

Del Carmen Medical Center

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

Board Certified, Anatomic and Clinical Pathology (ABP)

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Koruon Daldalyan, M.D.

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November 4, 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 1ST VISIT: August 11, 2021
INSURER: SCIF
P.O. Box 65005
Fresno, CA 93650
ADJUSTOR: Priscilla Aguilar
PHONE #: (951) 697-7332

Primary Treating Physician's Progress Report

Dear Ms. Foley,

The patient had a telehealth conference on November 4, 2021, for reevaluation. The evaluation was performed via telehealth given the current pandemic with COVID-19. A consent for this telehealth was obtained and the patient is agreeable to this evaluation. The patient advises me that he continues in treatment for his various medical conditions.

Current Medications:

The patient currently takes Losartan 100 mg daily, K-tabs 10 mg BID, 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. Vital signs were not taken today.

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/STARIN
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 LISINOPRIL 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 Jarvis, 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 6 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