

Del Carmen Medical Center

19234 Vanowen Street - Reseda, California 91335

(818) 705-1157/Fax (818) 705-4273

delcarmenfrontoffice@yahoo.com

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.

Board Certified, Anatomic and Clinical Pathology (ABP)

Board Certified, Occupational Medicine (ABPM)

Board Certified, Forensic Toxicology (ABFT)

pathologymd@aol.com

Koruon Daldalyan, M.D.

Board Certified, Internal Medicine

Dr.kdal@gmail.com

August 11, 2021

Natalia Foley, Esq.
Workers Defense Law Group
751 S. Weir Canyon Road, Suite 157-455
Anaheim, CA 92808

PATIENT:	George Soohoo
DOB:	November 28, 1953
OUR FILE #:	210185
SSN:	XXX-XX-XXXX
EMPLOYER:	California Institute for Men 14901 Central Avenue Chino, CA 91710
WCAB #:	ADJ14761989; ADJ14761987
CLAIM#:	06626670
DATE OF INJURY:	CT January 1, 2015 to June 10, 2021 CT June 11, 2020 to June 11, 2021 CT August 1, 2015 to July 6, 2018
DATE OF 1 ST VISIT:	August 11, 2021
INSURER:	SCIF P.O. Box 65005 Fresno, CA 93650
ADJUSTOR:	Priscilla Aguilar
PHONE #:	(951) 697-7332

Primary Treating Physician's Initial Evaluation Report

Dear Ms. Foley,

Thank you for referring George Soohoo, a 67-year-old male, to my office for occupational/internal medicine consultation. The patient is specifically referred for evaluation and treatment of various musculoskeletal and other injuries that he sustained during the course of his employment with California Institute for Men.

Job Description:

The patient began working as a dentist supervisor in January 1994 for California Institute for Men and he continues to be employed by the facility. His work hours are from 7:00 am to 3:00 pm, five days per week. His job duties involved clinical care, treating patients, administrative and supervising and training and educating. Physically, the job required for him to stand, squat, bend, climb, walk, stoop, kneel and twist. He was required to lift from 5 to 10 pounds weight.

History of the Injury as Related by the Patient:

The patient has filed three continuous trauma claims between the dates of January 1, 2015 and June 10, 2021; June 11, 2020 to June 11, 2021; and August 1, 2015 to July 6, 2018, for injuries that he sustained during the course of his employment.

The patient worked as a supervising dentist at California Institute for Men. He provided clinical care and dentistry work for individuals who were incarcerated. He also states that he supervised approximately six other dentists as he worked as the supervising dentist. He also supervised two hygienists. He does mention that he had direct contact with inmates and he did perform procedures. He often used equipment which included high speed hand pieces with high frequencies and rotational force as the patient would have to shave teeth and perform various procedures. He mentions that he was often exposed to various types of dust and chemicals while performing his job duties. He mentions some of the chemicals included zinc oxide, mercury and other restorative material. He mentions that part of his job included making impressions of teeth which involved using various chemicals.

The patient states that some of the facilities he worked at, he was required to sign an asbestos exposure form yearly. The patient mentions that he also carried other various jobs while working for CIM. He often would deal with corporate decisions and the overall operation of the facility. He does mention that he was also exposed to loud noises and he would various machineries.

In 2016, the patient began to have significant stress levels from his musculoskeletal pain that he sustained due to repetitive work but also from some of the individuals at the workplace. He does mention a history of PTSD initially from the military; however, this condition was exacerbated by his workplace stress. He states that in 2016, during a confrontation with a staff member when the patient was feeling unwell and presented to the hospital and a blood pressure reading was above 200 systolic. He was provided medications and he was instructed to follow up with a cardiologist, psychiatrist and psychologist. He then states that he had some medications that were changed for better control of his blood pressure.

The patient also mentions in 2018, he had an image that was taken of his abdomen and was noted to have a mass on his right kidney. After workup the patient was diagnosed with kidney cancer and underwent a right nephrectomy in 2019. The patient has also been diagnosed with pulmonary nodules that he continues in workup for. He undergoes yearly CT scans for the evaluation and has been noted to have increasing size of the pulmonary nodules.

The patient continues to work at this time. He has been treated by various physicians, including a pulmonologist, nephrologist, endocrinologist, ophthalmologist and general internist, as well as a psychologist and psychiatrist.

Prior Treatment:

The patient is currently under the care of Dr. Alexander Bergy, Dr. Yuen, Dr. William Cher, Dr. David Lam, Dr. Park, Dr. Yohan and Dr. Yang.

Previous Work Descriptions:

The patient began working for the California Institution for Men in 1994. He has not provided any further work history.

Occupational Exposure:

The patient was exposed to chemicals, fumes, and dust during the course of his work. The patient was exposed to excessive noise during the course of his work. He was exposed to excessive heat and cold.

Past Medical History:

The patient was diagnosed with hypertension in 2016, diabetes mellitus in 1999, hyperlipidemia in 1999 and sleep apnea in 2000. He has undergone treatment for kidney cancer, status post removal of right kidney in 2019 and lipoma removal in 1995. He denies any other history of previous medical or surgical conditions. **He is allergic to Lisinopril and aspirin.** There is no history of prior accidents or injuries. There is no other significant medical history.

Previous Workers' Compensation Injuries:

In 2016, the patient filed a claim for workers' compensation benefits for injuries that he sustained at the workplace.

Social History:

The patient is married. He has no children. He does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's parents have died. His mother died of unknown cause and his father died of a myocardial infarction. He had one brother and one sister. His sister died of colon cancer. His brother is alive and well. There is no other significant family medical history.

Review of Systems:

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

Activities of Daily Living Affected by Workplace Injury:

The patient has difficulty with sleep because of his musculoskeletal pain. He denies any problems with bathing, dressing, self-grooming, toileting, walking, climbing stairs, shopping, cooking, performing housework or driving.

Review of Records:

Please note that if medical records have been received for review, they will be reviewed and commented upon in a subsequent communication.

Current Medications:

The patient currently takes Losartan 100 mg daily, K-tabs 10 mg BIS, Chlorthalidone 25 mg BID, Amlodipine 10 mg daily Gemfibrozil 600 mg BID,

Metformin 500 mg 2 tablets BID, Lovastatin 20 mg daily and Clopidogrel 75 mg daily.

Physical Examination:

The patient is a 67-year-old alert, cooperative and oriented English speaking Hawaiian/Chinese male, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 180 pounds. Blood Pressure: 129/63. Pulse: 60. Respiration: 16. Temperature: 96.7 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. There is TMJ tenderness bilaterally.

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 on the anterior, posterior and lateral aspects. There is tenderness of the trapezius muscles. There is tenderness of the medial aspects of the elbows. There is tenderness of bilateral wrists and hands. Tinel's is positive at both wrists.

Range of Motion Testing:

Cervical Spine: Normal

Flexion	35/50
Extension	40/60
Right Rotation	60/80
Left Rotation	60/80
Right Lateral Flexion	30/45
Left Lateral Flexion	30/45

Thoracic Spine:

Flexion	45/60
Right Rotation	20/30
Left Rotation	20/30

Lumbo-Sacral Spine:

Flexion	45/60
Extension	15/25
Right Lateral Flexion	15/25
Left Lateral Flexion	15/25

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

<i>Hips:</i>	<i>Right</i>	<i>Left</i>
Flexion	110/140	140/140
Extension	0/0	0/0
Abduction	30/45	45/45
Adduction	20/30	30/30
Internal Rotation	30/45	45/45
External Rotation	30/45	45/45
<i>Elbow:</i>	<i>Right</i>	<i>Left</i>
Flexion	120/140	140/140
<i>Forearm</i>	<i>Right</i>	<i>Left:</i>
Pronation	60/80	70/80
Supination	60/80	70/80
<i>Wrist:</i>	<i>Right</i>	<i>Left</i>
Dorsiflexion	40/60	60/60
Palmar Flexion	40/60	60/60
Radial Deviation	15/20	20/20
Ulnar Deviation	20/30	30/30
<i>Knee:</i>	<i>Right</i>	<i>Left</i>
Flexion	110/130	110/130
<i>Ankle/Foot:</i>	<i>Right</i>	<i>Left</i>
Dorsiflexion	10/15	10/15
Plantar Flexion	30/40	30/40
Inversion	20/30	20/30
Eversion	15/20	15/20

Neurological Examination:

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.

Radiological Data:

An x-ray of the chest (two views) is taken today and is normal.

An x-ray of the cervical spine (two views) is taken today and reveals straightening of the normal lordosis along with multilevel degenerative disc disease at the C3-4, C4-5, C5-6 and C6-7 levels.

An x-ray of the lumbar spine (two views) is taken today and reveals anterolisthesis of the L4 vertebra. There is degenerative disc disease noted at the L4-L5 and L5-S1 regions.

An x-ray of the right shoulder (two views) is taken today and reveals osteoarthritic changes of the AC joint.

An x-ray of the left shoulder (two views) is taken today and reveals osteoarthritic changes of the left AC joint.

An x-ray of the right elbow (two views) is taken today and reveals mild degenerative changes within the joint.

An x-ray of the left elbow (two views) is taken today and reveals mild degenerative changes within the joint.

An x-ray of the right wrist (two views) is taken today and reveals degenerative joint disease.

An x-ray of the left wrist (two views) is taken today and reveals degenerative joint disease.

An x-ray of the right hand (two views) is taken today and reveals osteoarthritic changes of the proximal and interphalangeal joints of all digits. There are arthritic changes of the CMC joints.

An x-ray of the left hand (two views) is taken today and reveals osteoarthritic changes of the proximal and interphalangeal joints of all digits. There are arthritic changes of the CMC joints.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 1.44 L (42.1%), an FEV 1 of 1.22 L (48.3%), and an FEF of 1.24 L/s (61.9%). There was a 3.1% increase in FEV 1, and a 97.5% increase in FEF after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing sinus bradycardia and a heart rate of 59 per minute.

A pulse oximetry test is performed today and is recorded at 96%.

Laboratory Testing:

A random blood sugar is performed today and is recorded at 105 mg/dL. The urinalysis performed by dipstick method was reported as 1+ protein.

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness
4. Visual difficulty
5. Hearing problems
6. Jaw pain
7. Jaw clenching
8. Dry mouth
9. Heart palpitations
10. Urinary frequency
11. Cervical spine pain
12. Thoracic spine pain
13. Lumbar spine pain
14. Bilateral shoulder pain
15. Bilateral hand pain
16. Anxiety
17. Depression
18. Difficulty concentrating
19. Difficulty sleeping
20. Forgetfulness
21. Dermatologic complaints

Objective Findings:

1. TMJ tenderness bilaterally
2. Tenderness and myospasm of the cervical, thoracic and lumbar paraspinal musculature
3. Tenderness of bilateral shoulders on the anterior, posterior and lateral aspects
4. Tenderness of the trapezius muscles
5. Tenderness of the medial aspects of the elbows
6. Tenderness of bilateral wrists and hands
7. Tinel's is positive at both wrists

8. An x-ray of the chest (two views) is normal.
9. An x-ray of the cervical spine (two views) reveals straightening of the normal lordosis along with multilevel degenerative disc disease at the C3-4, C4-5, C5-6 and C6-7 levels.
10. An x-ray of the lumbar spine (two views) reveals anterolisthesis of the L4 vertebra. There is degenerative disc disease noted at the L4-L5 and L5-S1 regions.
11. An x-ray of the right shoulder (two views) reveals osteoarthritic changes of the AC joint.
12. An x-ray of the left shoulder (two views) reveals osteoarthritic changes of the left AC joint.
13. An x-ray of the right elbow (two views) reveals mild degenerative changes within the joint.
14. An x-ray of the left elbow (two views) reveals mild degenerative changes within the joint.
15. An x-ray of the right wrist (two views) reveals degenerative joint disease.
16. An x-ray of the left wrist (two views) reveals degenerative joint disease.
17. An x-ray of the right hand (two views) reveals osteoarthritic changes of the proximal and interphalangeal joints of all digits. There are arthritic changes of the CMC joints.
18. An x-ray of the left hand (two views) reveals osteoarthritic changes of the proximal and interphalangeal joints of all digits. There are arthritic changes of the CMC joints.
19. A pulmonary function test revealing an FVC of 1.44 L (42.1%), an FEV 1 of 1.22 L (48.3%), and an FEF of 1.24 L/s (61.9%). There was a 3.1% increase in FEV 1, and a 97.5% increase in FEF after the administration of Albuterol.
20. A 12-lead electrocardiogram revealing sinus bradycardia and a heart rate of 59 per minute.
21. A pulse oximetry test is recorded at 96%.
22. A random blood sugar is recorded at 105 mg/dL.
23. The urinalysis is reported as 1+ protein.

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL, THORACIC AND LUMBAR SPINE, BILATERAL SHOULDERS, WRISTS AND HANDS
2. CERVICAL SPINE SPRAIN/STRAIN
3. THORACIC SPINE SPRAIN/STRAIN
4. LUMBAR SPINE SPRAIN/STRAIN
5. TENDINOSIS BILATERAL SHOULDERS
6. CARPAL TUNNEL SYNDROME, BILATERAL WRISTS
7. TENDINOSIS BILATERAL WRISTS
8. RIGHT KIDNEY CANCER, STATUS POST NEPHRECTOMY (2019)
9. STATUS POST REMOVAL OF LIPOMA (1995)

10. HYPERTENSION (2016) ACCELERATED BY WORKPLACE INJURY
11. DIABETES MELLITUS (1999) AGGRAVATED BY WORKPLACE INJURY
12. HYPERLIPIDEMIA (1999)
13. SLEEP APNEA (2000)
14. EXPOSURE TO ASBESTOS AT WORKPLACE
15. EXPOSURE TO CHEMICALS AT WORKPLACE (ZINC OXIDE, MERCURY, COMPOUNDS AND VARIOUS DUST PARTICLES)
16. PULMONARY NODULES SECONDARY TO OCCUPATIONAL EXPOSURES
17. CHRONIC HEADACHES
18. DIZZINESS/LIGHTHEADEDNESS
19. VISUAL DISORDER
20. HEARING LOSS, BILATERAL
21. CHRONIC SINUS CONGESTION DUE TO OCCUPATIONAL EXPOSURES
22. TMJ SYNDROME, BILATERAL
23. BRUXISM
24. XEROSTOMIA
25. HEART PALPITATIONS
26. URINARY FREQUENCY
27. POSTTRAUMATIC STRESS DISORDER
28. ANXIETY DISORDER
29. DEPRESSIVE DISORDER
30. SLEEP DISORDER
31. DIFFICULTY WITH CONCENTRATION
32. FORGETFULNESS
33. CONTACT DERMATITIS SECONDARY TO OCCUPATIONAL EXPOSURES
34. **ALLERGY TO LISINAPRIL AND ASPIRIN**

Discussion:

The patient worked as a supervising dentist at the California Institute for Men. His work involved repetitive motions of the hands as he provided clinical care and had direct contact with inmates. He used equipment which included high speed hand pieces with high frequencies and rotational force as the patient would have to shave teeth and perform various procedures. He was exposed to various types of dust and chemicals while performing his job duties, some of which include zinc oxide, mercury and other restorative material. There was also an exposure to asbestos at the workplace.

In 2016, the patient's stress levels began to increase due to musculoskeletal pain from some of the individuals at the workplace. Also in 2016, after not feeling well he presented to the hospital and a blood pressure reading was above 200 systolic.

In 2018, the patient underwent testing and was diagnosed with a mass on the right kidney for which he underwent nephrectomy in 2019. He has also been diagnosed with pulmonary nodules.

The patient continues to work at this time. He has been treated by various physicians, including a pulmonologist, nephrologist, endocrinologist, ophthalmologist and general internist, as well as a psychologist and psychiatrist.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

Disability Status:

The patient is to return to work on August 12, 2021, on full duty.

Treatment:

The patient is to continue with his current medications. He will be reevaluated in six weeks.

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, Marvin Pietruszka, M.D., and/or my associate, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. 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 Quest Diagnostics or Metro Lab in 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 Ara Tepelekian, D.C.

The history was obtained from the patient and the dictated report was transcribed by Susan Jervis, 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. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of \$64.50 per page for a total of 13 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

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

Sincerely,



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