPM with frequent pulse rate variability (48 events with  $\geq 6$  BPM increase/decrease per hour).

Interpretation: Findings are consistent with mild to moderate non positional OSA.

Pt's AHI exceeded the normal range and was equal or greater than Medicare qualifying Guidelines for OSA and corresponding CPAP therapy. There is further action required for ordering the equipment.

07/05/16 - Progress Note by Daisy Guevara, MD. Visit for wet cough plus green phlegm x 3 weeks. BP 100/76. Wt 183 lbs.

10/24/16 - Progress Note by Thiri Oo, MD/Internal Medicine. Pt is here B/L knee pain x1 week, fell on 10/13/16. Pt with R knee pain after she fell on her knees 4 days ago. She had knee problem one month ago when she fell and 10 months ago when she fell too. She also has L elbow pain. R knee hx of mild arthritic changes. Now swelling mostly on the suprapatellar bursa. ROS is negative for HA or dizziness. Vitals: BP 110/68. Wt 183 lbs. Dx: 1) B/L knee pain. 2) Arthralgia of L elbow. Rx: Ibuprofen 800 mg. Plan: Recommended PT. Ordered x-ray of L elbow and B/L knees. Referred to ortho. Off work from 10/21/16 to 10/25/16. RTW on 10/26/16.

10/24/16 – X-ray of L elbow interpreted by Ana Shah, DO at HealthCare Partners.  
Impression: Normal L elbow.

10/24/16 – X-ray of B/L knees interpreted by Ana Shah, DO at HealthCare Partners.  
Impression: B/L mild degenerative changes. B/L suprapatellar bursal effusion.

12/05/16 - Referral Form by Aileen M. Takahashi, MD. Requested chemistry 12 months post op.

12/09/16 - Laboratory Rpt at HealthCare Partners. Sodium (H) 146. CO2 (H) 31. AST (H) 57. ALT (H) 61. Iron Bind Cap (TIBC) (H) 515. UIBC (H) 449. Iron Saturation (L) 13. HGBA1C% (H) 5.9. LDH (H) 287. Ferritin, Serum (L) 14.

12/17/16 – Correspondence from Daisy Guevara, MD. Letter sent to pt regarding labs.

08/05/17 - TeleHealth Nurse Note by Daisy Guevara, MD. Called pt advised that PCP refilled Rx of Paroxetine HCl 20 mg.

09/01/17 - Letter from Healthcare Partners Med Grp. Letter for colon cancer screening.

11/27/17 - Progress Notes by Daisy J. Guevara, MD. Pt with h/o depression- this past week , has been feeling so down and sad, states she thinks of her mother who had passed away - pt states she has a good job. Her boyfriend lives in Hawaii, pt lives with daughter, also she has a dog. Pt c/o crying in her dreams, currently on Paroxetine. BP 123/77. Wt 166 lbs. PE: Cranial nerves II•XII were intact and deep tendon reflexes were 2+ and symmetric. Dx: Moderate major depression, single episode. Rx: Paroxetine HCl 40 mg. Plan: Referred to behavioral health. Advised to stop alcohol. Ordered labs.

12/08/17 - Work Status Rpt by Daisy J. Guevara, MD. Off work from 01/08/18-01/10/18. Return to work on 01/11/18.

07/03/18 – Correspondence from Healthcare Partners. Advised pt to contact for colon cancer screening.

10/23/18 - Progress Notes by Paula Bendigo, NP. Pt presents with migraines and intermittent HAs. Reports chronic migraine HAs, worsened by depression, stress at work in Pathology and her mom's death in 2015. Pt is taking Paroxetine which has been helping her with her depression. Light bothers her. Associated with nausea. Reports NSAIDs does not help. C/o lump on back of head x 10 years. ROS is positive for HAs and dizziness. Vitals: BP 124/70. Wt 179 lbs 2 oz. PE: No focal sensory or motor deficits are noted. Gait is normal. Cranial nerves II through XII are intact. Dx: 1) Migraine. 2) Scalp mass. 3) Screening for breast cancer. 4) Screening for colon cancer. Tx: Administered Ketorolac Tromethamine 60 mg/2 ml. Plan: Ordered labs, US of soft tissue head and B/L mammogram screening. Off work from 10/23/18-10/26/18. RTW on 10/29/18.

10/23/18 - Laboratory Rpt at HealthCare Partners. Hemoglobin A1c (H) 5.7.

10/24/18 - Correspondence from Paula Bendigo, NP. Labs were reviewed.

10/26/18 - Work Status Rpt by Paula Bendigo, NP-C. Off work on 10/29/18. RTW on 10/30/18.

10/31/18 – Correspondence from Paula Bendigo, NP. Reviewed labs and recommend to continue healthy lifestyle, diet and exercise goals. Off work on 10/31/18. RTW on 11/01/18.

02/11/19 – Correspondence from Keck School of Medicine of USC. Pt's employment with the University of Southern California is terminated due to unsatisfactory performance as of 02/11/19.

02/14/19 - Progress Notes by Daisy J. Guevara, MD. Pt presents with body aches x 2 months, c/o depression and anxiety. C/o pain in L elbow, lateral side x 1 month/uses Salon spas. She has been taking Aleve but not helping. Denies R elbow pain being work-related. Social Hx: Denies tobacco/alcohol use. ROS: Positive for fatigue and feeling poorly. Negative for HA and dizziness. Vitals: BP 120/83. Wt 182 lbs 3 oz. PE: Alert and ambulatory. Cranial nerves II-XII were intact and DTR were 2+ and symmetric. Dx: 1) Multiple joint pain. 2) Chronic pain of L elbow. 3) Moderate major depression single episode. Plan: Ordered labs. Requested x-ray of L elbow. Referral orthopedic surgery. Off work from 02/08/19-02/15/19. RTW on 02/19/19.

02/14/19 - X-ray of L Elbow interpreted by Charles Taylor, MD.  
Impression: Negative L elbow exam.

02/14/19 - Laboratory Rpt at HealthCare Partners. Labs are WNL.

02/16/19 – Correspondence by Daisy J. Guevara, MD. Pt notified of lab results of 02/14/19. Recommended to continue with healthy lifestyle, diet and exercise goals. Low calorie diet. Increase cardiovascular exercise for a minimum of 150 minutes per week.

05/10/19 - Notice of Denial of Claim for WC Benefits at Broadspire. DOI: 02/07/19. Denying all liability for pt's claim based on factual, legal and medical disputes that an industrial injury occurred on 02/07/19 while employed at USC. WC benefits are being denied because pt filed claim following termination for cause on 02/11/19.

05/14/19 - Notice of Denial of Claim for WC Benefits at Broadspire. DOI: 02/01/19. Denying all liability for pt's claim based on factual, legal and medical disputes that an industrial injury occurred on 02/01/19 while employed at USC.

08/21/19 - AME Rpt by Lawrence A Feiwell, MD/Orthopedic Surgery. DOI: CT: 02/08/18-02/07/19. In 2017, she developed depression and anxiety. Over time, pt developed pain in her neck, shoulders, elbows, wrists, hands, back, hips, knees, and ankles which she attributes to her work activities. In 2018, she reported her symptoms to the supervisor who did not offer any medical care. She was seen by her PCP and had x-rays and prescribed meds She underwent

blood work-up to rule out lupus. Her test was negative for lupus or rheumatoid arthritis. She continued working full duties. She was referred to an orthopedic surgeon Dr. Wong. Her insurance was cancelled after she was laid off. In 02/2019, she obtained legal counsel and filed a claim. She continued working through 02/07/19. She was laid off from work and was not given a reason for being laid off. On 03/29/19, she was referred to Gofnung Chiropractic. Treatment consisted of evaluations and x-rays. She received PT and chiropractic treatments. She has remained off work. She c/o constant moderate neck pain, constant moderate bilateral shoulder pain, constant moderate to severe bilateral elbow pain, L>R, intermittent moderate bilateral wrist/hand pain with tingling, numbness and weakness, constant moderate to severe upper, mid and low back pain, constant moderate bilateral hip pain, constant moderate to severe bilateral knee pain with weakness, constant moderate bilateral ankle/foot pain, as well as depression and anxiety. Past Hx: In 1996, she developed pain in her wrists and hands while working as a transcriptionist. Treatment consisted of evaluations, x-rays, medications, cortisone injections, and physical therapy. MRI scans and nerve conduction studies were performed. She received treatment for approximately six months and received vocational rehab. She is on Paxil 40 mg. Family hx is positive for cancer, diabetes and HTN. Vitals: Wt 183 lbs. PE: Normal gait with normal heel walk and toe walk. Arises readily with complaints of R knee pain. Two-point discrimination is less than 5 mm on RUE and is 6 mm in ulnar nerve distribution and 5 mm in all other digits of LUE. DTRs are 2+ in biceps, triceps and brachial radialis B/L. Strength is 5/5 in BUE. Sensation is normal to light touch and pinprick in BLE. Reflexes are 2+ in BLE. Motor strength is 5/5 in BLE. Pulses are 2+ in BLE. SLR is negative to 90 degrees both on sitting and supine. Sitting Double Straight Leg Raise Test: Fingertips 1 inch from toes. Soft tissue swelling is > 10% enlargement of first CMC joint over B/L wrists. Tinel's test is mildly positive over the carpal tunnel on the R wrist and positive over the carpal tunnel of L wrist. Thumb Crunch Test is positive B/L. Phalen's Test is positive on L wrist. Pt c/o pain, but no crepitance on Patellar Crunch test of R knee. Four views of the C/S reveal severe disc space narrowing C5-6 and C6-7. There is a large posterior osteophyte at C5-6. Two views of the thoracic spine reveal mild multilevel endplate osteophytes. Four views of the L/S and two views of the sacrum reveal no fractures, subluxations, or degenerative changes. X-rays of hip, bilateral scapulas, bilateral shoulders, ankles, feet and knees revealed no abnormalities. Three views of the R elbow reveal coronoid process osteophyte. Three views of the L elbow reveal no fx, subluxations, or degenerative changes. Three views of the bilateral wrists reveal severe osteoarthritis and destruction of the first carpometacarpal joints. Dx: 1) OA, C/S minimally symptomatic. 2). Asymptomatic OA, T/S. 3). Normal low back examination. 4). Normal hip examination. 5). Normal bilateral shoulder examination. 6). Normal R elbow examination. 7). Evidence of medical epicondylitis and cubital tunnel syndrome, L elbow. 8). Mild evidence of CTS, B/L wrists and hands. 9). Advanced OA, B/L thumbs. 10). Normal L knee examination. 11). Complaints of parapatellar pain, R knee with symptoms of chondromalacia. 12). Normal ankle and foot examination. 13). Morbid obesity. 14) Hx of anxiety and depression. Status: MMI. Impairment Rating: She has no ratable impairment for her carpal tunnel syndrome at this time since her two-point discrimination is normal. There is no ratable impairment for her T/S, L/S, hips, knees, ankles or feet for a total of 13% WPI. Causation: It appears that pt may have sustained CT to her R knee, her L cubital tunnel, B/L carpal tunnels and B/L thumbs.

Apportionment will be indicated. Advanced arthritic changes of both thumbs secondary to osteoarthritis in part would be due to a pre-existing condition. The examiner is looking forward to reviewing her private medical file including records or any settlements from the 1996 injury. If she did have a settlement for carpal tunnel syndrome of both wrists and future medical care for carpal tunnel syndrome of both wrists the wrist findings would be due to a prior injury. Her L cubital tunnel symptoms if confirmed would be the result of cumulative trauma while working at USC. Apportionment: Deferred, pending review of her entire medical file. Work recommendations: Pt would be capable of performing her usual and customary duties. There is no indication she required TTD. Future Medical Care: Recommend consultation and EMG/NCS of BUE. Pt is a candidate for excisional arthroplasties of both thumbs. Depending on EMG/NCS, she may be a candidate for B/L carpal tunnel release surgery and L cubital tunnel release surgery. There is no indication she requires any intervention for her knee complaints, neck, thoracic or lumbar spine complaints.

08/22/19 – RFA by Lawrence A Feiwell, MD.

08/30/19 - Patient Letter by Daisy J. Guevara, MD. Pt is to keep her pet dog as she suffers from depression and anxiety. Her pet dog is a source of emotional support thus preventing exacerbation of her condition.

09/11/19 - PTP's Comprehensive P&S Evaluation Rpt by Eric Gofnung, DC/ Mayya Kravchenko, DC/Chiropractic at Eric E Gofnung Chiropractic Corp. DOI: CT: 02/08/18-02/07/19. Pt 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 CT. She attributes the injuries due to gripping, grasping, carrying, lifting, pushing, pulling, prolonged sitting, and poor ergonomics. The computer screen on her desk was high, and her chair did not go high enough. She worked with her neck upward throughout the 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 lbs across the street. She earned 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 pt developed the onset of pain and discomfort. Pt managed the pain with Tylenol. Pt presented to her Dr. Daisy Guevara, for evaluation. X-rays of her knees were obtained, The x-rays revealed fluid in one of her knees. She was advised to apply hot and cold packs and wore ace bandages on both knees which provided minimal pain improvement. In 2018, pt 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, pt experienced aggravated pain in arms and legs. Pt 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 01/2019, pt returned to Dr Guevara for a f/u visit. Pt was tested for lupus or fibromyalgia and x-rays of the L 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 pt has not been able to see the specialist. She applied heating pad to her L arm but continued to experience persistent pain and discomfort in L arm. She continued working with persistent pain discomfort until 01/10/19. Pt underwent treatment with chiro manipulations and PT. Pt is currently not working. She feels improvement with treatment. She remains symptomatic Pt was recommended MRI of cervical and lumbar spine as well as orthopedic consultation, which were not performed due to lack of authorization. Pt c/o frequent and moderate neck pain at 4-6/10; frequent and moderate L elbow pain associated with N/T in forearm, at 4-6/10; frequent and moderate LBP at 4-6/10; sleep difficulty, anxiety and depression. PMH significant for B/L CTS. She underwent PT and had full recovery and was rehabilitated, This case settled with compensation. She is on Axil and Tylenol. PSH: Gastric bypass surgery in 2014. ROS is positive for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems and stress. She has difficulties with ADLs: Social Hx: Pt consumes occasional alcohol, She does not smoke. Pt does not exercise. Pt does not participate in any sports activities. Pt has no hobbies. Vitas: BP 130/70. Wt 180. PE: Positive Shoulder Depression Test on left. Grip strength of elbow on the R is 2/2/0 and L 0/0/0. 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 L forearm ulnar nerve distribution. Positive Milgram's test and Sacroiliac Joint Compression test bilaterally. Supine SLR elicited increased LBP at 60 degrees B/L. Decreased and painful ROM of L/S. 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. Pt's active ROM of spine 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. Pt's active custom spine ROM of was objectively evaluated with Tracker ROM from JTECH Medical using dual inclinometry protocols. Pt's active extremity ROM 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. Pt's custom extremity ROM was objectively evaluated with Tracker ROM from JTECH Medical using single and/or dual inclinometry protocols. Pt was muscle 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 pt's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions failing below 15%. Pt was custom muscle 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 pt's muscle strength was evaluated using coefficient of variation (CV) with consistency indicated by successive repetitions falling below 15%. Dx: 1) C/S myofascitis, cervical facet-induced versus discogenic pain. 2) L/S myofascitis, lumbar facet-induced versus discogenic pain, B/L sacroiliac joint dysfunction. 3) L elbow epicondylitis, cubital tunnel syndrome, rule out. Discussion: With regards to Dr. Fewell's report, the examiner disagrees with his opinions regarding cervical and lumbar spine. All opinions or issues or work restrictions, AMA impairments, and apportionment are presented below with regards to B/L wrist/hands, as

per hx given by the pt. Pt has improved with conservative care and stabilized into P&S. Further treatment is indicated for relief and can temporarily decrease the pt'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 pt's current level of permanent disability/impairment rating. Once the pt undergoes MRI of cervical and lumbar spine, opinions may change with regards to AMA impairment rating, apportionment and other pertinent issues. Medical Causation: It is within a reasonable degree of medical probability that the causation of this pt'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 02/08/18 through 02/07/19 while working for Keck Medical Center as a pathology office coordinator. P&S Status: Pt is now P&S. Subjective Factors: 1) Neck pain, best described as frequent and moderate, 4-6/10. 2) L 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: 1) Palpatory tenderness. 2) Decreased and painful ROM. 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 L elbow, the objective factors of disability consist of: 1) Palpatory tenderness. 2) Abnormal neurological examination findings. Work Restrictions: Based upon all the information available including the results of diagnostic testing and physical examination findings, as well as the pt's subjective complaints and the opinions of the secondary treating physicians, recommended restrictions of: No lifting in excess of 15 lbs. No repeated or forceful use of hands for grasping, torquing, pulling or pushing. No repeated bending or stooping. Vocational Rehab: Pt is QIW. Impairment Analysis: C/S Spine: 5% WPI. L/S: 5% WPI. Total spinal impairment 10% WPI. UE: 4% WPI. Total WPI 14%. Apportionment to Causation: Apportioned causation with regards to cervical and lumbar spine and L elbow 100% to above-described continuous trauma and 0% to nonindustrial causes. Future Medical Care: Recommend further chiropractic and physiotherapy care and treatment, to include both medical and surgical treatment. Recommend MRI of cervical and lumbar spine. Consider orthopedic consultation.

11/19/19 - Supplemental Medical-Legal Eval by Lawrence A. Feiwell, MD. DOI: 02/08/18-02/07/19. Comment: Pt was able to perform her usual and customary duties until she was laid off on 02/07/19. Pending private medical file. She had past medical h/o morbid obesity and had gastric bypass surgery 3 years ago. Despite having the surgery, she still weighed 183 lbs. She had a prior claim of carpal tunnel syndrome, employed by Telecare La Casa Mental Facility in 1996. Overall, her findings were consistent with OA of C/S minimally symptomatic, asymptomatic OA of T/S, normal low back, hip, B/L shoulder, R elbow examination, evidence of medial epicondylitis and cubital tunnel syndrome of L elbow, mild evidence of carpal tunnel syndrome B/L wrists, advanced OA B/L thumbs, normal L knee examination, chondromalacia of the patella of R knee, normal ankle and foot examination, morbid obesity, and h/o anxiety and depression. It is opined pt has reached MMI with an overall 13% WPI. Pt had been working for the University of Southern California sometime around 03/2014. The medical file submitted for review begins in 2005. Pt had h/o obesity, she was seen for chronic LBP in 09/2006. Pt was seen

for depressive disorder in 2008. Pt was seen for HAs in 09/2010, diagnosed as being a migraine. She required chronic use of anti-depressant medication Paxil. By 2013, she was noted to weigh 204 lbs. She underwent laparoscopic gastric bypass surgery on 06/20/13. On 01/05/16, she was seen by Dr. Guevara, c/o R elbow for 3-4 months, R knee pain and swelling for 3 months. It was noted that she tripped on a cord and fell hurting her R elbow 3 months ago. There was no mention of a specific injury of falling over a cord. It appears that she developed R knee pain and elbow pain after this fall. Apparently, she was diagnosed as having narrow-angle glaucoma in 03/2016 and was having worsening of her depressive disorder. She underwent a sleep study in 05/2016 and it was indicated she required CPAP. On 10/24/16, she had c/o B/L knee pain. She had a h/o arthritis of R knee, L elbow after a recent fall which is the second fall she did not report to this examiner. Dr. Guevara felt that she had fibromyalgia in 2019. Pt underwent EMG/NCV by Dr. Fred Batkin on 09/27/19, showed no abnormalities other than an incidental finding of an anatomic condition called Martin-Gruber anastomosis. Causation: Pt's R knee complaints are non-industrial due to a fall and B/L elbow complaints are non-industrial due to a fall. Impairment Rating: R thumb 6% WPI and L thumb 6% WPI. Total of 12% WPI. Apportionment: Apportioned 20% due to outside activities and 80% due to CT through 2019.

04/13/20 – Consultative Rating Determination. Final PD 19.

Deposition of Debra Sanchez on 03/15/19 (71 Pages)

Pages 6-10 – Pt testified that she filed a claim for CT or continuous physical injury during the employment at USC. She is on Paxil, which was prescribed by Dr. Daisy Guevara at HealthCare Partners in Downey. She had been on Paxil for 3 years. Pt also took OTC Tylenol. Pages 13-15 – Pt occasionally enjoyed an adult beverage for around 5 years. She used sweetened milk drink. Pt not worked after January 17th. She alleged injury from 02/08/18 through 02/07/19 during work at Keck USC Hospital. Pages 16-20 – She was hired at Keck on 03/14/14 as an office coordinator. Her duties were filing papers and glass slides and also answering phones. She would carry more than 25 to 30 lbs at work. She would use elevator. Also would mail package of slides and to go to various warehouse and drop them off. She would carry about 25-30 lbs for 5 days every other week and in the first year, for about 3 floors downstairs and would take materials in a basket to carry it by hand. 21-26 – Pt would use elevator and go to hospital. She would walk across street. She would make trip every other week for different facilities, different hospitals, and different testing labs. Pt would go to the warehouse. She would keep her busy day to day activities and would stand at work. She would spend 4-5 hours at work with keyboarding and also with filing, and faxing. At work, she spent time in standing up, filing, and organizing doctors' stuffs. At the end of last year, her work was increased and did work on urgent basis because there was no staff and no support. Pages 27-30 – Pt worked with co-worker. Her hourly rate was \$23. She worked about 8 hours a week and 40 hours a week. Pt's supervisor was Christy Gordon. Before work at Keck, pt was unemployed for about 2-3 months. Pages 31 – Before that, she worked at Torrance Memorial for about 3-4 months in 2013. She was on filing, answered phones and on computer typing. Pages 31-37 – She worked at Torrance Memorial prior to that for about 3-4 months in 2013. Filed, answer phones and did typing in computer. Her mother

became ill and so stopped working voluntarily. Prior to Torrance Memorial, worked at Community Hospital in Long Beach for about 7 years. She was on keyboarding, attended calls and created slides, blocks for tissues analysis, monitored different types of reagents for tissue process, equipments as well as morgue for temperatures. They had all the equipment they needed for autopsies that basically met the policy and procedure of cleanliness. She quit the job in Long Beach. Prior to Long Beach, she was out of work for 4-5 months and was on unemployment insurance. Before that, she worked at Pacific Cardiologist Associates as a medical assistant at Laguna Hills for about 3 years, but totally about 7 years. She worked in the front office and duties were typing, filing, attending calls, checking inpatients, working on insurance and billing. She also took vitals, EKGs, and worked on Holter monitors. Pages 38-40 –After graduation from high school, she worked at Telecare La Casa, a mental facility. Pages 42-45 – Pt's PCP was Dr. Daisy Guevara since 1999 or 2000 and previously her PCP was Dr. Cudahy from Kaiser. Her OB/GYN was Dr. Zelda Billingsy from Monterey Park Hospital. Regarding hand symptoms, she saw a chiropractor and had gastric bypass in 2013 at Torrance Memorial. Pages 47-53 – Pt had bilateral wrist pain and treated at Downey Community Hospital regarding carpal tunnel. She had PT and it helped. She first felt low back pain around 11/2017. She felt pain in lower back and tailbone. Pt reported to supervisor, Gina about low back pain. Pt's neck pain started around 03/2018 secondary to sitting position in computer was seated. She reported to Gina about ergonomic issues and requested a new chair, but Gina refused to provide. Pages 54-59 – Neck pain was radiating down to shoulders. She had sharp and stabbing pain in the back. She had to lift her chair up to work with computer. She felt low back pain all day long and it was better with medical treatment. She was using heating pad and taking meds. Her right elbow pain started around 09/2018 and it was intermittent. She felt discomfort with low back and shoulders based on sitting position and got left arm pain from left upper extremity. She had x-ray. Pages 60-65 - Pt's DWC-1 form included the symptoms of elbows, shoulders, and wrists. She had aching pain in knee. She saw a private doctor for joint symptoms in arm, low back, shoulders and neck as well as had ankle symptoms with prolonged standing. She had achy pain in lower extremities. On a bad day, she would ask a male co-worker to lift stuff for her. She tried Ibuprofen. Pages 66-69 – Pt applied for unemployment benefits and got \$450 weekly. Pt is looking for work. She got disability.

### **DISCUSSION:**

The medical records provided refer to both continuous trauma from an industrial injury between February 2018 through February 2019 referring to emotional stress from working in a hostile work environment, musculoskeletal complaints from repetitive use of the spine, upper and lower limbs, a prior compromise and release dated March 26, 2020, migraine headaches, an array of general medical problems and treatment, depression, hiatal hernia, vitamin deficiency, surgical treatment for morbid obesity, etc. Despite the documentation of the patients' multiple medical problems, I do not have sufficient information from the records to make definitive comments as relates to the patients claims for the Subsequent Injury Benefits Trust Fund.

**SOURCE OF ALL FACTS AND DISCLOSURE**

The source of all facts was from review of medical records and my previous medical report. 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 the information 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 indicated herein, that I believe it to be true. Labor Code 139.3 was not violated. Assistance was provided by Sharmila Muthuram, Record Summarizer, who was trained by Arrowhead Evaluation Services, Inc.

I have received an attestation and declaration signed by Natalia Foley, Esq. from Workers' Defenders Law Group attesting 550 pages for review and comment.

Date of Report: July 29, 2021. Signed this 29<sup>th</sup> day of July, 2021 at San Bernardino County, California.

Yours truly,



Lawrence M. Richman, M.D., Diplomate (Neurology),  
American Board of Psychiatry and Neurology,  
Diplomate, American Board of Electrodiagnostic Medicine,  
Fellow, American Association of Neuromuscular and Electrodiagnostic Medicine,  
NIH Fellowship, Neurovestibular Disorders and Neuro-Ophthalmology

LMR

**State of California**  
**DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT**

**AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))**

**Case Name:** DEBRA SANCHEZ v University of Southern California  
(employee name) (claims administrator name, or if none employer)

**Claim No.:** SIF11924493 **EAMS or WCAB Case No. (if any):** ADJ11924493

I, STEVI HIX, 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:**

<u>A</u>	<u>08/05/21</u>	<u>Subsequent Injury Benefit Trust Fund 1750 Howe Avenue, Suite 370 Sacramento, California 95825</u>
<u>A</u>	<u>08/05/21</u>	<u>WORKERS DEFENDERS LAW GROUP 8018 East Santa Ana Canyon, Suite 100-215 Anaheim Hills, California 92886</u>
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 08/05/2021

*Stevi Hix*  
(signature of declarant)

STEVHIX  
(print name)