



Advanced Orthopedic Center

Advanced Orthopedic Center
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Jonathan Nissanoff, M.D.
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FAX COVER SHEET

TO: LAW OFFICES OF NATALIA FOLEY
RE: ROOKS, FLOREN
Fax #: (360) 626-9632 Transmission: This cover letter plus 10 pages
Date: 7/31/17 Time: _____
From: LORENA Clinic Location: _____

Comments:

ENCLOSED PLEASE FIND THE COPY OF THE
REPORT YOU REQUESTED IF ANY QUESTIONS DO
NOT HESITATE TO CONTACT ME.
THANK YOU
LORENA

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Advanced Orthopedic Center

Jonathan Nissanoff, M.D.

FAAOS

Board Certified

Fellowship Trained

Sports Medicine & Trauma

Qualified Medical Examiner/AME

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Law Offices of Natalia Foley
8306 Wilshire Blvd #115
Beverly Hills, CA. 90211

Patient: Floreen Rooks
Date of Injury: 12/30/2004-04/16/2016
WCAB# ADJ10825285

Dear Sirs:

Floreen Rooks was seen on June 21, 2017, for a follow-up orthopedic evaluation. Up to fifteen minutes were spent in record review prior to seeing this patient.

CHIEF COMPLAINT

Neck pain, low back pain, right shoulder and right upper arm pain, right hand pain, wrist pain, thumb pain, left ankle pain, right foot pain.

OCCUPATION

The patient worked for Deveal Family and Youth Services.

HISTORY OF INJURY AS RELATED BY PATIENT

This is a 68-year-old female who worked for Deveal Family and Youth Services. She was a marriage and family counselor therapist. She worked there for approximately 12 years. She sustained a cumulative trauma injury during the 12 years that she was working for this company. She has pain from the repetitive use of her arms and her neck and her low back, sitting, standing, and walking. The patient has numbness in her right upper extremity. She has stiffness and swelling. She has pain of 9 out of 10 and numbness in her fingers. Her pain is constant, worse with standing, walking, stooping, twisting, lifting, kneeling, and bending. It is better with medication, rest, and use of cane, crutches, or braces. She does have bladder and bowel dysfunction sometimes. The patient is currently not working secondary to her pain. The patient has had surgery on her left ankle that she sustained from a non-industrial accident. She is currently wearing a brace on the left ankle that she feels

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Office Locations: •San Diego•Los Angeles•San Bernardino

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has been aggravated since the cumulative trauma injury. The patient also claims that she has been traumatized from work by her boss, who had threatened, her, and she would like to have a psychiatric evaluation. I think this is reasonable to determine the AOE/COE component of her injuries.

PRIOR INJURIES

Denies any prior injuries to the above body parts.

PAST MEDICAL HISTORY

Medical:

None.

Current Medications:

See chart.

Surgeries:

None.

Allergies:

Penicillin.

REVIEW OF SYSTEMS

General:

The patient has general fatigue, weight gain, and arthritis.

Head and Neck:

The patient denies eye disorders, sinus problems, thyroid disease, or ear problems.

Heart:

The patient has high blood pressure. Denies chest pain, arrhythmias, heart murmurs, any heart ailments, or irregular heartbeat.

Lungs:

The patient denies shortness of breath, excessive coughing, or asthma.

GI/GU:

The patient denies urinary frequency. The patient denies constipation or diarrhea.

Psychological:

The patient has anxiety and depression.

Neurologic:

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The patient has numbness. Denies epilepsy, convulsions, or neurologic problems.

Hematologic/Lymphatic:

The patient denies AIDS, hepatitis, cancer, anemia.

Endocrine:

The patient denies diabetes or adrenal problems.

SOCIAL HISTORY

Marital Status:

The patient is single.

Alcohol:

Socially.

Tobacco:

The patient smokes three cigarettes per day.

FAMILY HISTORY

Both parents are deceased, mother from cancer.

PHYSICAL EXAMINATION/OBJECTIVE FINDINGS

LUMBAR SPINE

Gait and posture are within normal limits.

Positive tenderness and spasming in the lower lumbar region with pain on extension and lateral bend, and with full flexion.

Negative tenderness in the posterior superior iliac spine region.

Motor testing is 5/5 to all muscle groups of the lower extremities.

Walking on the tiptoes is performed without difficulty.

Walking on the heels is performed without difficulty.

Deep Tendon Reflexes

Left Knee: +2

Right Ankle: +2

Left Ankle: +2

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Range of Motion Lumbar Spine:

Flexion: 60 degrees

Extension: 30 degrees

Rotation: Right: 15 degrees Left: 15 degrees Normal: 15 degrees

Lateral Bend: Right: 30 degrees Left: 30 degrees Normal: 30 degrees

BILATERAL LOWER EXTREMITIES

Negative straight leg raise bilaterally in the supine and sitting position.

Neurovascular status is intact.

CERVICAL SPINE:

Tenderness and pain with extension and lateral bend.

Negative Spurling's test.

Negative tenderness over the paracervical musculature.

Negative muscle spasms present.

Motor testing is 5/5 to all muscle groups of the upper extremities.

Sensation is within normal limits over the upper extremities.

Reflexes:

Biceps: +2 on the Right and +2 on the Left.

Triceps: +2 on the Right and +2 on the Left.

Brachial Radialis: +2 on the Right and +2 on the Left.

Range of Motion Cervical Spine:

Flexion is chin to chest.

Extension is 30 degrees.

Lateral Bend: Right: 30 degrees Left: 30 degrees Normal: 30 degrees.

Rotation: Right: 75 degrees Left: 75 degrees Normal: 75 degrees.

LEFT KNEE

Negative quads atrophy.

Negative effusion.

Negative crepitus.

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Positive medial joint line tenderness.

Positive lateral joint line tenderness.

Well-healed scar from meniscectomy.

Negative patellofemoral facet tenderness.

Negative apprehension.

Negative varus valgus laxity.

Negative McMurray test.

Negative Lachman.

Negative pivot shift.

Knee Range of Motion

Flexion:	(Right) 135 degrees	(Left) 135 degrees	(Normal) 135 degrees
Extension:	(Right) 0 degrees	(Left) 0 degrees	(Normal) 0 degrees

LEFT ANKLE/FOOT

Positive medial joint line tenderness.

Positive lateral joint line tenderness.

Well-healed scar.

Neurovascular status is intact.

Negative swelling.

Negative too-many-toes sign.

Negative tenderness over the plantar fascia.

Negative tenderness over the anterior talofibular ligament.

Negative tenderness over the Achilles.

Negative Thompson test.

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Ankle Range of Motion

Dorsiflexion:	(R) 30 degrees	(L) 30 degrees	Normal 30 degrees
Plantar Flexion:	(R) 40 degrees	(L) 40 degrees	Normal 40 degrees
Inversion:	(R) 30 degrees	(L) 30 degrees	Normal 30 degrees
Eversion:	(R) 10 degrees	(L) 10 degrees	Normal 10 degrees

ASSESSMENT

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.

PLAN

The patient at this point is indicated for treatment including Naprosyn 550 mg one tab p.o. b.i.d. #60 and Prevacid, physical therapy 2 times a week for 3 weeks. Pain management consultation and x-rays of the ankle, knee, back, and neck. The patient is also indicated for a psychiatric evaluation.

FOLLOW UP

One month.

WORK STATUS

As of today's date, the patient is temporarily totally disabled.

CAUSATION

This is a directly work related injury, and the patient's symptoms are causally related to the industrial injury discussed above.

REQUEST FOR AUTHORIZATION

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Authorization for treatment as outlined above is requested, based upon medically reasonable treatment requirements. This is per Labor Code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785 (b). As per **Labor Code 193.3 et. seq. Disclosure:** I am requesting authorization for all treatment outlined above in this report. If surgeries are being requested above under treatment plan, I request that utilization review (UR) authorize surgery for this patient to be performed at Inland Valley Surgery Center, LLC or Integrated Surgery Center, LLC. I am an owner in both facilities. Labor Code 4610 requires that a written UR decision be received by the requesting physician within 10 calendar days for spinal surgery and five working days for all other treatment requests. Pursuant to the Supreme Court ruling in Sandhagen and the en banc decision in Cervantes, this request will be considered authorized if the written UR response is not received within the UR timeframes set forth in Labor Code 4610.

We request to be added to the address list for services of all notices of conferences, mandatory settlement conferences and hearings before the workers' compensation appeals board. We are advising the workers' compensation appeals board that we may not appear at hearings or mandatory settlement conferences for the case in chief. Therefore, in accordance with procedures set forth in policy and procedural manual index number 6.610, effective February 1995, we request that the Defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator."

DISCLOSURE NOTICE:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others.

As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and except, as noted herein, that I believe it to be true."

In accordance with Labor Code 4628, 10606 and/or WCAB 10978, this is to advise that this report was dictated and reviewed by myself.

My signature hereby certifies that I have reviewed the history in detail with the patient to verify its accuracy and completeness, that I performed the physical examination and the opinions and conclusions represented within this report are mine alone.

Please be advised that this report is in compliance with the rules of practice and procedure, Rule 9785. Requests for additional copies of this report must be made in writing, and are subject to handling fees payable in advance. The handling fees are as follows: Handling fee: \$10.00, plus .50/per page, minimum of 3 pages.

Statement referable to reasonable costs for clerical expenses necessary to produce this report as per California Statute 4628. State of California Labor Code 4628, entitled, "Responsibilities of Physician signing medical-legal report", Paragraph (d), authorizes "reasonable costs of clerical expenses necessary to producing the report." The cost of clerical expense by a transcriptionist to produce this report is beyond "ordinary physician overhead expense." This report contains five pages. My cost to have this report transcribed by a transcriptionist was \$90.00.

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

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Sincerely,

(ELECTRONICALLY SIGNED June 21, 2017)

Jonathan Nissanoff, M.D.
Diplomate, American Board of Orthopedic Surgeons
Fellow American Academy of Orthopedic Surgeons
Qualified Medical Examiner
JN/jy

PROOF OF SERVICE BY MAIL or FAX

(1013A, 2015.5 C.C.P.)

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

I am a citizen of the United States and an employee in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 15525 Pomerado Road, E-6, Poway, California 92064

On 7/31/17, I served (or my staff served) the within Report for date of _____, on the interested parties in said action for the following:

by placing a true copy thereof, either via fax or enclosed in a sealed envelope with postage thereon, fully prepaid in the United States mail, at Poway, California, addressed as follows:

I declare under penalty of perjury, under the laws of the state of California, that the foregoing is true and correct.

Prepared by: LP

Executed on 7/31/17, at Poway, California.