

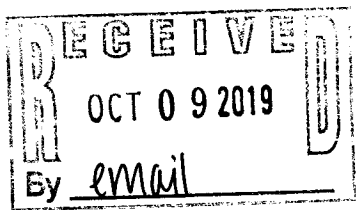


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PRIMARY TREATING PHYSICIAN'S INITIAL EVALUATION

October 7, 2019

SCIF
Attention: Sheryl Malin
PO BOX 65005
Fresno, CA 93650



Philip Cohen, ESQ
1550 Hotel Circle North Suite 170
San Diego, CA 92108

Re: **George Soohoo**
DOB: **11-28-53**
DOI: **07-06-18**
Claim#: **06380832**
WCAB#: **Unassigned**

CHIEF COMPLAINTS: Constant piercing, shooting, achy, throbbing neck pain rated 7-9/10 radiating into both shoulders. Intermittent numbness and tingling into both hands. Constant achy, throbbing bilateral hand pain rated 7-9/10. Constant sharp, shooting, achy, throbbing lower back pain rated 7-9/10 radiating into right hip area. Constant sharp, shooting, achy, throbbing right hip pain rated 7-9/10. Patient states difficulty with overhead activity, lifting, repetitive arm use, bending, twisting, prolong gripping. Patient states hearing loss and increase in hypertension due to industrial causes. Patient complains of difficulty sleeping with nightmares and increase PTSD.

HISTORY OF PRESENT ILLNESS: While working as a dentist for the California Mens Institute, patient states there were substantial physical and mental stressors. He works as a dentist and supervises 15 dental assistants. Patient states one particular assistant did not want to do her work and constantly would be insubordinate. Patient states mentally he had stress from his CEO which also included battery from the CEO hitting Mr. Soohoo in the face at one incident. He was seen by internal medicine panel QME and was diagnosed with aggravated hypertension 15% related to his industrial stressors. Patient was last seen 09-06-19 by Alexander Caliguiri, DC requesting neurology consultation, ENT consultation, orthopedic consultation for right hip, sleep specialist, and orthopedic consultation for bilateral wrists. Patient also was seen by Dr. Debosky, psychologist one time and was recommended for cognitive behavioral therapy. Patient states Dr. Debosky since retired. He states he also

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was referred to psychiatry at the Veterans Affairs and prescribed medications due to this stress. Dr. Soohoo has been paying out of pocket to see psychologist Lawrence Woodburn, PhD.

Patient states pain in his back started about 10 years ago. When asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Patient states he just went with his general insurance Kaiser. He was referred for MRI of lumbar spine at Kaiser and recommended for lumbar epidural injection. Patient states he did not want to pursue cortisone injections at this time. Patient complains of bilateral hand pain which started about 10 years prior. He states his hand pain, numbness and tingling occurred due to repetitive hand piece use. Again when asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Patient states he just went with his general insurance Kaiser and saw his primary care physician Dr. Birdie. Dr. Birdie gave patient injections to his hands which did not help. Dr. Soohoo also states he did receive an EMG/NCV of the upper extremities with Dr. Caliguri. Patient states his right hip started about 2-3 years ago. Again when asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Patient states he just went with his general insurance Kaiser for treatment and was given an xray.

Patient complains of hearing loss which occurred 15 years prior. Patient states the hand pieces used for dentistry were high pitched. When asked why he did not claim a workers compensation claim, patient replied he was administrative and did not feel it would be appropriate. Patient states he just went with his general insurance Kaiser for treatment and the Veterans Affairs. Dr. Soohoo states he had a hearing test sometime a year ago.

Patient states he did have hearing issues prior due to being in the military but over the last 15 years, his hearing has become worse due to working in a high pitched hand piece machinery. Patient is now referred to the undersigned for evaluation.

PAST MEDICAL AND SURGICAL HISTORY:

History of depression, hypercholesteremia, diabetes, hypertension, rheumatoid arthritis, kidney disease, anxiety, sleep apnea, migraines, adenocarcinoma.

June 2019 right kidney removal due to cancer.

He denies any other significant trauma or injury. He denies any other surgical history.

MEDICATIONS:

Metformin.

Losartan HCTZ.

Amyltriptyline.

Fenofibrate.

Lovastatin.

OCCUPATIONAL HISTORY: This patient has been employed as a dentist for the last 25 years.

On the job activities include standing, walking, bending, twisting, overhead work, and pushing, pulling and lifting up to 25 pounds.

SOCIAL HISTORY: This patient states he does not use alcohol. He denies tobacco use. He denies the use of recreational drugs. He states she does not exercise regularly.

PHYSICAL EXAMINATION:

Height-63 inches Weight-185 lbs. Temperature-99.1

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BP-154/87 Pulse-88 bpm
 Mental status: Appears normal.
 Cranial nerve 2-12 intact with decrease hearing in the left ear.

PRESENT OBJECTIVE FINDINGS:

ROM Cervical Spine with inclinometer

	Degrees	Pain Grade
Flexion	40/90	2
Extension	20/45	2
R Lateral flexion	20/40	2
L Lateral flexion	20/40	2
R Rotation	60/80	2
L Rotation	60/80	2

1=minimal 2=mild 3=moderate 4=severe

Cervical Orthopedic and Neurologic Tests:

- Positive Spurling's test bilateral.
- Negative Shoulder Depression test bilateral.
- Negative Valsalva Maneuver.
- Positive Distraction test bilateral.
- Positive Jackson's Compression test bilateral.

ROM Right Wrist with inclinometer

	Degrees	Pain Grade
Flexion	70/80	2
Extension	60/70	2
Ulnar deviation	25/35	2
Radial deviation	15/20	2

ROM Left Wrist with inclinometer

	Degrees	Pain Grade
Flexion	70/80	2
Extension	60/70	2
Ulnar deviation	20/35	2
Radial deviation	15/20	2

- Finkelstein's negative bilateral.
- Phalen's test positive bilateral.
- Tinel's negative bilateral.
- Tinel's for Tunnel of Guyon negative bilateral.

ROM Lumbar Spine

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	Degrees	Pain Grade
Flexion	50/90	2-3
Extension	10/30	2-3
R Lateral flexion	20/30	2-3
L Lateral flexion	20/30	2-3
R Rotation	NA	NA
L Rotation	NA	NA

1=mild 2=mild to moderate 3=moderate 4=moderate to severe

Lumbar Orthopedic and Neurologic Tests:

- SLR negative bilateral.
- Milgram's test positive bilateral.
- Patrick Fabere's test positive right.
- Kemp's test positive bilateral.

ROM Left Hip

	Degrees	Pain Grade
Flexion	120/120	0
Extension	20/30	0
Abduction	40/50	0
Adduction	20/30	0
Internal Rotation	20/35	0
External Rotation	40/50	0

ROM Right Hip

	Degrees	Pain Grade
Flexion	110/120	3
Extension	10/30	3
Abduction	35/50	3
Adduction	15/30	3
Internal Rotation	10/35	3
External Rotation	40/50	3

1=mild 2=mild to moderate 3=moderate to severe 4=severe

Orthopedic Tests Of The Hip:

- Compression test positive right.

Palpatory Findings:

Moderate palpatory tenderness and guarding was found in the cervical paraspinals bilaterally. Myofascial trigger points were found in the levator scapulae bilateral, upper trapezius bilateral, rhomboids bilateral. Moderate palpatory tenderness was found in bilateral wrist joints. Moderate muscle guarding and palpatory tenderness was found in the paraspinal musculature in the lumbar regions. Myofascial trigger points were found in the bilateral iliopsoas, right gluteus medias, right piriformis and quadratus lumborum musculature bilaterally.

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Moderate tenderness in the right hip joint.

Myotomal Testing:

Cervical spine were graded -4/5 with pain globally.

Upper extremities were graded 5/5 bilaterally.

Upper trunk was graded +3/5. Lower trunk was graded 9/10 with loss of lumbar lordosis at 0-15 degrees bilateral leg lowering.

Lower extremities were graded -4/5 right hip flexion/extension/abduction/adduction. -4/5 right toe extension. All else was 5/5 bilaterally.

Other Neurological Tests:

- Standing with the feet shoulder width apart first with the eyes opened and then with eyes closed was difficult to perform.
- Standing with the arms outstretched first with the eyes open then with the eyes closed was able to perform.
- Walking heel to toe was able to perform.
- Walking on the heels was able to perform.
- Walking on the toes was able to perform.
- Standing on one leg was difficult to perform.
- Sensory testing of the L1 to S1 dermatomes was unremarkable bilaterally.
- Sensory testing of the C5 to T1 dermatomes was unremarkable bilaterally.

Deep Tendon Reflexes

Level	Left	Right
C5 Forearm	+2	+2
C6 Biceps	+2	+2
C7 Triceps	+2	+2
L4 Patella	+2	+2
S1 Achilles	+2	+2

Jamar Grip: kg 2nd notch Right hand dominant

Right 18 18 16

Left 26 26 26

DIAGNOSTIC IMPRESSION:

Cervical strain

Bilateral carpal tunnel syndrome

Lumbar spondylosis per 03-05-19 MRI lumbar spine

Congenital lumbar stenosis per 03-05-19 MRI lumbar spine

Right hip strain

Hypertension

Hearing loss

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CURRENT STATUS OF PATIENT/DISABILITY STATUS: Patient is to be placed on modified duty. No lifting/push/pull over 10 lbs. No prolong overhead work. No repetitive bending twisting, no prolong sit/stand >30 minutes without breaks. No forceful grasping. Patient is limited to excessive noise.

PROGNOSIS: Guarded at this time.

RECOMMENDATIONS:

1. Request orthopedic spine consultation.
2. Request orthopedic hand specialist.
3. Request MRI of right hip.
4. Request authorization for internal medicine consultation and follow up for hypertension.
5. Request ENT consultation for hearing loss.
6. Patient to follow up in 4 weeks for further recommendation after review of further medical records to include Kaiser last 10 years for lumbar, cervical, right hip, hearing loss and Veterans Affairs hearing loss. I have not been provided prior medical records far back as when this patient originally complained about his musculoskeletal complaints. These medical records would be needed in order to clearly address causation.

Certification

By my signature, I declare under penalty of perjury that I have not violated Labor Board Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration whether in the form of money or otherwise as compensation or inducement for any referred examination or evaluation.

I further certify by my signature, under penalty of perjury, that the information contained in this report and in the attachments, if any, is correct and true to the best of my knowledge except as to information that I have indicated as being received from others. I further certify that the history, exam and all measurements in this case were personally performed by me. I dictated and proofread this report. I further certify that this report is my work report and describes and expresses exclusively my professional opinions, findings and conclusions on the matters discussed.

Respectfully,


 Danny K. Song, DC, PTA, QME, DAAPM

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RECEIVED
OCT 09 2019
BY email

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission - Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): <u>Soochoo, George</u>				
Date of Injury (MM/DD/YYYY): <u>7/6/2018</u>			Date of Birth (MM/DD/YYYY): <u>11/28/1953</u>	
Claim Number: <u>06380832</u>			Employer: <u>California Mens Institute</u>	
Requesting Physician Information				
Name: <u>Danny Song D.C.</u>				
Practice Name: <u>Paincare of San Diego</u>			Contact Name: <u>Hannah H.</u>	
Address: <u>5348 Carroll Canyon Rd. Suite 101</u>			City: <u>San Diego</u>	State: <u>CA</u>
Zip Code: <u>92121</u>	Phone: <u>(858) 202-1546</u>		Fax Number: <u>(858) 202-1548</u>	
Specialty: <u>Chiropractic</u>			NPI Number: <u>1629189857</u>	
E-mail Address:				
Claims Administrator Information				
Company Name: <u>State Compensation Ins. Fund</u>			Contact Name: <u>Theodore Boyerquez</u>	
Address: <u>P.O. Box 3171</u>			City: <u>Suisun City</u>	State: <u>CA</u>
Zip Code: <u>94585</u>	Phone: <u>(951) 697-7316</u>		Fax Number: <u>(707) 646-0738</u>	
E-mail Address: <u>(707) 646-0813</u>				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
<u>conical strain</u>	<u>(S13.4XXA)</u>	<u>Orthopedic spine consultation</u>		<u>x1</u>
<u>Bilateral carpal tunnel syndrome</u>	<u>(G56.03)</u>	<u>consultation with orthopedic hand specialist</u>		<u>x1</u>
<u>Lumbar spondylolysis</u>	<u>(M47.817)</u>	<u>MRI of the right hip</u>		<u>x1</u>
<u>lumbar stenosis</u>	<u>(Q76.2)</u>	<u>Internal medicine consultation</u>		<u>x1</u>
<u>hip strain</u>	<u>(S76.011A)</u>	<u>Internal medicine follow-up</u>		<u>x1</u>
<u>Hypertension</u>				
Requesting Physician Signature: <u>[Signature]</u>				Date: <u>10/8/19</u>
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)				
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

Hearing Loss (H91.90)

ENT consultation for hypertension x1