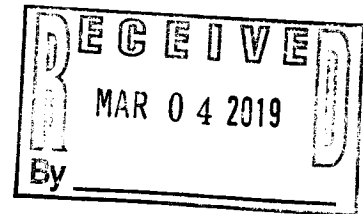


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PHYSICAL MEDICINE AND REHABILITATION CONSULTATION
NERVE CONDUCTION STUDY (NCS)
ELECTROMYOGRAPHY (EMG) STUDY
UPPER EXTREMITIES

NAME:	SOOHOO, GEORGE
DATE OF BIRTH:	11/28/1953
SOCIAL SECURITY #:	Unavailable
INSURANCE COMPANY:	SCIF
CLAIM NUMBER:	Unassigned
EMPLOYER:	State of CA Institution for Med
DATE OF INJURY:	CT 08/01/2015 – 07/06/2018
LOCATION OF EXAM:	San Diego, CA
REFERRING PHYSICIAN:	Alexander Caligiuri, D.C.
EXAMINING PHYSICIAN:	Thomas Dosumu-Johnson, M.D.
DATE OF EVALUATION:	02/05/2019



HISTORY OF PRESENT ILLNESS:

The patient is a 42-year-old dentist who reports that because of the repetitive nature of his job-related duties aggravated by prolonged standing and sustained awkward position of his body when he is performing his job duties, he had sustained continuous trauma to his neck and upper extremities.

PAST MEDICAL HISTORY:

Illnesses: The patient has a history of high blood pressure, diabetes mellitus, elevated triglycerides and cholesterol.

PAST SURGICAL HISTORY:

The patient underwent a lipectomy two months ago, benign cyst at the back of the head.

ALLERGIES:

The patient is allergic to aspirin and Lisinopril.

ACOEM GUIDELINES RATIONALE

Pursuant to ACOEM Guidelines, EMG/NCV of the cervical spine and upper extremities (pp 178, 180, 182, 211, 212, 232, 233, 242, 261, 162, 269, 271) and/or of the lumbar spine and lower extremities (pp 293B, 366B, 330, 334) are recommended. Compensation

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is now requested pursuant to Labor Code Section 4600(a), 4603(b) and 5402(c). Certification is mandatory pursuant to Labor Code Section 4610(g) (1). If the statutory time (14 days) to approve has expired, your right to delay, modify or deny is deemed waived and payment within 45 days from receipt of the bill and this report is required pursuant to Labor Code Section 4603.2(b). Based on ACOEM guidelines (p108) and this patient's date of injury, this case is now chronic. More than four to six weeks have passed from the date of injury and the patient has not responded to treatment.

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**REPORT OF ELECTRO-NEURODIAGNOSTIC STUDY (NCS)
UPPER EXTREMITIES**

INTENT AND GOAL OF TESTING:

The intent and goal of this study is to determine the extent and/or presence of radiculopathy. The results of this study will be evaluated to determine the course of treatment prescribed and will in part determine whether this patient will be referred to any specialized provider.

STUDIES PERFORMED:

The following tests were performed on the patient with the use of the Cadwell Sierra II electro-neurodiagnostic testing equipment.

1. **Bilateral upper extremity motor studies:** Right and left median and ulnar motor studies including F-waves.
2. **Bilateral upper extremity sensory studies:** Right and left median, ulnar and radial sensory studies.
3. **Bilateral upper extremity dermatomal somatosensory evoked potentials:** Right and left C6/C7, C8 dermatomal somatosensory evoked potentials.
4. **Bilateral upper extremity somatosensory evoked potentials:** Right and left median and ulnar somatosensory evoked potentials.

NERVE CONDUCTION STUDY FINDINGS:

SENSORY NERVE FINDINGS:

1. The sensory nerve action potential also shows increase in conduction velocities for the median, bilaterally, and also decrease in conduction velocities.
2. The F-wave shows no response to the left median. The right median F-wave has prolonged latency. All the remaining F-wave latencies are within normal limits.

MOTOR NERVE FINDINGS:

1. The motor nerve action potential show increase latencies, bilaterally to the median as well as increase in conduction velocities.

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**REPORT OF ELECTROMYOGRAPHIC STUDY (EMG)
 UPPER EXTREMITIES**

EMG PROCEDURE:

The study performed utilized Cadwell Sierra II electrodiagnostic equipment and software. Using the standard neurodiagnostic monopolar needle electrode technique, the following muscles were surveyed in the upper extremities.

When the Upper extremity EMG is tested, the following muscles are sampled:

DELTOID	C5-C6
BICEPS	C5-C6
EXTENSOR CARPI RADIALIS	C6-C7
EXTENSOR CARPI ULNARIS	C6-C8
FLEXOR CARPI RADIALIS	C6-C7
EXTENSOR DIGITORUM COMMUNIS	C7-C8
TRICEPS	C7-T1
FLEXOR CARPI ULNARIS	C8-T1
ABDUCTOR POLLICIS BREVIS	C8-T1
ABDUCTOR DIGITI QUINTI	C8-T1
FIRST DORSAL INTEROSSEOUS	C8-T1

In addition, if clinically indicated the cervical paraspinals were surveyed.

ELECTROMYOGRAPHY FINDINGS:

All muscles tested were silent at rest with normal insertional activity. There are positive sharp waves of the abductor pollicis brevis and abductor digiti minimi, bilaterally, left greater than right. Also, there are positive sharp waves of the brachioradialis, left greater than right. With maximum contraction, there are polyphasic potentials of the abductor digiti minimi and the flexor ulnaris.

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CONCLUSION:

1. Abnormal nerve conduction study. The result suggests possible bilateral carpal tunnel syndrome, left greater than right and possible cubital tunnel syndrome, left greater than right.
2. Abnormal electromyography. The results indicate a possible C5-C6 radiculopathy. Correlation is required.

RECOMMENDATION:

The patient is to be followed up with Dr. Caligiuri for further medical and therapeutic care.

The patient would have to complete an EMG and NCV of the bilateral lower extremities.

Thank you, Dr. Caligiuri, for the referral.



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TIME STATEMENT FOR PROLONGED SERVICE:

Prolonged service required the additional time of thirty minutes spent in the review of this patient's available medical records.

DISCLOSURE:

When the patient was first interviewed, a discussion of pertinent aspects of the patient's history was conducted. The evaluation performed and the time spent performing the evaluation is in accordance with the minimum time guidelines as defined in Article 4.5 of the Industrial Medical Council Rules and Regulations. The report was dictated and signed by me. The transcription was done by e-Data Services, Inc.

I certify by my signature that this report is the work product of myself and expresses exclusively my professional opinion, findings, and conclusions on the matters discussed herein.

In compliance with Workers' Compensation Legislation (Labor Code Section 4621(1): "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 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 have not violated Labor Code Section 139.3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed this date of February 5, 2019, in the County of Los Angeles, California.

Electronically Signed

Thomas Dosumu-Johnson, M.D.

TD/jan

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