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August 8, 2020

Department of Industrial Relations
SIBTF
160 Promenade Circle, #350
Sacramento, CA 95834

DWC – SIBTF
Legal Unit
1515 Clay St., Suite 701
Oakland, CA 94612

RE:	**EVAN DISNEY**
Employer:	Advances Management Company
Date of Injury:	**CT June 5, 2015-March 12, 2018** **CT March 12, 2017-March 12, 2018** **March 12, 2015; February 14, 2018**
WCAB #	ADJ11231848; ADJ12037148; ADJ11804165; ADJ11231935
SIBTF No.:	**SIF12037148**
Date of Birth:	**April 17, 1978**
Date of Service:	August 8, 2020
Location:	San Diego, California

COMPREHENSIVE INDEPENDENT MEDICAL EVALUATION
SIBTF EVALUATION REPORT

Thank you for asking me to perform an Independent Medical Evaluation on Mr. Evan Disney in order to determine disability for the Subsequent Injury Benefits Trust Fund, pursuant to labor code 4751. I have personally evaluated this patient and prepared this report. The focus of this report is to address the applicant's preexisting impairment/disability to differing body regions, other than the industrial injury and note the effects of the following injuries.

This evaluation was performed in my office in San Diego, California on 08/08/20. I spent 3 hours in face-to-face time with the applicant. I spent another 4 hours in review of medical records and correspondence (402 pages. I have also provided medical research requiring 1 hour of my time. The combination of the above factors totaling greater than 6 hours constitutes 3 complexity factors. I have also addressed causation. This constitutes complexity factors #4. I have also addressed apportionment. Another 2 hours were required to dictate and transcribe this final report. The total time

required for this evaluation, therefore, is 10 hours. This report is billed as ML-104 with regulation 9795.

Per labor code 4751: If an employee who is permanently partially disabled receives a subsequent compensable injury resulting in additional impairment partial disability so that the degree or disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, and the combined effect of the last injury and the previous disability or impairment is a permanent disability equal to 70 percent or more of total, he shall be paid in addition to the compensation due under this code for the permanent partial disability caused by the last injury, compensation for the remainder of the combined permanent disability existing after the last injury as provided in this article; provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg, or an eye, and the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such latter permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5 percent or more of total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35 percent or more of total.

INITIAL SIBTF SUMMARY:

1. **Did the worker have industrial injury?**

   Yes.

2. **Did the industrial injury rate to 35% disability without modification for age and occupation?**

   Unknown currently. I am recommending a medical evaluation with respect to his non-muscular skeletal injuries.

3. **Did the worker have a preexisting labor disabling permanent disability?**

   Yes.

4. **Did the preexisting disability affect an upper or lower extremity, or eye?**

   Yes.

5. **Did the industrial permanent disability affect the opposite and corresponding body part?**

   Yes

6. **Is the total disability equal to or greater than 70% after modification?**

Unknown currently. I am recommending additional medical evaluations with respect to his non-musculoskeletal injuries.

SUMMARY OF MEDICAL AND SURGICAL MEDICAL PROBLEMS:

HISTORY (SUBSEQUENT WORK RELATED)

The patient is in today stating that he was involved in multiple work-related injuries with the first 1 being back in 2016. At the time of accident/injury the patient states that he was employed by Advanced Management Company and that his official job duty or description was that of a leasing consultant.

1. Injured in the first accident/injury was his low back. Specifically, he states that he had a trip and fall type injury when walking on a sidewalk (backwards) while giving a tour. In the process of walking backwards and stepping off of a curb he "jarred his low back." He thought nothing of it at first and thought that it would simply go away with rest and time. When the pain was not going away on or about May 2016 the patient states that he sought medical care with his primary care physician. An examination was done he was placed on light duty. Medications were also prescribed. When he was not getting better and MRI was taken of his lower back and he was told that he had suffered a disc bulge with narrowing of the foramen in his lower back. Shortly thereafter he was referred to pain management for possible epidural injections. The patient states that he ran out of FMLA and begged his doctor to get him back to work so that he can continue to work.

2. Toward the end of 2016 or in the early 2017 years the patient states that his employer was "harassing him in the aspect that they were moving his job sites and would not let him advance up the chain" into a management position. (CTD Psych).

3. In February 2018, the patient states that he was involved in a motor vehicle accident (rear end "hit and run") when driving his personal vehicle on company time. Shortly after the accident in question the patient states that he notified his supervisor and was told to go to the emergency room for evaluation and management. At the emergency room examination was done x-rays were taken of his neck and was diagnosed with a whiplash type injury. Medications were prescribed and he was told to follow-up should his symptoms persist. TTD was awarded for 3 days, then modified duties were also put in place. Treatment for this accident also included chiropractic, & physical therapy. In October 2018, the patient states that he went back to work full duty and his condition was deemed at MMI and/or permanent and stationary status.

4. In late February 2018, the patient states that his employer started harassing him again (Psych). and removed him from his newly promoted position and put him back in a leasing position at a different property. This particular property did not have assistant manager position. During his employment the patient states that he was also passed up for other positions including a managerial position which was close to his home. When he asked his employer why he was not considered for this position? His supervisor noted that he was passed up due to his medical condition (recent motor vehicle accident at work).

5. In December 2018, the patient states that he was going down some stairs at work, his left leg gave away and he slipped and fell approximately one flight of stairs injuring his lower back and left lower extremity. Also noted was multiple bruises along his backside is up to his shoulder blades. Immediately after the accident in question the patient states that he notified his supervisor and went to the emergency room for care. At the emergency room the patient states an examination was done x-rays were taken on his lower back, & neck. Also ordered was an MRI of his neck and lower back. Findings included 2 bulging disks in his lower lumbar spine. Treatment for the lower back, neck and lower extremity included physical therapy, chiropractic, massage, and medications. During his care he was placed on light duty, however he states for a considerable amount of time his employer would not accommodate the restrictions. In March 2019, the patient states that his case settled with permanent and stationary evaluation and/or impairment rating. Upon settlement the patient states that he was unable to find gainful employment and because he was no longer working for that company he had to move out of their facility (was leasing an apartment at the facility). The patient states that he was homeless for approximately 60 days, finally found an apartment and would find himself living off his VA disability to the best of his abilities.

HISTORY (PREVIOUS NON-WORK RELATED)

It should be known to all parties that the above-mentioned work-related injuries were not appropriately addressed by the treating physicians but will be accounted for on today's evaluation and anything that is not musculoskeletal in nature will be referred out to the appropriate medical specialist i.e. internal medicine, psych, neurology, etc.

Regarding nonwork related injuries the patient states that he has suffered a multitude of injuries involving his head, face, upper/lower extremities, left shoulder, lower extremities, respiratory system, GI tract and reproductive tract.

In chronological order the patient states that the following events happened in his life:

1. At age 2, the patient states that he had a trip and fall injury, where he fell off a coffee table impacting his head on a wall socket. The patient states that he was taken to the emergency room, his wounds were cleaned, and stitches were administered (4).

2. At age 9, the patient states that he had an accident where his cousin was swinging a golf club and it impacted his face. Loss of consciousness was noted after the impact. Luckily, his father was an EMT certified and he was evaluated on scene. At the time it appeared that his loss of consciousness was brief and that his cognitive condition was improving with time and thus no medical treatment was sought out right.

3. At age 11 the patient states that he had an accident where his cousin was swinging a baseball bat and impacted the left side of his cranium/face. Loss of consciousness was noted after the impact. Luckily, his father was on the scene again and evaluated him. At the time it appeared that his loss of consciousness was brief and that his cognitive condition was improving with time and thus no medical treatment was sought out.

4. In high school the patient states that he was highly active in sports and played basketball and football. Multiple injuries were noted in football and he also note on a couple occasions that he fell playing basketball impacting his head on the hardwood floor.

5. In his sophomore year the patient had a bicycle accident where he went over the bars injuring his left thigh (hematoma) and concussion with LOC, and whiplash type injury involving his neck.

6. In 1996, the patient states that he elected to and enrolled in the US military—Navy (As an electrician technician). In boot camp the patient notes that he fractured his left pinky finger. Right after the accident in question is supervisor sent him to the hospital, and examination was done, x-rays were taken, and his finger was splinted accordingly. Unfortunately, it never healed correctly and to this day he has a deformed pinky finger (swan-neck deformity).

7. In March 1997, he was in automobile accident (head-on collision when he was a passenger when traveling on the base and in uniform). During the course of the accident the patient states that his seatbelt malfunctioned, and when thrown forward the airbag exploded into his abdomen/lap allowing him to impact his face/cranium on the dashboard and ultimately melting his uniform to his skin. Emergency transport was performed, and he was taken to Navy Hospital at Great Lakes. An examination was done x-rays were taken of his neck, & low back. On a prophylactic basis he was given a cervical spine collar, medications were prescribed and later that evening he was released but told to follow-up if his symptoms get worse.

8. With the multiple head injuries, the patient states it was around April or May 1997 the US Navy pulled him out of school, tested him and he was told that to complicate matters he also had ADHD, and micro-seizures in his head. Medications and he was referred out to psych. Because of his injuries he notes that he was discharged (Honorably).

9. The patient states that he was born and raised in Montana and after being discharged from the US military went back home and started working at a company called CM Manufacturing. His job due to her description was that of a general laborer. During his care he also worked himself up to a different position quality control inspector/manager. In 1998 he states while on the job site he cut his right index finger when using a hammer. Shortly after the accident in question he did his best to stop the bleeding, no notified his supervisor and was told to go to the emergency room. At the emergency room he states that his wounds were cleaned and dressed appropriately with approximately 4 stitches.

10. In 1999, the patient states that he entered a 3 on 3 basketball tournament and injured his left rotator cuff. An examination was done, and he was given a sling and told to rest. If his condition did not improve, he was told that he may need therapy and/or surgery later.

11. In 2001, the patient states that he went to work for a company called Mountain Supply (Show room sales of plumbing supplies including but not limited to sinks, showers, and faucets). On one occasion the patient states that he was walking down a flight of stairs carrying boxes of product (2 cast iron sinks) describes a slip and fall type injury sliding down the stairs on his back again. Injured in the accident/injury was his lower lumbar spine and mid back. After the

accident/injury he notified his supervisor was taken by the supervisor to the emergency room. At the emergency room and examination was done, x-rays were taken of his lower back, mid back and neck. Medications were prescribed and he was told to take 2 weeks off work. No other treatment was sought out, however the patient states that shortly thereafter he changed jobs.

12. In 2005, the patient states that he returned to work at Mountain Supply this time working in the warehouse. In the summer of 2005, he states that he had an injury to which he broke his right pinky finger, when a pallet was dropped on top of it. No lost time of work was noted, however the patient states that he worked a full duty capacity with a splint for about 6–8 weeks.

13. In 2007, the patient states that he was working for Schwann's frozen food as a delivery driver. In the process of delivery in a car port, the patient states that he hit his head on a 2 by 4 giving himself a "whiplash" type injury involving his head and neck. Shortly after the injury he reported it to his supervisor and was sent to the local emergency room. An examination was done and x-rays were taken and additional diagnostic testing including but not limited to CT and/or MRI was performed. Treatment for his injury consisted of chiropractic and during his care he was let go. It was around that time that all treatment for the most part stopped other than the occasional treatments with a chiropractor on an as-needed basis. During the course of his care he was diagnosed also with diverticulitis & migraine /cluster headaches due to stress.

14. After being fired for being injured on the job the patient states that he suffered hardship and this stressful event (suddenly being homeless for approximately 2 years) This caused an abnormal amount of psychological damage. Because there was no income, he was unable to get the appropriate medical treatment for a psychological injury.

15. Around 2011, the patient states that he went back to school at the University of Montana. During his care he was evaluated by student health and was told that he had suffered ADHD

16. Around that time, he also got his own insurance and when following up with the PCP was told that he has suffered scarring on the esophagus secondary to GERD.

17. Around 2012, the patient states that he finally got a new job and went to work at a company called ORI "Opportunity Resources Incorporated". His position was that of an in-home health care provider. One evening he states that a resident was found on the floor and he and a coworker did their best to lift the resident up and transfer them back to the bed. In the process he injured his lower back again. Shortly after the accident/injury he notified his supervisor and was sent to his chiropractor who he had seen in the past. Examination was done, x-rays were taken, and he was told that he needed another MRI. Noted on MRI was 2 bulging disks. Treatment included chiropractic, physical therapy, massage and medical specialist. He notes that he was never given the appropriate permanent and stationary evaluation nor was his disability related, however out of court they settled his case with a monetary award.

PRESENT COMPLAINTS

- The patient has a chief complaint of low back pain is with radiating pains down his left leg to his toes. The pains are best described as burning in nature with numbness and tingling as well. When asked to rate the pain(s) today on a 1-10 scale, the patient states that the pain(s) are at a #8 /10. & Constant
- His secondary complaint is that of sleep disturbances and states that he only gets approximately 2-4–hours a night of restful sleep and that his sleep patterns are broken up due to pain, stress, anxiety, and GI issues.
- He has a tertiary complaint of psychological condition best described as a sense of hopelessness, depression, fatigue. To complicate matters he states that his father had 3 jobs which can best be described as Superman (firefighter, police officer and EMT), and because of his conditions as listed prior he has been unable to find gainful employment and has had over the course of his life 32 different jobs.
- The patient states that he always has tension headaches, still gets migraine headaches to this day, and a lot of this comes from his neck and shoulder region. When asked to rate the pain(s) today on a 1-10 scale, the patient states that the pain(s) are at a #6 -9/10. The pains in his neck and head are best described as gripping, with episodes of sharp pain. Associated with the migraine headaches is nausea, with visual disturbances.
- The patient states that he suffers from restless leg syndrome which can be associated with a slight tremor as well and if he does not take his medications (gabapentin and Flexeril). There is no chance of him sleeping at night.
- On occasion the patient states that he gets arthritis type aches and pains in his 2 pinkies', and finds himself catching his left pinky on things at times causing a sprain strain type injury.
- Memory loss with inability to form accurate and/or complete sentences.
- Difficulty to concentrate for any length of time.

PAST MEDICAL HISTORY:

Specific regard to today's chief complaint past medical history includes the following:

Serious Illnesses / Injuries /Hospitalizations /Surgeries:

- Migraines
- Tinnitus in his right ear with
- TMJ dysfunction
- Poor vision/double vision/ "watering of his eyes"
- Chronic neck pain
- 1999 left rotator cuff injury playing basketball
- Chest pain/anxiety
- High cholesterol
- GERD/IBS
- Frequent urination at night
- Kidney stone right-with 3 months pain which passed naturally without intervention
- Erectile dysfunction (presumably from the low back injuries, airbag, and psych)
- Radiating pain from the low back which wraps around to the anterior left hip and travels down to his toes

- Multiple ankle sprains as a teen playing sports
- High cholesterol
- Anxiety, depression
- Memory loss
- Sleep disorders.

Medications:

- Adderall
- Gabapentin
- Lipitor
- Flexeril
- Ibuprofen OTC

Allergies:

- **PENICILLIN**

ROS:

- Headaches
- Hearing loss
- Vision problems
- TMD (Jaw)
- Loss appetite
- Indigestion
- Diarrhea
- Food intolerance-(Gluten)
- Use of antacids
- Chest pain
- Infantile asthma
- High cholesterol
- Gets up at night to urinate frequently
- Recent weight loss (45 lbs over 5 months)
- Numbness and tingling in his left lower extremity
- Numbness and tingling in his left arm C8 dermatome
- Muscle cramps (legs left side greater than right).

FAMILY HX:

Dad- heart disease, hemochromatosis

Mother-cancer, high blood pressure, diabetes (NIDDM)

SOCIAL:

The patient does not smoke or use drugs/medications other than those listed. However, does drink caffeine (4–5 cups a day)

Hobbies / Sports:
Walks, magic tricks, shoot hoops with children (horse)

Examination findings: (Principally Limited to areas of chief complaint)
Age: 42 Years old, Height: 6ft 0 Inches, Weight: 198 Pounds, Blood Pressure: 128/87, Pulse: 87, Respirations: Deferred, Temp 98.2f, Pulse Ox: 91%

General Appearance: (Development, Nutrition, Body Habitus, Deformities, Grooming) - The patient appeared well nourished and normally developed.

- Orientation: x3
- Mood/Affect: Anxiety, depression, irritable, & angry
- Gait/Station: WFL for the first 5 minutes of walking and/or standing that he favors the left lower back and extremity:
- Peripheral Vascular Inspection: N/A
- Posture: He can sit for about 20–30 minutes, he can stand for about 20–30 minutes and he can walk for about 20–30 minutes prior to having to change activity or posture. If not, pain is noted. in his low back and left leg

Cervical Spine Region:

Inspection showed no atrophy, temperature changes, edema, or swelling. Color was normal, and turgor was normal. Palpation of the cervical and/or thoracic spine musculature revealed left-sided levator scapula and suboccipital tenderness ness. There was left-sided muscle guarding and/or active trigger points +3 in nature in the surrounding musculature as well.

Orthopedic and Neurologic tests:

- Maximal foraminal compression test positive, indicative of posterior element compression, and/or irritation.
- Axial compression test negative for radiculopathy, however localized pain was noted indicative of possible discogenic pain.
- Shoulder depression test positive neural tension test indicative of possible underlying HNP/radiculopathy (pain travels in a well delineated dermatomal pattern) on the left with numbness and tingling noted along the C7 and/or C8 dermatomes
- Cervical distraction test positive with relief of pain noted
- Percussion test: Negative
- Ringing bell sign: negative

Ranges of Motion: In accordance with the *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition,* a five-minute warm-up was performed. Ranges of motion were tested three times and tested with dual-inclinometers and then double-checked and/or verified with the aid or assistance of a goniometric device. After a five-minute warm-up, the following maximal ranges of motion were observed:

Flexion:	55/50
Extension:	50/60
Right Lateral flexion:	40/45
Left Lateral flexion:	30/45
Right rotation:	40/80
Left rotation:	40/80

Thoracic Spine Region

Inspection showed no atrophy, temperature changes, edema, or swelling. Color was normal, and turgor was normal. Palpation of the examinee's thoracolumbar spine musculature revealed a generalized neck and shoulder tenderness. Muscle guarding and/or latent trigger points +1 in nature in the surrounding musculature was noted as well.

Orthopedic and Neurologic Tests:

- Valsalva's test was negative
- Percussion was negative
- Kemp's test positive, indicative of posterior element compression, and/or irritation. More so on the left
- Bilateral leg lowering test positive, indicative of posterior element compression, and/or irritation. More so on the left
- A-P, P-A, oblique and transverse rib compression tests were

Lumbar Spine Region

Inspection showed no atrophy, temperature changes, edema, or swelling. Color was normal, and turgor was normal. Palpation of the examinee's thoracolumbar and lumbosacral musculature revealed left-sided lower lumbar and gluteal tenderness. There was muscle guarding and/or active trigger point's +3 in nature in the surrounding musculature was noted as well.

Orthopedic and Neurologic Tests:

Valsalva test positive with pain noted in the lower lumbar spine which radiates down to refers out to the left hip region

- Percussion test was
- Seated straight leg raising/straight leg raising positive neural tension test indicative of possible underlying HNP/radiculopathy (pain travels in a well delineated dermatomal pattern) on the posterior aspect to his thigh
- Axial compression/quadrant tests negative for radiculopathy, however localized pain was noted indicative of possible discogenic pain.
- Kemp's test positive, indicative of posterior element compression, and/or irritation near the thoracolumbar junction. More so on the left
- Bilateral leg lowering test positive, indicative of posterior element compression, and/or

irritation. Near the thoracolumbar junction and more so on the left
- Sciatic notch/nerve palpation was tender to the touch on the left
- Gaenslen's test was negative
- Patrick Fabere's test was negative
- Eli's femoral nerve stretch test was painful on the left with pain noted in the lower back which wraps around to the anterior thigh
- Heel and toe walking was negative

Ranges of Motion: In accordance with the *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition,* a five-minute warm-up was performed. Ranges of motion were tested three times and tested with dual-inclinometers and then double-checked and/or verified with the aid or assistance of a goniometric device. After a five-minute warm-up, the following maximal ranges of motion were observed:

Sacral angle	5
Flexion:	75/60
Extension:	20/25
Right Lateral flexion:	30/25
Left Lateral flexion:	30/25

Upper Extremity Region

Inspection of the upper extremity showed no atrophy, temperature changes, edema, or swelling. Color was normal, and turgor was normal. Palpation of the examinee's upper extremity musculature revealed no tenderness in the rotator cuff and surrounding periscapular. Noted on the left hand was a swan-neck deformity #5 with hyperextension of the proximal and flexion of the distal.

Orthopedic and Neurologic Tests:
- Supraspinatus test was negative
- Speed's test was negative
- Cross-arm impingement test was negative for AC, & negative coracoid impingement.
- Internal and external resisted range of motion testing was negative.
- Yergason's test was negative.
- Anterior apprehension dislocation test was negative
- Thoracic outlet screening test was positive on the left indicative of possible TOS with numbness and tingling noted on the left side more so than right.
- A./C. squeeze test was negative
- Anterior to posterior shearing test was negative
- Scour tests were negative for labrum pathology.

In accordance with the *AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition,* a five-minute warm-up was performed. Ranges of motion were tested three times with the aid or assistance of a goniometric device. After a five-minute warm-up, the following maximal ranges of motion were observed:

Shoulder active ranges of motion were:

Right	Left
Flexion: 175	Flexion: 165
Extension:75	Extension:60
Abduction: 60	Abduction: 170
Adduction: 35	Adduction: 45
Internal rotation: 70	Internal rotation: 85
External rotation: 80	External rotation: 85

Elbow active ranges of motion were:

Right	Left
Flexion: 137	Flexion: 137
Extension: 0	Extension: 0
Pronation: 180	Pronation: 180
Supination: 180	Supination: 180

Wrist active ranges of motion were:

Right	Left
Flexion: 85	Flexion: 85
Extension: 85	Extension: 85
Ulnar: 40	Ulnar: 35
Radial: 20	Radial: 20

Neurologic exam:

Sensory examination of the upper and lower extremities was within normal limits, and was tested distally with a light touch and/or a disposable Whartenberg pinwheel, except:

Muscle Stretch Reflexes (+2 equals normal):
The biceps, brachioradialis, triceps, Achilles, and patellar were all +1 and equal bilaterally except:

Motor Examination (5/5 equals normal):

Motor examination of the upper and lower extremities was tested distally and noted to be within normal limits with 5/5 strength noted bilaterally

Pathologic Reflexes:

- Clonus test was not elicitable.
- Babinski's test was absent.

GRIP STRENGTH: Measured in the #3 rung "Right-handed")

- Right: 100, 120, 90 lbs
- Left: 85, 70, 70 lbs

PINCH STRENGTH: Measured in the #1 rung
Right: 40, 40, 40 lbs

Left: 40, 38, 38 lbs

TMJ ROM- with slight lateral deviation noted on his mandibular gait

- Vertical = 38mm
- Lat right = 10mm, left = 10mm

CIRCUMFERENTIAL MEASUREMENTS:

	Right	Left
Biceps	32 cm,	12 cm
Forearms	29 cm,	29 cm
Wrist	18.5 cm	18.5 cm
Thighs	45 cm,	44 cm
Calves	40 cm,	40 cm

REVIEW OF MEDICAL RECORDS:

WC Claim Form, dated 03/12/18, w/DOI: 02/14/18. Hit and run car accident on the property.

WC Claim Form, dated 03/12/18 w/DOI: CT 06/05/15 - 03/12/18. Stress and strain due to repetitive movements.

WC Claim Form, dated 03/12/18, w/DOI: CT: 03/12/17 - 03/12/18. Stress and anxiety due to false defamatory statements, discrimination, harassment, and hostile work environment.

WC Claim Form, dated 12/12/18 w/DOI: 12/12/18. The patient fell on stairs at work.

Application for Adjudication, dated 03/12/18 w/DOI: 02/14/18. Hit and run car accident on the property. Back. Employed by Advances Management Company as an Assistant Community Director.

Application for Adjudication, dated 03/12/18 w/DOI: CT 06/05/15 - 03/12/18. Stress and strain due to repetitive movements. Head not specified, back including back muscles, lower extremities, upper extremities. Employed by Advances Management Company.

Compromise and Release, dated 03/12/19 w/DOI: 02/14/18 (specific injury) to back, 12/12/18 (specific injury) to back and body system, 06/05/15 - 03/12/18 (cumulative trauma) to head, upper extremities, lower extremities, and back, 03/12/17 - 03/12/18 (cumulative trauma) to stress and psyche. Employed by Advanced Real Estate Services, Inc. as an Assistant Manager. Settlement Amount: $50,000.

10/13/03 - Progress Report. Fracture finger.

10/16/03 - First Report at Montana State Fund. The patient was removing bags of product from underneath a pallet being held by a customer. The customer dropped the pallet onto the patient's right hand breaking his little finger. Disability began on 10/13/03. Attending physician is Brian Rick, MD.

10/21/03 - Progress Notes by T. Calderwood, MD. The patient fractured his finger 8 days ago. A pallet fell on his finger hyperextending it and he got an avulsion at PIP joint at volar aspect of his right fifth

finger. Put him in a malleable aluminium splint that covers entire finger and it is placed in anatomic position and this was uncomfortable for him. Recommended re-x-ray of finger in 5 weeks to make sure this has healed well. He should keep splint on all day long, but take it off to wash and when he does take it off to wash, just gently move it, so he can get his range of motion back. Prescribed Lortab as he is still hurting quite a bit.

10/21/03 - Attending Physician's First Report and Initial treatment by T. Calderwood, MD. A pallet of salt was dropped on tip of right pinkie. Diagnosis: Broken finger.

11/05/03 - Progress Report. Finger - joint damage.

12/23/03 - Emergency Room Report at Community Medical Center by Scott Q. Greer, MD. The patient presented ambulatory for right arm injury. He was at work today trying to kick a frozen pipe loose off the ground when his other foot slipped out and he fell on his back. He first had his right arm stretched out behind him to break the fall and he landed on the arm and then he states it gave way. Since then, he has pain in anterior shoulder and burning discomfort. Also feels some tingling in fifth finger and ring finger. He broke his right fifth finger approximately 2 months ago and has had some soreness and swelling since then. Diagnoses: 1. Right shoulder sprain, primarily over the head of biceps. 2. Right hand strain. The patient is given a shoulder sling to wear for the next 2 to 5 days. After 2 days, he is to do gentle range of motion exercises. Prescribed Lortab and also take anti-inflammatory. Referred to Dr. Christopher Price if he is not improving. The patient is discharged in stable condition. Modified duty from 12/23/03 to 12/30/03 with no heavy lifting. Keep right arm in a sling for the next week. Follow up with private physician/orthopaedist if unable to return to full work duties in one week. Full duty after 12/30/03.

01/05/04 - Progress Notes by T. Calderwood, MD. The patient had a fall 10 days ago on ice at work. He landed on a partially outstretched right hand. He came in complaining of major shoulder pain to emergency room. He is still quite sore. He has been working at Sails at office. Normally, his work is fairly physical. Again, his pain is still fairly substantial and it is mostly in medial shoulder near the area of coracoid. Diagnosis: Rotator cuff strain. There is no way he can do heavy work for at least 3 more weeks. Limit his amount of pushing, pulling, lifting to 25 pounds. Prescribed some samples of Vioxx. Given written exercises that he should do gently a couple times per day.

01/05/04 - Attending Physician's First Report and Initial Treatment by T. Calderwood, MD. The patient fell on ice. Diagnoses: Rotator cuff strain, right shoulder contusion. Treatment included heat, exercise, and anti-inflammatories.

01/26/04 - Progress Notes by T. Calderwood, MD. Shoulder pain improving, but not quite better. When he elevates his arms above his head, he feels sharp pain in the coracoid region. He will continue to heal. Prescribed Bextra. Gave a note to him for his boss.

01/03/05 - First Report at Montana State Fund. The patient was carrying box downstairs and lost foot and fell downstairs. Ribs, hand, ankle broken/bruised, contusion. Disability began on 01/03/05.

02/26/14 - Workers' Compensation Initial Exam at Butler Chiropractic Health Clinic, PC by Don R. Butler, DC. The patient sustained injury on 02/23/14 while lifting a person with coworkers who

weighed 220 lbs. The patient complains of constant and burning low back pain rated 5/10 increased by movement rated 7/10 on right side only with pulling sensation radiating down into right hip to right knee with numbness and tingling in upper leg comes and goes for 3 days. Also complains of decreased range of motion and pulling sensation in mid back, which is sharp, stabbing, and constant rated 7/10 in left side only. Pain is between shoulder blades increased with movement. The patient complains of constant stinging neck pain behind right eye rated 4-5/10 and increased with turning head rated 6-7/10 on right side only radiating to right jaw with numbness and tingling to left arm, hand, and fingers. Also complains of constant headaches, heart burn, nausea, and abdominal pain. Physical exam revealed decreased range of motion of cervical spine Positive Valsalva, bilateral straight leg raises, WLR, Braggards' bilaterally, Soto Hall, Patrick Faber bilaterally and Ely's sign bilaterally. Body range of motion also decreased.

03/03/14 - Letter by Don R Bulter, DC. The patient sustained injuries during lifting an object weighing over 200 pounds while at work. He with severe neck, mid back pain, low back pain with pain radiating into both legs and headaches. After examination and x-rays, patient is diagnosed with cervical and lumbar disc irritation/herniation. Also, cervical, thoracic and lumbar subluxations at C5, C6, T6, T7 and L4, L5. Recommended 6 treatments as soon as possible and also gave work restrictions until 03/10/14 as patient is too unstable to do any heavy lifting.

03/04/14 - First Report at Montana State Fund. Date of Injury: 01/23/14. The patient assisted another staff with lifting up from bed. States already had flu and suffering from really bad body aches. The patient had horrible and worse back pain. States next day body ache has stopped, but back is still hurting. States mid back is very painful and also pain in neck.

03/07/14 - Provider Request for Authorization at Montana State Fund by Don R. Butter, DC. Requested lumbar MRI to rule out disc herniation.

03/07/14 - Chart Notes by Don R. Butter, DC. The patient complains of constant, achy, and sharp low back pain rated 6-7/10 radiating down left hip to left foot with numbness and tingling from thigh to foot and arms. When getting out of bed and bending pain level is 8-9/10. Also complains of abdominal pain with movement. Also states achy, constant T7-8 mid back pain rated 4-5/10 with burning sensation left worse than right. The patient complains of constant and very sharp neck pain rated 7-8/10 and with movement 8-9/10 radiating behind eyes and shoulders left worse than right with numberless and tingling sensation from left arm to 3rd and 4th fingers. Symptoms have worsened since initial exam. On physical exam, decreased range of motion and fixation was found. Spinal adjustments performed on L3, 4, 5 traction on disc. Positive for herniated lumbar and cervical disc. Less sensitivity to entire arm and leg medial/lateral. Diagnoses: 1. Low back pain. 2. Mid back pain. 3. Neck pain. Ordered MRI. Off work for next week. Chiropractic adjustments were performed to the fixated segments. Ultrasound therapy was applied to the lumbar paraspinal area for a period of 8 minutes at a frequency of 1 mHz continuously.

05/06/14 - Neurological Consultation at Neurological Associates, PC by Chriss A. Mack, MD. The patient works as a CNA hurt his back while working and referred by Dr. Butler treating with chiropractic manipulation. When he was not making satisfactory progress, Dr. Butler ordered lumbar MRI, which primarily show L3 dermatomal dysesthetic pain and it is about 50% better. MRI reveals annular T2-weighted bright signal directly in front of left L3 nerve root laterally in foramen that

probably displaces perineural fat with some irritation to L3 nerve root, which is completely consistent with clinical symptoms. The patient does have midline annular tear pretty modest as well, but centrally at L4-L5 subtly more deflection of left L5 nerve root than right. The patient is complaining of 15 radicular symptoms. States back pain is present, but not primary contribution. Takes anti-inflammatories and has not been working. The patient states it definitely still bothers him. Diagnosis: Nonsurgical annular tear laterally at L3-L4 producing symptomatic L3 relative radiculopathy and annular tear at L4-L5 that is not obvious clinical significance but is probably contributing to some extent to his back symptoms. Referral to Dr. Chris Caldwell at Spine Center. Restrictions known to be 10 lbs for 6 weeks.

05/12/14 - Letter Medical Necessity by Don R. Butter, DC. The patient has 2 bulging discs causing pain radiating into left leg with numbness and tingling. Also had neck and mid back pain that is progressing well. Range of motion in low back and leg raises have improved steadily. The patient's leg numbness and tingling is 50% better and low back pain has decreased to grade 3-6 from 10 range. Need to extend his treatment plan to weekly for 6 weeks followed up with examination. Also, will do rehab in form of muscle stim for paraspinal muscles around 2-disc bulges.

06/03/14 - Initial Evaluation by Valerie C. Chyle, FNP. Date of Injury: 01/23/14. The patient was performing job duties on 01/23/14 and helping another staff member lift a client from floor to bed. Reported low back pain with a burning sensation down to left leg. The patient has long history of chiropractic treatment with Dr. Don Butler treating pretty aggressively without any long-lasting results. Dr. Butler recommended an MRI, reviewed by Dr. Chriss Mack. Dr. Mack found that was not a surgical problem and referred the patient to Dr. Chris Caldwell for consideration injection therapy, that was denied by the insurer. The patient has not had any physical therapy. Reports that Dr. Mack did prescribe him Neurontin and Robaxin and that helped his pain, but made him very sleepy and forgetful. He was unable to return to his time of injury job with the medication and pain level. On 05/23/14, he decided to stop medication and his head cleared, but then he had more pain. The patient has pain in left side of low back into left buttock wrapping around top of left thigh into medial aspect of left knee and down medial aspect of lower leg into top of the foot. He admits to some anxiety regarding his pain situation. Reports that this has had an effect on his mood and he feels crabby all time. He has difficulty sleeping. Reports increased sensation of need to move his bowels. Past Medical History: Upper neck disc bulge in 2002, hurt at work. Diagnoses: 1. Lumbar strain with MRI evidence of degenerative changes L3-4, L4-5 status post work-related injury 01/23/14. 2. Long history of chiropractic treatment for multiple spine problems and injuries. 3. Diminished function. Dr. Mack provided a prescription to the patient for Neurontin, taper up to 300 mg. The taper up was obviously too for the patient, but was helpful with the leg pain. Recommended Neurontin, can increase 2 tablets at bedtime after 5 days. Robaxin as need. Recommended physical therapy 2 times/week for 6 weeks.

06/24/14 - Follow up Visit by Valerie C. Chyle, FNP. The patient completed 4 physical therapy visits. Last 2 sessions are not very helpful, but reports overall feeling much better. Reporting some burning pain related to increased activity. Doing home exercise program and lots of walking. The patient continues difficulty sleeping and psychological stressors. Tried Neurontin, but reported restless legs. Using Melatonin for sleep, but it is not helping. Still complains of low back pain rated 5/10, at its worst 8-9/10 and at its best 3-4/10. Diagnoses: 1. Lumbar strain with MRI evidence of degenerative changes L3-4, L4-5 status post work-related injury 01/23/14. 2. Long history of chiropractic treatment for

multiple spine problems and injuries. 3. Diminished function. Prescribed Amitriptyline. Requested massage therapy 1 x 6 weeks. Continue physical therapy.

09/06/18 - Initial Orthopedic Panel Qualified Medical Examination by Todd W. Peters, MD. Date of Injury: 02/14/18. The patient employed for Advanced Management Company as an Assistant Manager for 5 years. Works 9 hours/day and 5 days/week. Performs duties associated with issues of residential management such as walking person to their apartment, dealing with packages, paperwork and files, phone calls, typing contracts, and tours. The patient stands, sits, bends, motions lot at work and after 2-3 hours of work, gets very bad headache. The patient states on 02/14/18 at employment he was driving 1996 Lincoln Town Car when red car rear ended his vehicle, caused whiplash, and went to see doctor afterwards. The patient was referred to the Kaiser Garden Grove by his employer, obtained MRI of neck, bulging disc was found, and given Flexeril and advised to rest. The patient was unable to finish shift and was not able to return to work next day and taken off work for 2 days. Currently on modified duty restrictions. The patient was advised to work only for 4-5 hours/day, and to undergo therapy 3 times/week. The patient began seeing chiropractor and received treatment of shockwave therapy, acupuncture, manual manipulation, and chiropractic treatment. States he has been doing therapy for 5 months. The patient is currently complaining of aching, stabbing sensation, and weakness to neck radiates down to left shoulder, left arm, left hand, left fingers, and left leg rated 7/10 increased by rotating neck and staying in 1 position for long time. States heat and ice application, stretching exercises, and medication helps little. Also complains of aching, stabbing sensation, and weakness to left shoulder, left hand and fingers, left leg rated 7/10 increased by rotating left shoulder, left leg, and having some difficulty doing stretching exercises. The patient is having much difficulty with activities of daily living. Previous injuries included a fall on 04/2017 while walking backwards on sidewalk, fell and twisted lower back, on 10/2012 hurt his lower back picking up patient off bed, fell down flight of stairs 21 years ago with no major injury and off work for couple days. Diagnoses: 1. Cervical sprain/strain and complaints of radiculopathy. 2. Lumbar sprain/strain with complaints of radiculopathy. Causation: Industrial. Ordering MRI of the lumbar spine. Referral to orthopedic surgeon/spine specialist for further evaluation and treatment. Requesting medical records. Modified work with lifting preclusion 35-40 lbs and avoid overhead activities.

10/15/18 - Primary Treating Physician's Permanent and Stationary Report at The Wellness Studio by Harold Iseke, DC. Date of Injury: 02/14/18, CT 06/05/15 - 03/12/18. The patient worked for Advances Management Company for 5 years as an Assistant Community Director. He worked more than 35 hours/week. Job duties included walk properties, deal with customers, write up contracts customer service, making and taking phone, clerical work and various other duties. Job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending neck, reaching, pushing pulling, typing, writing, grasping, gripping, working overhead and lifting of approximately up to 50 lbs. From 06/05/15 to 03/12/18, the patient started to experience headaches, back pain, bilateral upper extremities and bilateral lower extremities due to constant sitting, twisting and bending. Also states back pain worsened when he twisted his back while walking off side walk. Reported to employer, but did not make any recommendations. The patient managed by seeking medical attention on own where he was evaluated, taken diagnostic studies, prescribed meds, started physical therapy, and returned back to work with restrictions. Continued working with persistent symptoms. On 02/14/18, while driving at work, sustained injuries and later developed worsening headaches and sleeping problems. States that he was exiting off ramp and rear-ended in a hit and run accident and experienced worsening back pain and sought medical care at Urgent Care, evaluated,

prescribed medication, placed off work and discharged. The patient has since continued to work with restrictions on his own to present. At the time of evaluation, complained of headaches, back pain, pain on upper and lower extremities, sleeping problems and recommended with physical therapy, chiropractic treatment, acupuncture, ECSWT, and medications. Currently working with no modified duties. Also complains of head, cervical spine pain, thoracic spine pain, lumbar spine pain, sleep and psychological problems. Complains of frequent occipital, frontal sharp, throbbing headache radiating to down left arm with nausea increased with stress, activity and prolonged work. Complains of constant mild achy neck pain, mild mid back pain, and moderate achy low back pain and stiffness becoming sharp, throbbing, burning severe pain radiating to left hand and to bilateral legs with numbness, tingling, weakness, cramping and muscle spasms with sudden or repetitive movement, lifting 10 lbs, looking up, looking down, bending and twisting. Also complains of loss of sleep due to pain and is causing anxiety, stress, depression and irritability. The patient states current pain level is 8/10. Prior industrial injuries included approximately in 2006 while working for different employer sustained injuries to neck, received treatment, and made full recovery and in approximately 2011 while working for a different employer sustained injury to lower back, received treatment for 2 years and made full recovery. The patient had previous automobile accident in 1997. The patient had difficulties with activities of daily living. Diagnoses: 1. Headache. 2. Spinal enthesopathy, cervical region. 3. Radiculopathy, cervical region. 4. Cervicalgia. 5. Spinal enthesopathy, thoracic region. 6. Pain in thoracic spine. 7. Low back pain. 8. Radiculopathy, lumbar region. 9. Spinal enthesopathy, lumbar region. 10. Sleep disorder, unspecified. 11. Acute stress reaction. 12. Major depressive disorder, single episode, unspecified. 13. Anxiety disorder, unspecified. 14. Irritability and anger. 15. Chronic pain due to trauma. 16. Myalgia. 17. Myositis, unspecified. Disability Status: Reached maximum medical improvement and permanent and stationary. Subjective Factors of Disability: 1. Headache. 2. Neck pain and stiffness. 3. Mid back pain and stiffness. 4. Low back pain and stiffness. 5. Loss of sleep. 6. Anxiety, stress, depression. Objective Factors of Disability: Cervical Spine: 1. There is tenderness to palpation of bilateral sternocleidomastoids, bilateral trapezii, cervical paravertebral muscles, cervicothoracic junction, spinous processes and suboccipitals. 2. There is muscle spasm of bilateral sternocleidomastoids, bilateral trapezii, cervical paravertebral muscles, cervicothoracic junction and suboccipitals. 3. There is limited range of motion. 4. Positive orthopedic tests. 5. MRI findings revealed abnormal findings. Thoracic Spine: 1. There is tenderness to palpation of bilateral Levator Scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction. 2. There is muscle spasm of the bilateral levator scapulae, bilateral rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. 3. There is limited range of motion. 4. Positive orthopedic tests. Lumbar Spine: 1. There is tenderness to palpation of bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, sacrum, spinous processes and thoracolumbar junction. 2. There is muscle spasm of bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. 3. There is limited range of motion. 4. Positive orthopedic tests. Causation: Industrial. Apportionment: 100%. Impairment Rating: 19% Whole Person Impairment. Permanent Work Restrictions: Precluded to no overhead activities, no activities involving repetitive motion of neck or involving comparable physical effort. For mid and lower back restricted from heavy lifting, squatting, stooping prolonged standing, sitting, climbing, twisting, walking on uneven grounds, or other activities involving comparable physical effort. Future Medical Care: Future medical care for flare-ups expected for his condition.

11/28/18 - Supplemental Orthopedic Panel Qualified Medical Evaluation Report by Todd W Peters, MD. The patient sustained 1 specific fall in 04/2017 causing injury to lumbar spine and other in was an

industrial motor vehicular accident occurred on 02/14/18 causing whiplash in to cervical spine. Recommended additional treatment and diagnostic studies. Medical record of MRI of lumbar spine was reviewed. The patient had some hypesthesia in left lateral calf and posterior calf. At present, his radicular complaints are not verified but would recommend that he receive treatment to include possible lumbar epidural steroid injections. Have not received any additional diagnostic studies as it pertains to his cervical spine. Previously requested April 2018 MRI of the cervical spine to forward for review. Otherwise cervical epidural steroid injections are recommended.

02/26/19 - Authorization for Absence by Don R. Butter, DC. The patient be excused for no work until 03/03/19.

02/24/20 - Vocational Rehabilitation Counseling Report by Madonna R. Garcia, MRC, VRTWC. Date of Injury: CT 06/05/15 - 03/12/18, CT 03/12/17 - 3/12/18, 12/02/18, 02/18/18. The patient is currently working as a Magician on a part-time basis to support his family. He completed the activities of daily living questionnaire. Activities of Daily Living: With Some Difficulty: Combing hair, wash and dry, light housework, cooking, get in and out of cars, watch television, read a book, seeing up close, seeing things far with glasses. With Much Difficulty: Dress himself including shoes, yard work, driving a car (automatic transmission), sleep at night, nap during the day. Unable to Do: heavy housework (cleaning, laundry, etc). Subjective Physical Tolerances: Without difficulty: Maintaining balance, talking/speak clearly. With some difficulty: forward flexion of neck, reach above and below shoulder level with right and left arm, push/pull light objects, gripping a glass of water, carrying a gallon of milk with one or both hands, lift more than 10 lbs, fine finger manipulation, simple and firm grasping, writing, typing, feel what he touch, smell and taste the food he eat, hearing from left and right ear. For how long a period of time: Sitting 60-90 minutes, standing 10-40 minutes, walk on flat surface, incline and decline 10-40 minutes, walking hurt no matter what direction, crouching, kneeling. Unable to do: Bending, stooping, crawling, lifting more than 50 lbs. He does not participate in physical therapy. Dr. Isike and Dr. Peters reported patient presents his physical complaints: Head: The patient complains of frequent occipital, frontal sharp, throbbing headache radiating to down left arm with nausea. Cervical Spine: The patient complains of constant mild achy neck pain and stiffness becoming sharp, throbbing, burning severe pain radiating to left hand with numbness, tingling, weakness, cramping and muscle spasms with sudden or repetitive movement, lifting 10 lbs, looking up, looking down, bending and twisting. Thoracic Spine: The patient complains of constant mild mid back pain and stiffness becoming sharp, throbbing, burning severe pain radiating to left hand with numbness, tingling, weakness, cramping and muscle spasms with sudden or repetitive movement, lifting 10 lbs, looking up, looking down, bending and twisting. Lumbar Spine: The patient complains of constant moderate achy low back pain and stiffness becoming sharp severe pain radiating to bilateral legs with numbness, tingling, weakness, cramping and muscle spasms with sudden or repetitive movement, lifting 10 lbs, standing, walking, bending, kneeling, twisting and squatting. Sleep: There is complaint of loss of sleep due to pain. Psychological: The patient states that due to pain, he feels like his condition will never improve and is causing anxiety, stress, depression and irritability. Difficulties with activities of daily living. Pain level 8/10 now. Dr. Isike and Dr. Peters also reported Diagnoses: 1. Headache. 2. Spinal enthesopathy, cervical region. 3. Radiculopathy, cervical region. 4. Cervicalgia. 5. Spinal enthesopathy, thoracic region. 6. Pain in thoracic spine. 7. Low back pain. 8. Radiculopathy, lumbar region. 9. Spinal enthesopathy, lumbar region. 10. Sleep disorder, unspecified. 11. Acute stress reaction. 12. Major depressive disorder, single episode, unspecified. 13. Anxiety disorder, unspecified. 14. Irritability and anger. 15. Chronic pain due to trauma. 16. Myalgia. 17. Myositis, unspecified. Dr.

Isike and Dr. Peters stated on his report that when patient reported an injury which he sustained while working with Advances Management Company. He reported having headaches, pain in his back, bilateral upper extremities, bilateral lower extremities and sleeping problems and sought medical care at Urgent Care in Garden Grove. He was evaluated and prescribed medication and was placed off work and was recommended with physical therapy, chiropractic treatment, acupuncture, ECSWT, and medications. He remained symptomatic despite the treatments and he has reached maximal medical improvement and is permanent and stationary. Disability status according to Dr. Isike and Dr. Peters at this point has reached maximum medical improvement with regard to orthopedic conditions and is therefore, classified to be permanent and stationary for rating purposes. Impairment Rating: Cervical spine 8% WPI. Thoracic spine 5% WPI. Lumbar Spine: 5% WPI. Psych: The patient's psychiatric complaint is industrially related. However, impairment rating is deferred to the appropriate treating specialist. Pain 2% WPI. 17% whole person impairment of spine. The patient has been assigned an additional 2% WPI for his pain-related impairment yielding a total of 19% whole person impairment. Apportionment: 100% is apportioned to the cumulative trauma from 06/05/15 to 03/12/18 and 02/14/18 accidents. The patient's work condition has reached maximum medical improvement on 10/15/18. Patient's restrictions which includes his neck in which he is precluded to no overhead activities, and no activities involving repetitive motion of the neck or involving comparable physical effort. In regard to his mid and lower back, he is restricted from heavy lifting, squatting, stooping prolonged standing, sitting, climbing, twisting, walking on uneven grounds, or other activities involving comparable physical effort. History of Present Illness and Injury: The patient is who states that while employed with Advances Management Company as an assistant community director, he sustained injuries on a cumulative trauma basis from 06/05/15 to 03/12/18 and on a specific date 02/14/18. He has been employed for this company for a period of two and a half years and date of hire was in June 2015. From 06/05/15 to 03/12/18, he started to experience headaches, pain in his back, bilateral upper extremities and bilateral lower extremities, which he attributed to constant sitting, twisting and bending. The back pain worsened when he twisted his back as he was walking off a side walk. The incident was known but his employer did not make any recommendations. He managed the pain by seeking medical attention on his own around the end of April 2017 with a private physician in Garden Grove while he was evaluated, diagnostic studies were taken, was prescribed medication, started on a course of physical therapy and returned to work with restrictions. He continued working with persistent symptoms. He continued to attend follow-up visits and treatment until approximately September 2017 at which time despite the pain he decided to stop seeking medical attention until 02/14/18. On 02/14/18, while the patient was driving during work, he sustained aggravating injuries and later developed worsening headaches and sleeping problems when he was involved in a motor vehicle accident. He states that he was exiting an off ramp and was rear-ended in a hit and run accident. He experienced worsening pain to his back and sought medical care at Urgent Care in Garden Grove. He was evaluated and was prescribed medication, placed off work and discharged. He has since continued to work with restrictions on his own to present. Administered vocational testing to patient on 09/30/19. He was given the Raven Standard Progressive Matrices using a paper report. The CAPS exam was similarly provided in computer form. The patient's test results showed that he scored in category Grade III "Intellectually average", the score lies between the 25th and the 75th percentiles. He scored 40 correct out of 60 items which puts him on the Grade 111 - Intellectually Average which means that the 25th and 75th percentiles mark the boundaries for the middle 50% of client's that took the test. Accessible CAPS Career Profile Results: Mechanical Reasoning: The patient scored 50th percentile score in Mechanical reasoning which is considered low. Spatial Relations: Patient scored 10th percentile score in Spatial Relations, which is considered below average. Verbal Reasoning:

Patient scored 39th percentile score in Verbal Reasoning which is considered low. Numerical Ability: Patient scored 39th percentile score in Verbal Reasoning which is considered low. Language Usage: Patient scored 10th percentile score in Language Usage which is considered a little below average. Word Knowledge: He scored 45th percentile score in Word Knowledge which is considered a little below average. Perceptual Speed and Accuracy: He scored 22nd percentile score in Perceptual Speech which is considered low. Manual Speed and Dexterity: Mrs. Viera scored 11th percentile score in Manual Speed and Dexterity which is considered below average. OASYS System Settings: The patient's entire work history was used to determine transferability of skills. His work history shows that he had the capacity to work at an SVP level of 3, which is considered semi- skilled. The OASYS system was set to review Potential Matches, which are jobs that patient has the potential to perform according to him education, abilities, and personal interests. The OASYS system found two positions that patient could have performed prior to him subsequent industrial injury. Given the limitations, the jobs with the same work fields meaning same work requirements includes jobs in Merchandising Sales and Health Caring Medical but he lacks training in this area and will be requiring training in the field. The OASYS system determined that patient, given him functional limitations, has incurred a ninety-two (92) percent loss of labor market access. He will not be able to be work due to the physical demands of the job. This job requires lifting, carrying, pushing, pulling 20 pounds occasionally, frequently up to 10 pounds constantly. This job also requires walking, standing frequently, pushing and or pulling of arm. Also, this job requires reaching and occasionally extending hands and arms and handling occasionally, holding, grasping, turning, or otherwise working with hand or hands. This job also requires fingering and occasional picking, pinching otherwise working primarily with fingers rather than with the whole hand or arm as in handling. Patient also could not be able to be retrained in with these occupations due to the fact that he would have to obtain a degree in Medical Services. The Medical Health Caring services workers typically need at least a bachelor's degree to enter the occupation. Jobs in California will require licensure at least a bachelor's degree to complete a state-approved training program and pass a national licensing exam. Patient is unable to return to work in any position or occupation. Dr. Isike and Dr. Peters indicated that patient is precluded from performing repetitive wrist movement in flexion an extension plus heavy lifting, heavy pushing, heavy pulling, heavy gripping, and all Other activities of comparable physical effort and repetitive fine finger dexterity activities with him dominant right wrist and hand. The functional limitations assigned to patient further erodes the labor market that would be available to him at a Sedentary level of physical functioning. A sedentary level of jobs is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Although sitting is primarily involved in a sedentary job, walking and standing should be required only occasionally. There are limited jobs or increasingly fewer jobs for patient that he can do you can do due to this "eroding the occupational base" for sedentary work. With patient's multiple work-related limitations, the occupational base for sedentary work has been significantly eroded to the point that there are no sedentary jobs he is capable of doing due to him physical limitations. Patient was administered GAF and received a GAF score of 60. GAF score means that patient has difficulty functioning in social, occupational, or school settings. Methods of Rehabilitation include modified work, alternative work, direct placement, on-the-job training, vocational training, self-employment. Patient's work history shows that he had the capacity to work at an SVP level of 9, which is considered skilled. The OASYS system was set to review Potential Matches which are jobs that patient has the potential to perform according to his education, abilities, and personal interests. Potential Matches are based on worker traits and may require a career change. The OASYS system determined that patient given his functional limitations has incurred a ninety-two (92) percent loss of labor market access. However, as

noted above, the OASYS system fails to consider a full range of the functional limitations put forth by her doctor. It is also this examiner's opinion that patient is unable to return to work in any position or occupation based on the synergistic effect of the functional limitations described by her doctor. The functional limitations assigned to patient significantly erodes the labor market that would be available to him at a Sedentary level of physical functioning. Dr. Isike and Dr. Peters also listed the impairments to functioning for patient. Activities of Daily Living, social functioning, concentration, adaptation - Mild Impairment. Accommodations: Employers must provide reasonable accommodations to patient to perform essential functions of any job he could obtain in the open labor market considering the extensive functional limitations assigned by Dr. Isike and Dr. Peters. Conclusion: Based on research with the sources noted, considering the synergistic effect of patient's functional limitations, while also considering his pre-existing non-industrial and industrial injuries, combined with his industrial injury, this examiner believe patient has incurred a one hundred percent (100%) loss of labor market access. This determination is an accurate representation of his level of disability. In this case, the vocational evidence comes in contrast to the usual application of the schedule for rating permanent disabilities. The schedule should not apply in this case as the actual effect of the industrial injury and the pre-existing problems leads to a total loss of earnings and total permanent disability. To the extent a mechanical application of the schedule might lead to a different result, the actual facts of this case contradicts the application. In this examiner's opinion patient qualifies as one hundred percent (100%) totally vocationally permanently disabled. Patient is not amenable to any form of vocational rehabilitation. His functional limitations combined with the intensity, duration, and nature of his chronic and disabling pain will preclude his pre-injury skills and academic accomplishments. This examiner does not believe that patient is amenable to any form of vocational rehabilitation and thus has sustained a total loss in his capacity to meet any occupational demands. This results in patient experiencing a total loss of labor market access (Leboeuf), and a total loss of future earning capacity (2005 PDRS) irrespective of any Impermissible factors.

04/19/18 - Deposition of Evan Alan Disney, Volume I. (143 Pages)

Page 4: The patient's full name is Evan Alan Disney.

Page 8: He took 3 Ibuprofen 600 mg tabs on the day of deposition. He has been taking it once in a while. A couple weeks ago, he had taken it besides that morning.

Page 9: He was given prescriptions in February. He took it that day because he knew the car ride from Fullerton might make him sore.

Page 10: He has had his deposition taken once in 2003 due to work-related injury.

Page 11: The deposition happened when he was injured at work but deposition was wrongful termination. It was 15 years ago and felt things were foggy. He was scheduled to work from 9 to 12 on the day of deposition.

Page 12: He had taken off of work to attend that day's deposition. His hourly rate of pay was $17.50 an hour. He drove himself from his home for deposition. He drives Lincoln Town car.

Page 13: He and moved to California in March 2015. He had resided in California since then.

Page 15: His girlfriend, 12-year-old daughter and his girlfriend's 8-year-old lives with him now. A roommate also stayed with them. His son has been living with him for 6 weeks but would go back to Montana.

Page 16: He is responsible for child support for 3 children through 2 prior marriages.

Page 17: He is making payment on his arrears. His wages are being garnished. He paid $423 plus the fees. He has been in relationship with his girlfriend for 2 years and they had 5 biological children.

Page 18: He is responsible for child support of 18-year-old, 16-year-old and another 16-year-old child. They had an agreement that was working for them. It was that one stay with him and another stay with her. His highest level of education was general education in college.
Page 19: He had served in the navy for a year. He was discharged honourable for personality disorder. He had severe attention deficit hyperactive disorder. His parents told him he had it as a kid. He had knowledge of that issue when he was in navy. He is currently employed with Advancement Management Company. He started working June 2015.
Page 20: He is a residential management and doing the position of a leasing agent but they have currently stripped him of his title.
Page 21: He was promoted to assistant manager of a property and was demoted for reporting a Fair Housing violation 10 shifts later. When he pressed them for title, a business card was given to him with no title. And so, he is currently performing the job of a leasing agent, but he business cards they had sent him was different from others'. He reported the violation to HR for Advanced Management Company. He is currently investigating the process to take it further. He had filed with the State of California retaliation complaint for the demotion for no cause.
Page 21: As a leasing agent, he managed office, went on tours, cleaned and moved when need to. When did tours, he walked people to prospective apartments and he was doing stairs which was a challenge. He occasionally swept, vacuumed, desk polished. Moved packages mostly although that was diminishing. Packages were UPS, FedEx. They took large packages in the office because they don't' fit in the parcel boxes. Usually the packages he was dealing with were on the larger side. He is the bigger body in the office to move things. He is not allowed to lift more than 40 pounds and he tried to keep it to that.
Page 22: In office, he took residents, answered phone calls, typed up work orders, visited residents at their households and did inspections. It had a lot of up and down. Currently his property has 3 employees in the office and they managed 200 units. He also did a lot of handwritten paperwork, and leases.
Page 23: He did daily notes, did 3 pages per day on the flow of the office and signed about 30 in a row. Notes were typed in computer. His supervisor told him to do that and he was a faster handwriter than a typer. He worked approximately as assistant manager for 10 shifts. He had more responsibilities with notices, customer relations, training people how to use the lifts in the carport, walk the property to make sure everything was to standards, fill in and take everything that was in the job prior job description that he was given plus everything else he just mentioned.
Page 24: Assistant community director was his title. Prior to AMC, he was self-employed and was a sub-contractor for Missouola Copy Center. Owner was Doug Hannan and the patient did odd jobs for him and managed the customers for 7 years before coming out. He is a magician and a member of the Magic Castle in Hollywood. He raises money for nonprofits and prevents bullying in schools. He has been a working as a magician for about 20 plus years. It was mostly donations and 501s but he pursued it whenever he could as it was his passion.
Page 25: He was averaging 30 minute/month. He did a performance on 03/24/18 in a 10-minute set. He was master of ceremonies at the Renaissance School International Talent Show on 03/21/18. He did filming on 02/12/18.
Page 26: His magician side of job was inconsistent because he didn't have a daily regimen or routine. Sometimes, it is documented, sometimes it isn't. Sometimes it was a donation and he was just showing up as a friend for a friend. He was never paid for the above other than Renaissance. He was also not paid for America's Got Talent audition

Page 27: He had an audition for 90 seconds. He won't be on America's Got talent that upcoming season. In the last 6 months, he had done magic performances for pay, 2-3 with Renaissance, for Christmas season encompassing in November and December. He felt he might have done an in-home birthday party on 01/06/18. He had a director of business. His girlfriend took care of those and he paid nothing to her.
Page 28: He was a close-up artist and used hands. Nothing heavy and nothing was repetitive. He had done every possible position in his 20-year career probably with magic and card tricks. Most of the magic was delivered from a standing upright position and he does not stand unless he was getting paid for longer than 40 minutes.
Page 29: At the Magic Castle on 02/12/18, he recorded a 20-minute set for the entertainment director so that he could get hired by Magic Castle at some point in his career. He was in a game show 2 yeast ago. He was a contestant in Let's make a Deal.
Page 30: Most of his work for Missoula Copy Center was paid cash which pt had to claim on his own. He was an independent contractor and sub-contractor for it. He did job from running deliveries to make phone calls, collect delinquents. The job he was working while he was doing that before he came out there was a casino job for Lucky Lil's. He has been doing work for Missoula Copy Center for 10 years and still does when visits him.
Page 31: He went twice a year for four days a pop. He went back in November for a family vacation and he had some things he had to take care of with his parents. He ran errands in trade for business cards when he went back in November. He did not get paid but he traded for services which he did often for him. He worked for Montana Little Lil's from December 2014 to February 2015. He was a runner. He just basically paid people their tickets and brought them their drinks. It was all walking and no bending, pushing, cleaning and it was a really easy job. It was all exchange and barter there.
Page 32: At Missoula Copy Center, he didn't earn any income. He would purchase things for the patient for the work but never gave him the actual money for it. The patient was taken out for dinner or his tank would be filled with gas, or there was a couple of occasions his rent was paid and he had to spend 2-3 months paying that off but he never received cash money.
Page 33: He got $9 an hour plus tips. He stopped working there as he moved to California to pursue his magic. Prior to Lucky, he worked for Opportunity Resources for almost 2 years 2012 to 2014 or 2011 to 2014.
Page 34: He was like a CNA without certification, a nursing assistant. He took care of the residents, bathe them, cleaned them, got them from their bed to the wheelchairs, wiped their tuchus after they went potty, took them to church, cooked them breakfast. He did the daily ins and outs of everyday life. He provided them the best quality of life. He earned $11 per hour.
Page 35: In 2013, at the end of his employment at Opportunity Resources, he had injured his lower back. He was lifting a resident off the floor under the direction of his supervisor and he didn't want to use the lift and he went ahead with his command and did it anyway. When they lifted him off the floor and turned, something popped in his back and caused him some severe pain and issues in his lower back. He received medical treatment from Butler Chiropractic in Montana.
Page 36: His attorney had sent him to other doctors but he didn't have the specifics. The case was settled and the amount went to her ex and child. Hence, he could not recall how much he received. He then got a $1000 to help wrap up the rest of his medical. He did physical therapy and took care of himself. He felt he was at a 100% before he came out there. Prior to working for Opportunity Resources, he was employed with Direct TV around 2008 to 2011.
Page 37: He was the team support specialist at Direct TV. He handled all the supervisor calls and train agent, held them accountable, kept them up and active all their stations while they were on. He worked

in a call center and rarely worked on a computer. Their team support specialist job was to be up and visual so their agents would have energy. He was always positive and hyper and hence ADHD made him perfect within 6 months. He received $14 an hour.
Page 38: He sustained injury to left ankle and low back at Direct TV. He was with couple of supervisors and he tripped over something and twisted his ankle. He could not recall specifics of the incident. He remembered being off of work for ankle twist.
Page 39: He would also have injured his low back but he was unable to recall. He filed claim in 2012 for neck with Liberty Life Insurance Company of Boston. He was working for Schwan's helping a customer with her groceries. Her car alarm went off. It started him and he got smacked in the back of the head when he stood up by a 2 by 4 team on a shed or a garage car port. He didn't know when he worked for Schwan's. In 2012, his neck would have been injured at Opportunity Resources.
Page 40: He recalled working for Schwan's in early 2000s and he was fired when he was out on that issue, He ended up losing home at that point.
Page 41: He has Kaiser health insurance. He had been to Kaiser Garden Grove. He visited an ER last year for chest pain. Until 3 weeks ago, he had seen a chiropractor in Long Beach.
Page 42: He had a physical the previous year and he didn't know if the doctor was family doctor and it was assigned by Kaiser.
Page 43: He had been diagnosed with diverticulitis or bout in California the previous year. His current source of income is from AMC. He charged usually $500 for his magic shows or performances at a birthday party or corporate event. He had not made more than $1500 but he quotes higher than that depending on the job where it came through. He just never got any of those jobs.
Page 44: He worked for trade so he did get for the Eric Zuley birthday party and he usually bartered. If he could work out for food or for tickets, he did that. For school performances he got paid about $500.
Page: He was paid $350, for basically an hour and a half performance but he had breaks in there where he could sit down and rest. School performance was 2 Mondays ago. When he was paid money, he was paid by cash and by check. It was 50/50. Sometimes he could take a credit card payment on Pay pal. He wished to become a full-time magician sometime.
Page 46: He is always animated even when he is not feeling well during the performances. It was his ADHD. He had done Vivo Video. He had to post 15-minute videos of him doing magic. He does nature magic a lot. He got reached out from someone from the Magic Castle asking him to do and also that he will be paid $500. He had a reduction that month and was sure he could use the extra cash.
Page 47: He last posted a video the previous day.
Page 48: He and his girlfriend received $612 as foot stamps. They both shared the household. She worked at Renaissance school and the MC was unique. He was offered MC for $500.
Page 49: He had received worker's compensation benefits around 2012.
Page 51: He fell down a flight of stairs at Mountain Supply. He didn't know if he had filed claim but he had injured at work. He was hired there 3 times and he worked for about 4 years in 3 different employment.
Page 52: He remembered receiving 2 times in his life a continuous workmen's compensation check for a period of time because he needed the money to survive because he wasn't working. He recalled receiving money.
Page 53: He received disability benefits for 6 weeks and the benefits ran out and he requested doctor make it so he could go back to work because he needed the money. During those 6 weeks from May to June 2017, Dr. Robert Bautista certified him.
Page 54: He was out of vacation time, sick time. He got injured in April with AMC but if they reported to their property, it affects everybody's bonus.

Page 55: He didn't work for any entity during that time. He was involved in 2 automobile accidents, one in 1997, the other in 1996.
Page 56: He wasn't injured for the 1997 injury and he injured his mid to upper back in 1996 incident. He injured a little lower than his shoulder blades up into about where his neck started. It was more in his shoulder.
Page 57: He received treatment at United States Navy Corps Hospital, Great Lakes. He was a passenger and he signed off something and he could not recall as he was a kid. He had myofascial pain disorder which was diagnosed in 2004. When he was going through worker's compensation case, he was malingering and he was put through 72-hour psyche evaluation and was found to have the disorder.
Page 59: He didn't have back pain until April of last year. It was all triggered in April. He felt stiff.
Page 60: Since his start with AMC he worked for a brief job with Costco selling Direct TV. He worked from April 2015 until he started to work with AMC.
Page 62: He availed FMLA from May 2017 to June 2017 as he was injured. As a result of AMC work, he had numbness and tingling to left leg.
Page 63: He had pain to lower back, left leg, left arm, at the base of his left neck. It wrapped around into his sinus almost. He had symptoms in his right leg.
Page 64: He felt pain in body parts could be due to over time. First time, he noticed pain in his low back in November or December 2016.
Page 65: He first noticed pain in his left leg in January 2017. Left arm issues and neck were there since February 2018.
Page 66: Right leg issues started in April 2017. He felt low back pain started when they were doing thanksgiving turkey boxes for the residence. They had an assembly line from reaching boxes up in the truck and brought them down. Next day he felt sore.
Page 68: Complaints in body parts got worse over time. When he sat at his desk, he noticed that he started to get fidgety and left leg felt tingling and numb.
Page 69: He couldn't stay in one position for a long time. He had to go from sitting to standing. The promotion and demotion occurred in February 2018.
Page 70: He went for community director training every Wednesday. He spoke to HR and to the COO of the company because HR told to ask COO about the Fair Housing issue. After the meeting, when he was driving back to property, he was rear-ended around 12:15. He contacted the supervisor, went back to the property and the supervisor told him to go to NowCare.
Page 71: Accident occurred on a freeway off ramp. It jarred him forward and back. There wasn't any damage.
Page 72: He had signed the DWC-1 paper. Date of injury was 02/14/18.
Page 74: He never stated it was signed on the property but it happened while at work.
Page 75: He told to his co-workers that he had to deliver flowers to his girlfriend and he specifically asked if he needed to go to the property first to clock out. After the accident, he got the flowers.
Page 76: He stopped for gas before accident. He went to the property, checked in with boss and then stopped.
Page 77: In April 2017, he tweaked his back while doing a tour of a unit and he mentioned it to his assistant manager.
Page 78: His assistant manager, was his mentor and he let him go do some of the onsite jobs to get relief when he had pain in various body parts.
Page 79: There was no formal report made as he needed the job and money.

Page 80: He called his dad who was a police officer and texted his manager after the accident. He didn't call police as he felt there was no damage to car and he was only shooken up.
Page 82: He went to Montana in February 2017 to get his daughter. He drove there and back for 14 hours. He told his co-worker about prior work back injury.
Page 83: He told doctors at Kaiser that he felt sore and he was treated like a number.
Page 84: In April, he couldn't function well due to back pain and he told his boss about the issue. He went to Kaiser doctor. He was given restricted note and if it couldn't be accommodated, he should be off of work. For 14 days, he was off work in 2016 due to low back pain. A week of sick time and 2 days of vacation time
Page 86: Doctor's restrictions were to not sit or stand for extended periods of time, no lifting, minimum bending, squatting, twisting and turning.
Page 87: AMC accommodated him and after he had exhausted every time off resource that he had; AMC allowed him to come back with a minimum schedule. He was put back to modified duties by the chiropractor. It was 5 hours a day of work.
Page 88: Currently it was all accommodated. He last received medical treatment for work-related injuries at AMC in end of April 2017.
Page 89: He had been seeing Dr. Iseke for 3 weeks.
Page 90: He went to Kaiser on February 14th between 3 and 4. He went to see his boss and then boss suggested Kaiser.
Page 91: He was diagnosed with whiplash in neck and was taken off of work for 2 days. In April 2017, he was diagnosed with a bulging disc with a narrowing nerve canal.
Page 92: Doctors attributed pain to right leg, left leg to chronic lumbar back.
Page 93: Kaiser referred him to pain management.
Page 94: He was also referred to physical therapy but he told them he didn't have money to pay the copay and he would do at home. His friend did massage therapy and it helped for an hour.
Page 95: Dr. Iseke did acupuncture and muscle stimulation. He didn't feel difference in 2 weeks and doctor said it would take some time to feel the difference.
Page 98: Finances is a stress and work is the cause. He wanted them to take accountability and he is still trying to do job to the best of his ability.
Page 99: He got demoted on February 21st and his stress and depression started since then. He was okay with the new position.
Page 100: He had heartburns sometimes, couldn't sleep.
Page 105: The company figured his hours wrong. He was told he had less hours and problems started when he went on his FMLA. He was applied for the assistant manager; he was interviewed and he was ready for the position.
Page 108: He is seeking legal for slander, deflamation of character. He sent them an email, but received no response.
Page 109: He recalled sending mail indicating he would seek counsel to defend himself against retaliation and attempts to constructive discharge.
Page 110: He wanted to keep his job and not have a bad reputation with the company. He felt he was being fair than being underhanded.
Page 111: He had filed bankruptcy about 17 or 18 years ago.
Page 112: He borrowed his car from his father and not owning it. He had low back pain during deposition.
Page 113: He rated the pain to low back as 7.5/10 on a pain scale of 1-10 with 1 being no pain and 10 being so severe that he had to go to emergency room. Randomly it went about that pain level. Hot

water, ice, weightlessness, float in water helped with the pain. Ibuprofen didn't help much. Right and left legs were off shoot pain. Currently, his left leg is numb and has tingling in hand. He couldn't feel his left hand and it is ice cold now.
Page 114: His right leg is okay now. When he had issues with right leg, he had burning, tingling down the front side once every couple of weeks or couple of months. Left side of neck has tightness. He had pressure in his sinus because of his neck and had a hard time turning it. It was a challenge to drive; he wasn't told he should not drive but it was hard for him to look in the blind spot and turn neck. He still had no function.
Page 115: Because of pain he couldn't play basketball and with kids again. He last played the previous year. He is able to bathe and dress himself but at times he had difficulty in tying his shoes as he could not reach with his back. He did not do household chores but felt like having good sleep. He never got a good sleep.
Page 116: His injuries had worsened and everything had just aggravated over the last month. Dr. Iseke wanted to get an MRI of neck, and nothing was told to him as to why the doctor was still doing the thing. He had gone out with his family for dinner a couple times. He did like the AMC as it had reclining chairs and he could get comfortable at the movies. He had been doing it once/twice a month and he gets a free birthday movie. Tuesdays it was $5 and he could swing that.
Page 117: He went to the Magic Castle that Sunday for his birthday. Free meal was given to him as he was the member there. For being a member of the castle, he passed his audition among 14 members that were in-charge there. He paid membership dues. He raised 5 grands for pediatric cancer because he is a member of the Magic Castle previous year. In his free time, he watched a lot of TV. At that moment, he owned a bull python for therapy which he felt was a human stress ball.
Page 118: His girlfriend had an 8-year-old daughter.
Page 119: Girlfriend's daughter's father was mentally challenged and on SSI. Child support is paid to her by SSI. They both were on food stamps because they live on a household, hence they received one sum for all of them to manage.
Page 120: He felt explanation of training or understanding as how to report injuries wasn't necessary. It was like asking directors where the posters were and they were not in plain sight. It was not like in the top of his mind.

NOTE: Remainder of the medical record includes notice of application, cover sheet, declaration, fee disclosure statement, venue authorization, applicant verification, proof of service, notice of acceptance of claim, walk through appearance sheet, resolution of liens, notice regarding denial of claim, blank pages, AME or QME declaration of service, fax sheet, letter, authorization for release of personal information, conditions for admission, application for adjudication, billing statement, stipulation and agreement, screening and referral form, email, minutes of hearing and case management notes.

DIAGNSOTIC TESTING & OPERATIVE REPORTS:

10/13/03 - X-ray of the Right Fifth Finger at Community Medical Center Interpreted by Mark W. Elliott, MD. Positive Findings: The volar aspect of the base of the right fifth middle phalanx shows abnormal lucency on the lateral projection only. This may represent fracture, although the lucency is rather diffuse and not well-delineated. The possibility of prior fracture is a consideration. A bony lesion cannot be entirely excluded. Clinical correlation regarding point tenderness at this site and the history of trauma would add specificity. Soft tissue swelling surrounding the PIP joint is noted. Impression: Soft tissue swelling surrounding the right fifth PIP joint with abnormal lucency in the

volar aspect of the base of the fifth middle phalanx which likely represents a fracture. Correlation regarding history of trauma and point tenderness would be benefit. No significant malalignment.

12/23/03 - X-ray of the Right Hand at Community Medical Center Interpreted by Scott Q. Greer, MD. Findings/Impression: On the oblique view only, there is a questionable bony density separated from the volar plate of the fifth middle phalanx. There is some soft-tissue swelling in this region. Subacute volar plate injury would be difficult to exclude. A dedicated lateral view of the right fifth digit would be helpful for further evaluation.

12/23/03 - X-ray of the Right Shoulder at Community Medical Center Interpreted by Scott Q. Greer, MD. Findings/Impression: Normal. No evidence of acute fracture or dislocation.

05/12/18 - MRI of the Cervical Spine at Expert MRI Interpreted by Adil Mazhar, MD. Positive Findings: Reversal of cervical lordosis noted. Schmorls node at inferior endplate of C3 down through C6. Disc desiccation at C2-C3 down through C6-C7. Mild to moderate associated loss of disc height seen at C3-C4 down through C5-C6. C2-C3, a broad-based disc protrusion is identified. Disc material abuts thecal sac. Disc measures 2.0 mm. C3-C4, a broad-based disc protrusion is identified. Disc material abuts thecal sac. Disc measures 2.3 mm. C4-C5, a broad-based disc protrusion is identified. Disc material abuts anterior aspect of spinal cord. Disc measures 2.3 mm. C5-C6, a broad-based disc protrusion is identified. Disc material abuts anterior aspect of spinal cord. Disc measures 3.1 mm. C6-C7, a broad-based disc protrusion is identified. Disc material abuts thecal sac. Posterior annular fissure is identified. Disc measures 2.3 mm. Impression: 1. Reversal of cervical lordosis. 2. Disc desiccation at C2-C3 down through C6-C7. Mild to moderate associated loss of disc height seen at C3-C4 down through C5-C6. 3. C2-C3, a broad-based disc protrusion is identified. Disc material abuts thecal sac. Disc measures 2.0 mm. 4. C3-C4, a broad-based disc protrusion is identified. Disc material abuts thecal sac. Disc measures 2.3 mm 5. C4-C5, a broad-based disc protrusion is identified. Disc material abuts anterior aspect of spinal cord. Disc measures 2.3 mm. 6. C5-C6, a broad-based disc protrusion is identified. Disc material abuts anterior aspect of spinal cord. Disc measures 3.1 mm. 7. C6-C7, a broad-based disc protrusion is identified. Disc material abuts thecal sac. Posterior annular fissure is identified. Disc measures 2.3 mm. 8. Schmorl's node at inferior endplate of C3 down through C6.

DIAGNOSIS:

MSK-

- Lumbar spine HNP with radiculopathy
- Sciatica
- Cervical spine HNP with radiculopathy
- Thoracolumbar facet irritation
- Tension headaches
- Migraine headaches
- Positive orthopedic screening consistent with mild thoracic outlet syndrome
- Swan-neck deformity of #5 digit on the left
- TMD dysfunction
- Multiple ankle sprains as a teen playing sports

Non MSK-

- Asthma
- Poor vision / double vision / "watering of his eyes"
- Chest pain/anxiety
- High cholesterol
- GERD/IBS
- Frequent urination at night
- Kidney stones
- Erectile dysfunction (presumably from the low back injuries, airbag, and psych)
- High cholesterol
- Anxiety, depression
- Memory Loss
- Sleep disorders.

RATING OF PRE-EXISTING LABOR DISABLING CONDITIONS:
It should be known to all parties that the patient was not appropriately rated in the past for the above-mentioned medical conditions. I will do my best to outline his pre-existing labor disabling conditions was and what a reasonable rating (impairment) with regard to the musculoskeletal conditions detailed in the history above and any and all conditions which fall outside of my scope and/or comfort range will be deferred to the appropriate medical specialist

1. **Lumbar Spine & Sciatica (8% WPI)**

   Mr. Disney has diagnosed lumbar spine disc pathology via MRI that was never accurately addressed regarding permanent impairment and/or disability.

   Impairment Rating:

   Using the AMA Guides to the Evaluation of Permanent Impairment Fifth Edition:

   Permanent impairment is based on Table 15-3 (5^{th} ed, p 384). This contemplates that the applicant has a clinical history and examination findings which are compatible with a specific injury, findings may include muscle guarding, spasm observed at the time of examination by this physician and/or with asymmetric loss of range of motion or past medical history of non-verifiable radicular complaints defined as complaints of radicular pain without objective findings with no alteration of structural integrity or the applicant is an individual with a clinically significant radiculopathy noted upon imaging study that demonstrates a herniated disc at the level and on the side that would be expected based upon the radiculopathy, however, has improved following non-operative treatment. This applicant is best described as having 8% WPI based on some limitations in activities of daily living secondary to moderate pain in the lumbar spine.

2. **Cervical Spine w/tension headaches & migraine headaches- DRE II (8% WPI +3% WPI)**
   Mr. Disney has diagnosed cervical spine disc pathology via MRI that was never accurately addressed regarding permanent impairment and/or disability.

Impairment Rating:

Using the AMA Guides to the Evaluation of Permanent Impairment Fifth Edition:

Permanent impairment is based on Section 15.6 DRE: Cervical Spine, and per Table 15-5 (5th ed, p 392) the applicant is placed in DRE Cervical Category II, which is 5% to 8% of the whole person. This is due to "a clinical history and/or examination that is compatible with a specific injury; findings are compatible with a specific injury; findings may include muscle guarding or spasm observed at the time of the examination by a physician, asymmetric loss of range of motion or non-verifiable radicular complaints, defined as complaints of radicular pain without objective findings; no alteration of the structural integrity". The applicant has complaints of chronic cervical spine pain which limits many of her activities of daily living and she is therefore given **8% whole person impairment**.

In guides and Chapter 18 it details that a one-time pain add-on could be assessed for pain but does not fall within the DRE category as described above. Because of the patient's cervicogenic and migraine headaches an **additional 3% WPI** as medically indicated and/or warranted

3. Thoracic Spine (0% WPI)

Mr. Disney has never had a thoracic spine MRI, and his chronic residual pains appear to be related to the posterior elements/facets. Unfortunately, the guides do not accurate detail impairment due to this pathology and therefore I can find no ratable impairment for this body part.

4. Thoracic Outlet Syndrome/Disorder (1% WPI):

Mr. Disney has signs and/or symptoms consistent with early onset of thoracic outlet syndrome, with decreased active ranges of motions compared to the right. The AMA guides fifth edition page 435 states that: The evaluating physician must provide a complete and detailed examination including range of motion, ankylosis, amputation, peripheral vascular and nervous system and other disorders. Because his sensory was mild, I am of the opinion that the range of motion method (Chapter 16 pages 476–479; figures 16–40 through 16–46) is best to portray this individual's impairment and/or disability:

Left	
Flexion: 165	1% upper extremity impairment
Extension:60	0% upper extremity impairment
Abduction: 170	0% upper extremity impairment
Adduction: 45	0% upper extremity impairment
Internal rotation: 85	0% upper extremity impairment
External rotation: 85	0% upper extremity impairment

TOTAL: 1% upper extremity impairment

According to page 439 table 16–3 conversion of impairment of the upper extremity to impairment of the whole person of 1% = **1% WPI**

5. **Hands:**

   Currently, Mr. Disney has complaints of arthritis type pain with visible deformities noted (swan-neck deformity). The current literature points to arthritis as the underlying cause for this and other similar characteristic deformities (boutonniere deformity, swan-neck deformity, & ulnar deviation). While this is a musculoskeletal disorder, it is best evaluated by a medical physician who specializes in rheumatoid and/or other arthritic conditions and will be deferred to the appropriate QME.

6. **Temporal Mandibular Joints:**

   Currently, Mr. Disney has complaints of temporomandibular joint pain with altered mandibular gait. While this is a musculoskeletal disorder, it is best evaluated by a medical/dental physician who specializes in these types of conditions and will be deferred to the appropriate QME.

Non MSK issues that need to be address by the appropriate medical specialists:

- Asthma
- Poor vision / double vision / "watering of his eyes"
- Chest pain/anxiety
- High cholesterol
- GERD/IBS
- Frequent urination at night
- Kidney stones
- Erectile dysfunction (presumably from the low back injuries, airbag, and psych)
- High cholesterol

SUBJECTIVE COMPLAINTS:

- The patient has a chief complaint of low back pain is with radiating pains down his left leg to his toes. The pains are best described as burning in nature with numbness and tingling as well. When asked to rate the pain(s) today on a 1-10 scale, the patient states that the pain(s) are at a #8 /10. & Constant
- His secondary complaint is that of sleep disturbances and states that he only gets approximately 2-4–hours a night of restful sleep and that his sleep patterns are broken up due to pain, stress, anxiety, and GI issues.
- He has a tertiary complaint of psychological condition best described as a sense of hopelessness, depression, fatigue. To complicate matters he states that his father had 3 jobs which can best be described as Superman (firefighter, police officer and EMT), and because of his conditions as listed prior he has been unable to find gainful employment and has had over the course of his life 32 different jobs.

- The patient states that he always has tension headaches, still gets migraine headaches to this day, and a lot of this comes from his neck and shoulder region. When asked to rate the pain(s) today on a 1-10 scale, the patient states that the pain(s) are at a #6 -9/10. The pains in his neck and head are best described as gripping, with episodes of sharp pain. Associated with the migraine headaches is nausea, with visual disturbances.
- The patient states that he suffers from restless leg syndrome which can be associated with a slight tremor as well and if he does not take his medications (gabapentin and Flexeril). There is no chance of him sleeping at night.
- On occasion the patient states that he gets arthritis type aches and pains in his 2 pinkys, and finds himself catching his left pinky on things at times causing a sprain strain type injury.
- Memory loss with inability to form accurate and/or complete sentences.
- Difficulty to concentrate for any length of time.

OBJECTIVE FACTORS OR FINDINGS (Limited to MSK):

Positive examination/orthopedic testing and MRI / X-rays detailing:

- Lumbar spine HNP with radiculopathy
- Sciatica
- Cervical spine HNP with radiculopathy
- Thoracolumbar facet irritation
- Tension headaches
- Migraine headaches
- Mild thoracic outlet syndrome
- Swan-neck deformity of #5 digit on the left
- TMD dysfunction

CAUSATION:

Based upon the medical records presented to me and the history taken at the time of the evaluation, it appears that this patient has musculoskeletal, impairment and/or disability which can be directly correlated to both industrial and nonindustrial causes to which apportionment was clinically indicated.

Based upon the medical records presented to me and the history taken at the time of evaluation, it appears that this patient has non musculoskeletal impairment and/or disability that of which will need to be evaluated by the appropriate specialists including but not limited to: Psychology, internal medicine, rheumatology, dental/HEENT.

DISABILITY STATUS & PERMANENT WORK RESTRICTIONS

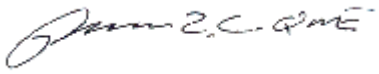
Regarding the open labor market and with respect to the muscular skeletal conditions listed above Mr. Disney has permanent prophylactic work restrictions which clearly exceed his previously described job duties and needs vocational training/voucher.

It should be known to all parties that he does have a number of non-muscular skeletal issues which may impair his ability to compete on the open labor market and/or supersede my permanent/prophylactic work restrictions listed below:

PPD -No lifting, pushing, or pulling of greater than 10-20 pounds from floor to waist. No overhead work. No repetitive gripping/grasping and/or fingering. No prolonged postures including but not limited to sitting and/or standing. This contemplates that the injured worker/patient is best suited for a sedentary type job with the ability to change task and/or position at will to prevent a flare-up or exacerbation.

Thank you for asking me to see and evaluate Mr. Disney, I will be available for review of medical records or to produce supplemental reports at the request of parties concerned.

Thank you,



Paul J. Marsh DC, QME
Doctor of Chiropractic
Qualified Medical Evaluator