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October 22, 2020

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PATIENT:	Floreen Rooks
DOB:	June 20, 1949
OUR FILE #:	207774SIF
SSN:	XXX-XX-8510
EMPLOYER:	D'Veal Family and Youth Services
WCAB #:	ADJ10825285; ADJ7024643; ADJ7024645
SIBTF #:	SIF10825285
DATE OF INJURY:	CT December 30, 2004 to April 16, 2016; November 10, 2007; August 9, 2007
DATE OF 1ST VISIT:	October 22, 2020

Subsequent Injury Benefit Trust Fund Report

Dear Ms. Foley,

Thank you for referring Floreen Rooks, a 71-year-old female, to my office for occupational/internal medicine consultation. The patient is specifically referred for a Subsequent Injury Fund evaluation. She has suffered various musculoskeletal injuries during the course of her employment with D'Veal Family and Youth Services. This report can be amended should additional information be made available to me in the future.

ML 103-92: This is a Complex Medical Legal Subsequent Injury Fund Report. The total time spent on this report (including record review, any prior reports, supplemental reports, test results, and any other additional records provided), and the preparation of a narrative report and its review, was 8 hours.

*****This is a medical legal report and does not qualify for a PPO/network discount.**

Job Description:

The patient began working as a marriage and family therapist for D'Veal Family and Youth Services in December 2004 and she continued working for the company until April 2016. Her work hours were from 9:30 am to 6:00 pm, five days per week. Her job duties involved providing counseling to individuals and families, completed admission intakes, psychosocial histories and formulated treatment plans, conduct home and community visits and computer intake information. Physically, the job required for her to stand, squat, bend, climb, walk, stoop, kneel and twist. She was not required to lift heavy objects.

History of the Injury as Related by the Patient:

The patient has filed claims dated December 30, 2004 to April 16, 2016, November 10, 2007, and August 9, 2007, for injuries that she sustained during the course of her employment.

The patient states that in 2007, she had to transport various individuals for her workplace. She states that she had parked on a hill or an incline at the time. She mentions that when she got out of the car she noticed that her car began to roll. She tried to jump back into the car to stop the vehicle and she caused injuries to her left knee, ankle and foot. She suffered these injuries and she reported them to her supervisor. She was then evaluated by a physician who had diagnosed her with a meniscus tear of the left knee and a fracture of the great toe of the left foot. The patient had also suffered a left ankle injury including a sprain/strain of the ankle. She states that she was operated on with a meniscus repair of the left knee and she then underwent physical therapy. She was later released back to work. She then states that she continued working; however, she continued to have left lower extremity pain.

The patient does mention that she had a significant amount of stress at work. She states that she was able to complete all of her work in a timely fashion, but states that there was some favoritism to other various employees. She states that one of the employees she worked with was always behind and she would always have favoritism. She states that this caused her a significant amount of stress. She states that her office was located in a high traffic zone in the office. She states that she later found it difficult to perform her therapy sessions while working. She mentions that she would constantly see people walk past her in the office and states that this would disrupt her therapy sessions. She tried to present her issues to her supervisors; however, she had retaliation against her.

The patient also felt as there was a degree of discrimination while performing her job duties. She states that this also caused a significant amount of stress. She relates complaints of difficulty sleeping, difficulty concentrating, difficulty making decisions, forgetfulness, headaches, vertigo symptomology, and urinary frequency.

Prior to suffering the abovementioned work injuries, she had related problems with her left ankle. She was diagnosed with hypertension in 2000. She has undergone left knee surgery in 2007, and ocular surgery in 1973. The patient sustained a left ankle injury in 1993, which required surgical intervention. She had related memory problems prior to her work injury in 2007.

Prior Treatment:

The patient was treated by Dr. Nissanoff and Dr. Heinen.

Previous Work Descriptions:

Prior to working at D'Veal Family and Youth Services, the patient worked at California Institute of Technology.

Occupational Exposure:

The patient was not exposed to chemicals, fumes, dust or vapors during the course of her work. The patient was exposed to excessive noise during the course of her work. She was not exposed to excessive heat or cold.

Past Medical History:

The patient was diagnosed with hypertension in 2000. She has undergone left knee surgery in 2007, ocular surgery in 1973 and cesarean section in 1971. She denies any other history of previous medical or surgical conditions. **She is allergic to Penicillin.** The patient suffered a burn to her right hand from a motorcycle. The patient sustained a left ankle injury in 1993, which required surgical intervention. There is no history of prior accidents or injuries. There is no other significant medical history.

Previous Workers' Compensation Injuries:

None

Social History:

The patient is single. She smokes three cigarettes per week. She drinks one alcoholic beverage per week. She does not use recreational drugs.

Family History:

The patient's mother died as a result of a window accident. Her father died of lung cancer. She had four brothers and one sister. All of her brothers died of various causes, which are not stated. Her sister died of complications of AIDS. There is no other significant family medical history.

Review of Systems (Prior to her work injury):

Prior to her work injury, she related some memory problems, which have worsened since sustaining her industrial injuries. She was diagnosed with hypertension in 2000. She sustained a left ankle injury in 1993. The patient's left knee has worsened since her 2007 work injury. She relates complaints of vision difficulty in her right eye.

Review of Systems (After her work injury):

The patient complains of headaches, dizziness, lightheadedness, visual difficulty, sinus problems, cough, postnasal drip, chest pain, palpitations, and shortness of breath. She denies any complaints of hearing problems, sinus congestion, throat pain, jaw pain, jaw clenching, dry mouth, wheezing, hemoptysis or expectoration. The patient complains of nausea, vomiting, and weight gain. She denies any complaints of abdominal pain or cramping, burning symptoms, reflux symptoms, diarrhea, constipation, or weight loss. She complains of urinary frequency, but denies any other genitourinary complaints including dysuria, urgency or urinary tract infections. The patient's musculoskeletal complaints involve cervical spine pain 8/10, thoracic spine pain 7/10, lumbar spine pain 8/10, bilateral shoulder pain 8/10, bilateral elbow pain 8 /10, bilateral hand pain 7/10, bilateral knee pain 8/10, right ankle pain 8/10 and bilateral foot pain 8/10. There is a complaint of peripheral edema and swelling of the ankles. The patient's psychosocial complaints include anxiety, depression, difficulty concentrating, difficulty sleeping, difficulty making decisions and forgetfulness. There is no hair loss. There are dermatologic complaints. There is intolerance to excessive heat. There is no complaint of fever, diaphoresis, chills or lymphadenopathy.

Current Medications:

The patient currently takes Lisinopril 20 mg daily, Meloxicam 7.5 mg daily Trazodone 50 mg HS, and Tylenol 500 mg HS.

Physical Examination:

The patient is a right-handed 71-year-old alert, cooperative and oriented African/American female, in no acute distress. The following vital signs and

measurements are taken today on examination: Weight: 200 pounds. Blood Pressure: 186/97. Pulse: 75. Respiration: 14. Temperature: 97.2 degrees F.

Skin:

No abnormalities were detected.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is globular, non-tender without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is tenderness and myospasm of the cervical, thoracic and lumbar paraspinal musculature. There is tenderness of bilateral shoulders. There is tenderness of bilateral elbows. There is tenderness of bilateral hands. There are post surgical scars noted of the left knee. There is tenderness of the bilateral knees. There is tenderness of bilateral lower extremities. There is +1 pitting edema of bilateral lower extremities.

<u>Range of Motion Testing:</u>

Cervical Spine:	Normal
Flexion	40/50
Extension	50/60
Right Rotation	70/80
Left Rotation	70/80
Right Lateral Flexion	35/45
Left Lateral Flexion	35/45

Thoracic Spine:	
Flexion	50/60
Right Rotation	20/30
Left Rotation	20/30

Lumbo-Sacral Spine:	
Flexion	50/60
Extension	20/25
Right Lateral Flexion	20/25
Left Lateral Flexion	20/25

Shoulder:	*Right*	*Left*
Flexion	160/180	160/180
Extension	40/50	40/50
Abduction	150/180	150/180
Adduction	40/50	40/50
Internal Rotation	70/90	70/90
External Rotation	70/90	70/90

Hips:	*Right*	*Left*
Flexion	120/140	120/140
Extension	0/0	0/0
Abduction	30/45	30/45
Adduction	20/30	20/30
Internal Rotation	30/45	30/45
External Rotation	30/45	30/45

Elbow:	*Right*	*Left*
Flexion	120/140	120/140

Forearm	*Right*	*Left:*
Pronation	70/80	70/80
Supination	70/80	70/80

Wrist:	*Right*	*Left*
Dorsiflexion	50/60	50/60
Palmar Flexion	50/60	50/60
Radial Deviation	15/20	15/20
Ulnar Deviation	20/30	20/30

Knee:	*Right*	*Left*
Flexion	120/130	120/130

Ankle/Foot:	*Right*	*Left*
Dorsiflexion	10/15	10/15
Plantar Flexion	30/40	30/40
Inversion	20/30	20/30
Eversion	15/20	15/20

<u>Neurological Examination:</u>

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

<u>Radiological Data:</u>

An x-ray of the chest (two views) is taken today and reveals increased bronchial markings bilaterally.

An x-ray of the cervical spine (two views) is taken today and reveals moderate to severe degenerative changes noted.

An x-ray of the lumbar spine (two views) is taken today and reveals multilevel degenerative changes, more specifically at L3-4 and L4-5. There is straightening of the normal lordosis.

An x-ray of the right shoulder (two views) is taken today and reveals decrease joint space of the AC and glenohumeral joint. There is severe arthritic changes noted.

An x-ray of the left shoulder (two views) is taken today and reveals decrease joint space of the AC and glenohumeral joint. There is severe arthritic changes noted.

An x-ray of the left knee (two views) is taken today and reveals mild to moderate degenerative changes and decrease joint space.

An x-ray of the left ankle (two views) is taken today and reveals findings consistent with an operative repair of the tibia and fibula head.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 2.45 L (52.3%), an FEV 1 of 1.90 L (63.3%), and an FEF of 1.73 L/s (105.3%). There was a 22.3% increase in FVC, a 16.7% increase in FEV 1, and a 21.2% increase in FEF after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing normal sinus rhythm and a heart rate of 68 per minute.

A pulse oximetry test is performed today and is recorded at 98%.

Laboratory Testing:

A random blood sugar is performed today and is recorded at 97 mg/dL. The urinalysis performed by dipstick method was reported as 1+ protein.

ACTIVITIES OF DAILY LIVING / BEFORE THE INJURY:

The patient was able to do the following without difficulty: see a television screen, feel what you touch, talking/speak clearly, wash and dry herself, dress herself including shoes, driving a car (automatic transmission), get in and out of cars, open car doors and closing car doors, nap during the day, stand, walk on a flat surface, climb up 1 flight of 10 steps, walk down 1 flight of 10 steps, forward flexion of the neck, twisting of the neck right, reach above shoulder level with right arm, reaching at shoulder level with right arm, reach below shoulder level with right arm, push/pull objects, walk on an incline, walk on a decline, gripping a glass of water, carrying a gallon of milk with one or both hands, simple grasping, smell the food you eat, taste the food you eat, hearing from your left ear, hearing from your right ear, comb her hair, light housework (cleaning, laundry, etc.), read a book, seeing up close, seeing things far, sit, sleeping, crouching, bending, stooping, crawling, kneeling, maintaining balance, lift more than 5 lbs., lift more than 10 lbs., firm grasping, writing, typing, heavy housework (vacuuming, sweeping, mopping), cooking, yard work, and lift more than 20 lbs.

ACTIVITIES OF DAILY LIVING / AFTER THE INJURY:

The patient is able to do the following without difficulty: see a television screen, feel what you touch, and talking/speak clearly.

The patient is able to do the following with some difficulty: wash and dry herself, dress herself including shoes, driving a car (automatic transmission), get in and out of cars, open car doors and closing car doors, nap during the day, stand, walk on a flat surface, climb up 1 flight of 10 steps, walk down 1 flight of 10 steps, forward flexion of the neck, twisting of the neck right, reach above shoulder level with right arm, reaching at shoulder level with right arm, reach below shoulder level with right arm, push/pull objects, walk on an incline, walk on a decline, gripping a glass of water, carrying a gallon of milk with one or both hands, simple grasping, smell the food you eat, taste the food you eat, hearing from your left ear, and hearing from your right ear.

The patient is able to do the following with much difficulty: comb her hair, light housework (cleaning, laundry, etc.), read a book, seeing up close, seeing things far, sit, sleeping, crouching, bending, stooping, crawling, kneeling, maintaining balance, lift more than 5 lbs., lift more than 10 lbs., firm grasping, writing, and typing.

The patient is unable to do the following: heavy housework (vacuuming, sweeping, mopping), cooking, yard work, and lift more than 20 lbs.

Review of Records:

Approximately 872 pages of medical records were received and reviewed.

MADONNA R. GARCIA – VOCATIONAL REHABILITATION COUNSELOR:

The 8/24/20 Vocational Rehabilitation report of Madonna R. Garcia, MRC, was reviewed. MRC Garcia states, “I have determined that Ms. Rooks is not amenable to any form of vocational rehabilitation. Her functional limitations combined with the intensity, duration, and nature of her chronic and disabling pain will preclude her pre-injury skills and academic accomplishments. I do not believe that Ms. Rooks is amenable to any form of rehabilitation and thus has sustained a total loss in her capacity to meet any occupational demands” (p. 31).

Ms. Rooks related the following current and past issues: attention, high blood pressure, balance difficulty, headaches, muscle pain/cramps, forgetfulness, muscle weakness, blurred vision, lightheadedness, memory problems, reading problems, concentration, urination problems, weakness arms/legs, joint swelling, reading, low back pian, numbness/tingling, writing, memory, understanding, drug use, uncontrolled movements, depression, change in personality, thinking,

moodiness, unable to relax, trouble sleeping, irritability, cirrhosis, undesired weight gain, shortness of breath, frequent urination, easy bruising, poor circulation, controlling urination, allergies, and heart murmur.

CALIFORNIA SPORTS CARTILAGE INSTITUTE:

The 2/28/18 Panel Qualified Medical Evaluation Comprehensive Orthopaedic Evaluation report of Gregory T. Heinen, MD, was reviewed. Ms. Rooks was diagnosed with, “Cervical spine degenerative arthritis. Cervical spine degenerative arthritis without radicular symptoms. Reported cervical spine strain/pain. Bilateral shoulder degenerative arthritis right greater than left. Bilateral hand CMC joint mild degenerative arthritis/numbness. Thoracic spine degenerative arthritis. Lumbar spine degenerative arthritis with radicular symptoms. Bilateral knee degenerative arthritis left greater than right. Left ankle severe degenerative arthritis status post fracture status post surgical intervention and fixation. Right ankle mild degenerative changes. Reported stress reaction – stress associated pain. Reported visual changes” (p. 42-43). Regarding whole person impairment ratings, Dr. Heinen assessed the following: 6% WPI for the cervical spine, 7% WPI for the lumbar spine, 9% WPI for the right upper extremity, 5% WPI for the left upper extremity, 3% WPI for the right knee, and 20% WPI for the left knee. Regarding causation and apportionment, Dr. Heinen apportioned 100% to non-industrial factors for the bilateral shoulders, cervical spine, lumbar spine, bilateral knees, bilateral ankles, and bilateral feet. Dr. Heinen stated the patient had sustained an industrial left ankle fracture in 1993 that would require surgical intervention. In 2007, Dr. Heinen stated the patient has sustained a foot injury in 2007. Dr. Heinen stated, “It was felt at that time by several of these doctors that her gait abnormality from her ankle fracture was a contributing factor. Ultimately, she had surgery to her left knee with a meniscectomy and chondroplasty. She was off work for this combination of injuries for greater than a year. She then had a compromise and release including both ankles, her right foot, in her left knee based on Dr. Fell’s report (of which I do not have a complete copy). She however received a rather significant settlement amount which appears to have taken into consideration her arthritic issues” (p. 44). Dr. Heinen apportioned 70% of the injuries to industrial factors and 30% to non-industrial factors for the bilateral hands.

ADVANCED ORTHOPEDIC CENTER:

The 10/25/17 and 6/21/17 Follow-up Orthopedic Evaluation reports of Jonathan Nissanoff, MD, were reviewed. Ms. Rooks was diagnosed with, “Status post non-industrial left ankle fracture. Status post open reduction internal fixation, left ankle. Aggravation work-related injury for left ankle. Left knee non-industrial meniscectomy. Rule out arthrosis. Aggravated by work. Low back pain. Cervical pain. Right shoulder pain. Rotator cuff tendonitis. Right elbow and wrist pain” (p. 6). Regarding causation, Dr. Nissanoff stated, “This is a directly work related

injury, and the patient's symptoms are causally related to the industrial injury discussed above" (p. 6).

DEPOSITION OF FLOREEN ROOKS:

The 10/19/17 Deposition of Floreen Rooks was reviewed.

On page 28, Ms. Rooks states she sustained an industrial injury while employed by D'Veal in 2006. She states she suffered a broken toe in two places as well as sustaining a torn meniscus in the left knee.
On page 55-56, Ms. Rooks states she sustained a left ankle injury before her employment with D'Veal.

On page 59, Ms. Rooks stated she began using a cane in 2006 following the industry injury to the left toe and left knee.

On page 63, Ms. Rooks relates complaints of emotional stress and physical stress.

On page 66, Ms. Rooks denies sustaining any further injuries in the past 15 years that required her to go to a doctor.

STATE COMPENSATION INSURANCE FUND:

The 11/7/20 Referral Slip for Health Care Partners Med Grp was reviewed. Ms. Rooks was diagnosed with, "Right foot. Soreness left ankle. Contusion left knee" (p. 349-350).

The 3/23/11 X-ray of the Left Knee report of Synergy Imaging Ctr was reviewed. The impression findings revealed, "Old fractures with internal fixation. Severe degenerative disease of the mortise joint. Soft tissue dwelling" (p. 364-365).

The 3/17/11 Orthopedic Agreed Panel QME Evaluation report of Thomas W. Fell Jr., MD, was reviewed. Ms. Rooks was diagnosed with, "Sprain/strain of the left knee aggravating degenerative arthritis of the left knee. Status post arthroscopic partial lateral and medial meniscectomy. Sprain of the left ankle temporarily aggravating significant pre-existing arthritis of the left ankle. Fracture of the right foot, fourth and fifth metatarsals healed" (p. 263-280). Dr. Fell assessed the following whole person impairment ratings: the 30% lower extremity impairment for the left ankle and 30% lower extremity impairment for the left knee converts to 20% WPI. Regarding causation and apportionment, Dr. Fell apportioned as follows: 100% to the November 2007 industrial injury for the right foot, 80% to the November 2007 and August 2007 industrial injuries and 20% non-industrial for the left knee, and 100% non-industrial for the left ankle. Regarding the left knee apportionment, Dr. Fell stated, "I cannot separate these two as to which one

caused the tear of the meniscus and which one caused more injury to the knee; I put them together as one injury" (p. 263-280).

The 3/20/08 Orthopedic Re-Examination, 4/24/08 Operative report, 5/26/08 Surgery Authorization Request, 12/20/07, 1/17/08, 2/21/08, 4/17/08, 6/6/08, 7/11/08, 8/8/08, 8/28/08, 9/5/08, 10/10/08, 11/7/08, 12/5/08, 1/23/09, 9/4/09, 10/11/10, and 1/26/11 Orthopedic Supplemental Reports of Thomas Saucedo, MD, were reviewed. Ms. Rooks was diagnosed with, "X-rays of the left knee reveals evidence of Grade III medial compartment narrowing of the left knee with osteophyte formation noted primarily in the medial compartment. Impression: Left knee evidence of medial compartment degenerative osteoarthritis" (p. 285-287). Regarding the left knee, Dr. Saucedo stated, "This has progressively gotten worse since she had surgery three years ago and at this point in time it appears that the pain is quite unrelenting" (p. 285-287). Dr. Thomas assessed a 1% WPI for the left knee.

The 5/9/08, 6/18/08 PT Evaluation report was reviewed. The diagnosis was noted as, "Left status post internal derangement. Exam: Left knee" (p. 382-384).

The 3/20/08 X-ray of the Right Foot report was reviewed. The impression findings revealed, "Continued healing of fourth and fifth metatarsal fractures" (p. 370).

The 3/19/08 X-ray of the Left Knee report was reviewed. The impression findings revealed, "Tear, posterior born, medial meniscus (Grade III). Early osteoarthritic changes of the medial compartment of the knee join. Knee joint effusion" (p. 368-369).

The 2/21/08 X-ray of the Right Foot was reviewed. The impression findings revealed, "Continued healing of fractures involving the fourth and fifth metatarsals" (p. 373).

The 12/20/07 X-Ray of the Right Foot. The impression findings revealed, "Healing fractures of the fourth and fifth metatarsals" (p. 374).

The 11/20/07 X-Ray of the Right Foot. The impression findings revealed, "Mild osteoarthrosis in the left knee. Questionable 0.8 cm loose body" (p. 367).

The 11/20/07 Doctor's First Report of Occupational Injury/Illness of Michael Hadley, MD, was reviewed. Ms. Rooks was diagnosed with, "Contusion, left knee. Fracture, right foot. Sprain, left ankle" (p. 239-244).

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, BILATERAL SHOULDERS, ELBOWS, AND HANDS, LEFT HIP, BILATERAL KNEES, RIGHT ANKLE AND BILATERAL FEET
2. CARPAL TUNNEL SYNDROME, BILATERAL WRISTS
3. COGNITIVE DYSFUNCTION SECONDARY TO ANXIETY, DEPRESSION AND CHRONIC PAIN
4. CHRONIC PAIN SYNDROME
5. EPICONDYLITIS BILATERAL ELBOWS
6. INTERNAL DERANGEMENT BILATERAL SHOULDERS
7. CERVICAL SPINE SPRAIN/STRAIN
8. LUMBAR SPINE SPRAIN/STRAIN
9. MYOSPASMS OF CERVICAL, THORACIC AND LUMBAR SPINE
10. ABNORMALITY OF GAIT DUE TO LEFT LOWER EXTREMITY WEAKNESS
11. USEO F ASSISTIVE DEVICE (CANE)
12. LEFT KNEE INTERNAL DERANGEMENT, STATUS POST SURGICAL REPAIR
13. FRACTURE OF LEFT HALLUX, STATUS POST MEDICAL TREATMENT
14. BILATERAL PLANTAR FASCIITIS
15. INTERNAL DERANGEMENT, BILATERAL ANKLES
16. HYPERTENSION (2000) EXACERBATED BY WORKPLACE INJURY
17. MYOPIA, RIGHT EYE (PRE-EXISTING)
18. BLURRY VISION, RIGHT EYE (PRE-EXISTING)
19. OCULAR SURGERY (1973)
20. CEPHALGIA
21. VERTIGO
22. VISUAL DISORDER
23. SINUS PROBLEMS
24. CHEST PAIN
25. PALPITATIONS
26. DYSPNEA
27. NAUSEA/VOMITING
28. WEIGHT GAIN
29. URINARY FREQUENCY
30. PERIPHERAL EDEMA/SWELLING OF ANKLES
31. ANXIETY DISORDER
32. DEPRESSIVE DISORDER
33. SLEEP DISORDER
34. **ALLERGY TO PENICILLIN**

Disability Status:

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness
4. Visual difficulty
5. Sinus problems
6. Cough
7. Postnasal drip
8. Chest pain
9. Palpitations
10. Shortness of breath
11. Nausea
12. Vomiting
13. Weight gain
14. Urinary frequency
15. Cervical spine pain
16. Thoracic spine pain
17. Lumbar spine pain
18. Bilateral shoulder pain
19. Bilateral elbow pain
20. Bilateral hand pain
21. Bilateral knee pain
22. Right ankle pain
23. Bilateral foot pain
24. Peripheral edema and swelling of the ankles
25. Anxiety
26. Depression
27. Difficulty concentrating
28. Difficulty sleeping
29. Difficulty making decisions
30. Forgetfulness
31. Dermatologic complaints
32. Intolerance to excessive heat

Objective Findings:

1. Chest increased bronchial markings bilaterally, per x-rays (10/22/20)
2. Cervical spine moderate to severe degenerative changes noted, per x-rays (10/22/20)
3. Lumbar spine multilevel degenerative changes, more specifically at L3-4 and L4-5. There is straightening of the normal lordosis, per x-rays (10/22/20)

4. Right shoulder decreased joint space of the AC and glenohumeral joint. There is severe arthritic changes noted, per x-rays (10/22/20)
5. Left shoulder decreased joint space of the AC and glenohumeral joint. There is severe arthritic changes noted, per x-rays (10/22/20)
6. Left knee mild to moderate degenerative changes and decrease joint space, per x-rays (10/22/20)
7. Left ankle findings consistent with an operative repair of the tibia and fibula head, per x-rays (10/22/20)

Discussion:

Ms. Floreen Rooks related a prior injury to the left ankle, which she sustained in 1993 and required surgical intervention. She relates this injury has worsened since sustaining her industrial injuries while employed at D'Veal Family and Youth Services as she sustained left knee and left toe injuries in 2007. She was also diagnosed with hypertension in 2000. According to the medical records from State Compensation Insurance Fund, Ms. Rooks' hypertension has indeed worsened since 2007 as her blood pressure has gone from stage 1 hypertension to stage 2 hypertension according to the AMA Guidelines Fifth Edition on page 66. She relates complaints of chest pain, palpitations, dyspnea, and headaches. Furthermore, it is within reasonable medical probability that her aggravated hypertension has resulted in mild cerebral atrophy, which has resulted in cognitive dysfunction. She relates complaints of difficulty concentrating, difficulty making decisions, and forgetfulness. It is my opinion that she sustained an aggravation of her hypertension due to her industrial injuries while employed by D'Veal Family and Youth Services.

She also related she had some memory problems and visual difficulty problems prior to sustaining her industrial injuries while employed by D'Veal Family and Youth Services, which have worsened. In addition, she sustained industrial injuries to her cervical spine, lumbar spine, bilateral shoulders, left hip, bilateral knees, and right foot. She also has related complaints of urinary frequency, difficulty sleeping, headaches, and vertigo symptomology.

Permanent Impairment Rating (Prior to CT 12/30/04 – 4/16/16; 8/9/07; 11/10/07):

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 547, Ms. Rooks' **left ankle impairment** is rated by analogy and is most consistent with a moderate ligamentous instability, equating to a **4% WPI**.

According to the AMA Guidelines 5th Edition, Table 4-1 Classification of Hypertension in Adults and Table 14-2 Criteria for Rating Permanent Impairment Due to Hypertensive Cardiovascular Disease both on page 66, Ms. Rooks' **aggravated hypertension** qualifies for a low Class II rating (Stage 1, with

hypertensive medications, with evidence of proteinuria), corresponding to a **10% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-9 Examples of Whole Person Impairment Due to Visual Acuity Loss on page 328, Ms. Rooks' right eye impairment warrants a low Class II rating, corresponding to a **10% WPI**.

According to the Combined Values Chart of The AMA Guides, page 604-605, Ms. Rooks' whole-body impairment is **22% = (10% + 10% + 4%).**

Permanent Impairment Rating (After CT 12/30/04 – 4/16/16; 8/9/07; 11/10/07):

According to the AMA Guidelines 5th Edition, Table 15-5 Criteria for Rating Impairment Due to Cervical Disorders on page 392, Ms. Rooks' **cervical spine impairment** warrants a low DRE Cervical Category II rating of **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 15-3 Criteria for Rating Impairment Due to Lumbar Spine Injury on page 384, Ms. Rooks' **lumbar spine impairment** warrants a low DRE Class II rating of **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Ms. Rooks' **right shoulder** (acromioclavicular joint, 25% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The right shoulder impairment is equivalent to a 2.5% upper extremity impairment (25% x 10% = 2.5%), which rounds to a 3% upper extremity impairment.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Ms. Rooks' **left shoulder** (acromioclavicular joint, 25% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The left shoulder impairment is equivalent to a 2.5% upper extremity impairment (25% x 10% = 2.5%), which rounds to a 3% upper extremity impairment.

Using Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole Person on page 439, both upper extremity impairments convert to **4% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Ms. Rooks' **left hip impairment**, is most consistent with a trochanteric bursitis, corresponding to a **3% WPI.**

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Ms. Rooks' **right knee impairment** is rated by analogy and is most consistent with a mild cruciate *or* collateral ligament laxity, equating to a **3% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 546, Ms. Rooks' **left knee impairment** is rated by analogy and is most consistent with a severe cruciate *or* collateral ligament laxity, equating to a **10% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments on page 547, Ms. Rooks' **left ankle impairment** is rated by analogy and is most consistent with a severe ligamentous instability, equating to a **6% WPI**.

According to the AMA Guidelines 5th Edition, Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments, Midfoot Deformity, Avascular Necrosis of the Talus without Collapse, on page 547, Ms. Rooks' **right foot impairment** warrants a **3% WPI.**

According to the AMA Guidelines 5th Edition, Table 13-9 Examples of Whole Person Impairment Due to Visual Acuity Loss on page 328, Ms. Rooks' right eye impairment warrants a moderate Class II rating, corresponding to a **15% WPI**.

According to the AMA Guidelines 5th Edition, Table 4-1 Classification of Hypertension in Adults and Table 14-2 Criteria for Rating Permanent Impairment Due to Hypertensive Cardiovascular Disease both on page 66, Ms. Rooks' **aggravated hypertension** qualifies for a high Class II rating (Stage 2, with hypertensive medications, with evidence of proteinuria), corresponding to a **29% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-6 Criteria for Rating Impairment Related to Mental Status on page 320, Ms. Rooks' **cognitive dysfunction** qualifies for a moderate Class II rating, with a CDR of 1.0, equating to a **20% WPI**.

According to the AMA Guidelines 5th Edition Table 7-1 Criteria for Rating Permanent Impairment Due to Upper Urinary Tract Disease on page 146, Ms. Rooks' **urinary frequency** warrants a high Class I impairment rating, equating to a **14% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-9 Criteria for Rating Impairment of Cranial Nerve V (Trigeminal Nerve) on page 331, Ms. Rooks' **cephalgia** qualifies for a low Class I rating (mild facial neuralgic pain, intermittent frequency, mild interference with activities of daily living), equating to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-4 Criteria for Rating Impairment Due to Sleep and Arousal Disorders on page 317, Ms. Rooks' **sleep impairment** warrants a low Class I rating (reduced daytime alertness, mild interference of activities of daily living), corresponding to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 11-4 Criteria for Rating Impairment Due to Vestibular Disorders on page 253, Ms. Rooks' **vertigo** warrants a Class II rating corresponding to a **4% WPI**.

According to the Combined Values Chart of The AMA Guides, page 604-605, Ms. Rooks' whole-body impairment is **77% = (29% + 20% + 15% + 14% + 10% + 6% + 5% + 5% + 5% + 5% + 4% + 4% + 3% + 3% + 3%).**

Work Restrictions:

For Ms. Rooks' complaints of cervical and lumbar spine pain, she should be precluded from work involving heavy lifting, repetitive pushing, pulling, stooping, or overhead work with the upper extremities.

For Ms. Rooks' complaints of bilateral upper extremities pain, she should be precluded from repetitive overhead work, heavy lifting, rapid repetitive gross motor activity, pushing, pulling, and activities that require flexion, extension, and twisting of the upper extremities.

For Ms. Rooks' bilateral lower extremities pain, she should be precluded from work on girders, climbing ladders, rooftops, or unprotected heights, work on platforms greater than 5 feet, and work near dangerous moving machinery.

For Ms. Rooks' stress-aggravated hypertension, she should be precluded from work in emotionally stressful environments, work that involves frequent to constant deadlines, work that involves reasonably probable exposure to significant psychological trauma (violence, crime, death, disease), and occasional to frequent undue stress from co-workers and management.

Attestation:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient and that I personally performed the cognitive services necessary to produce this report at the above address, and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Sinai Lab or MetroLab, Inc., Encino, CA. X-rays, if taken, were administered by Jose Navarro, licensed x-ray technician #RHP 80136, and read by me. The chiropractic care and physical therapy treatments are provided under the direction of Scott Mintz, D.C.

I performed the history and physical examination and dictated this entire report. This entire report was dictated by me, with the assistance of Miguel A. Portillo, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report.

Based on Labor Code Statute 4628, a fee of $64.50 per page for a total of 20 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Disclaimer:

The examination of this patient was performed by Dr. Koruon Daldalyan. It should be noted; however, that aside from the physical examination, the editing of this report and the reviews deemed necessary and appropriate to identify and determine relevant medical issues including diagnosis, causation and treatment recommendations have been performed by me in consultation with Dr. Koruon Daldalyan.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.
Clinical Associate Professor of Pathology
University of Southern California
Keck School of Medicine
QME 008609
MP/map

Koruon Daldalyan, M.D.
Board Certified, Internal Medicine