Steve Hwang, M.D., Q.M.E.
QUALIFIED MEDICAL EVALUATOR

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PANEL QUALIFIED MEDICAL EVALUATION IN THE SPECIALTY OF ORTHOPAEDIC SURGERY

March 10, 2022

Robert E. Bull
SCIF
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Natalia Foley, Esq.
Workers Defenders Law Group
751 S. Weir Canyon Road, Ste. 157-455
Anaheim, CA 92808

George SooHoo
2506 Lighthouse Lane
Corona del Mar, CA 92625

Re:	George SooHoo
Employer:	California Institution for Men
WCAB No.:	ADJ11815610; ADJ15069801 ADJ14761989; ADJ14761987; ADJ15510614
Panel No.:	2732378
Claim No.:	06380832, 06643946
Applicant DOB:	11/28/1953
Dates of Injury:	CT: 08/01/2015-07/06/2018; 08/16/2021 CT: 01/01/2015-06/10/2021; CT: 06/11/2020-06/11/2021; 12/06/2021
Date of Evaluation:	02/09/2022
Place of Evaluation:	Remote

Dear Parties:

Pursuant to your authorization, George SooHoo underwent a remote Panel Qualified Medical Evaluation in the specialty of Orthopaedic Surgery on February 9, 2022. The undersigned acted in the capacity of Panel Qualified Medical Evaluator in the specialty of Orthopaedic Surgery.

This evaluation was conducted through California Medical Evaluators' secure HIPAA compliant remote evaluation platform in accordance with QME Emergency Regulations effective January 18, 2022. These regulations state, in relevant part:

§ 46.3 Emergency Regulation Regarding Medical-Legal Evaluations in Response to continued COVID-19 Pandemic

During the period that this emergency regulation is in effect, a QME, AME, or other medical-legal evaluation may be performed in the circumstance where the physician and the injured worker are not in the same physical space or site during the evaluation. The evaluation shall be performed by way of telehealth through the use of electronic means of creating a virtual meeting between the physician and the injured worker.

Dr. Hwang conducted the interview, reviewed all records, performed a remote physical examination, and formulated the diagnosis, conclusions, and discussion, including the opinion on causation, temporary disability, permanent disability, degree of disability, future care, work restrictions, and apportionment. The report was authored by Dr. Hwang. All opinions expressed herein are solely the opinions of Dr. Hwang.

Prior to the evaluation, the entire medical file available to this physician was fully reviewed. All of the records reviewed were instrumental in this evaluator arriving at the opinions as expressed in this report. The new medical legal fee schedule, which went into effect on April 1, 2021, requires that all medical records submitted to the QME be accompanied by a declaration.

"Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be

considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing."

Accordingly, if no declaration was received from a submitting party then the accompanying documents or records were not considered available and therefore were not reviewed. If the parties wish for this QME to review any records or documents which were not previously submitted with the required declaration then please visit calmedeval.com/upload, complete a declaration form there, and upload the records along with a letter requesting a supplemental report.

Before I began the examination, the applicant was informed that this evaluation was being done exclusively in connection with the Workers' Compensation claim at the request of an attorney, attorneys or insurance companies, and that no treatment relationship existed. The applicant was also made aware that any communication between us is not privileged (no doctor-patient confidentiality exists) and that any information provided, as well as the results of any testing and my conclusions regarding the case, would be included in a report that may be read by people involved in the resolution and/or litigation of the claim. The applicant was advised of his or her rights pursuant to QME regulation 40. The applicant stated that the aforementioned was understood, and agreed to proceed with the evaluation. The report belongs to the party or parties requesting the evaluation.

BILLING

This report has been prepared pursuant to the provisions of 8 Cal. Code Regulations §9795 as a **ML-201-95** Comprehensive Medical-Legal Evaluation conducted by a Qualified Medical Evaluator.

Time spent includes:

1. Face-to-face interview with the applicant **01.00 hour**
2. Sub-rosa video review time **00.00 hours**

The number of pages reviewed are **5063** pages.
Pages reviewed from AA: **1,007** pages.
Pages reviewed from DA: **4,056** pages.

INTRODUCTION

Mr. George SooHoo is a 68-year-old married Asian male who resides in Corona del Mar, California. He weighs 165 pounds. Height, 5 feet 3 inches tall. His date of birth is November 28, 1953.

He was seen on February 9, 2022 through remote evaluation for his industrial injury claim when he was employed at the California Institution for Men as a clinical dentist and supervising administration from 1994 to present.

REVIEW OF RECORDS PROVIDED BY APPLICANT

Declaration from Attorney for Applicant, Natalia Foley, dated February 8, 2022 was received attesting to 1,161 pages of records that have been referred for review.

NON-MEDICAL RECORDS:

Cover Letter, by Natalia Foley, dated February 8, 2022.

The examiner was thanked for agreeing to examine the applicant, George SooHoo, in the examiner's capacity as a Panel Qualified Medical Examiner in orthopedic specialty on December 1, 2021.

The parties appreciate the examiner's agreement to evaluate the above individual in the examiner's capacity as Panel QME. Pursuant to Labor Code§ 4062.3, the parties have decided not to issue a joint letter in this case. Rather each party will write the examiner with its respective position.

Enclosed for the examiner's review the examiner is to find copies of all pertinent Workers' Compensation claims forms, medical reports, deposition transcripts, and other available exhibits as reflected in the attached exhibit list. The examiner is hereby authorized to order or perform any diagnostic tests which the examiner feels to be reasonable and necessary and to re-examine Applicant and/or issue any necessary supplemental reports.

I. Brief History of Injury and Treatment

Applicant, George SooHoo, is a 67-year-old male, who was employed by California Institution for Men as a dentist at the time of the injury. Applicant filed the following claims against his employer:

ADJ: ADJ11815610. Date of Injury: August 1, 2015 – July 6, 2018. Body Parts: 100 Head. 120 Ear. 330 Hand. 420 Back. 440 Hip(s). 801 Circulatory System. 842 Nervous System.

ADJ: ADJ15069801. Date of Injury: August 16, 2021. Body Parts: 420 Back. 841 Nervous system – stress. 880 Other body systems. 999 Unclassified.

ADJ: ADJ14761989. Date of Injury: January 1, 2015 – June 10, 2021. Body Parts: 100 Head - Not Specified. 110 Brain. 800 Body system - not specific. 841 Nervous System – Stress.

ADJ: ADJ14761987. Date of Injury: June 11, 2020 – June 11, 2021. Body Parts: 145 Teeth. 810 Digestive System. 820 Excretory System. 842 Nervous System. 850 Respiratory System.

ADJ: ADJ15510614. Date of Injury: December 6, 2021. Body Parts: Shoulder, upper extremities.

The examiner is requested to review the claimed body parts, systems, and problems within the scope of the examiner's specialty and identify those problems that are specific problems, cumulative problems, a compensable consequence of the specific or cumulative problem, or problems as a result of the side-effects of medication, or problems as to the applicant's functioning as a result of pain. If the examiner detects any medical issues outside of the examiner's specialty, the examiner is to refer Applicant to the appropriate specialty medical professional.

II. Evaluation Report

Following the examiner's evaluation of the applicant and review of all pertinent material, the examiner is to prepare a narrative report containing the examiner's findings on all issues the examiner feels to be appropriate, including the following:

The examiner is requested to provide parties with the examiner's findings as they relate to the following:

1. A detailed medical history.

2. The examiner's diagnosis.

3. Whether or not the medical findings are consistent with the original incident or injury(ies) claimed by the applicant.

4. Whether or not any further medical treatment is reasonably necessary to cure or relieve the effects of the injury(ies).

5. If disability exists, the examiner is to determine if it is industrially caused or aggravated.

    a) If disability exists, is it the result of a specific incident or incidents or is it the result of one or more periods of cumulative trauma. If disability is a result, either in whole or in part, of one or more periods of cumulative trauma, the examiner is to state his opinion when each period commenced and ended.

    b) If disability exists, the examiner is to determine if there was a precipitating cause of all or part of this disability.

6. If the disability is industrially caused or aggravated, the examiner is to determine if it is:

    a) Temporary total.

    b) Temporary partial? If so, give extent of ability to work.

    c) When applicant was no longer temporarily disabled.

7. If permanent and stationary, and ready for rating, the examiner is to describe:

    a) Permanent disability factors resulting from the industrial causation or aggravation. If the examiner believes the applicant should be restricted in job duties, he is to set forth with as much specificity as possible, those restrictions.

    b) The examiner must determine what approximate percentage of the permanent disability is industrial and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury.

Labor Code sections 4663 and 4664 addressing apportionment are as follows: Labor Code Section 4663 is added to the Labor Code to read:

1. (b) Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.

2. (c) In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of the injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician shall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make a final determination.

3. (d) An employee who claims an industrial injury shall, upon request, disclose all previous permanent disabilities or physical impairments.

If the examiner is unable to make a determination as to apportionment to a prior condition, he must state the reasons why and then consult with other physicians or refer the applicant to another physician to make a final determination.

If an applicant has received a prior award of permanent disability, the examiner must apportion to the prior disability which existed at the time of the current injury. The prior disability will be presumed to exist even where the applicant claims to have fully rehabilitated from a permanent disability for which a prior award was issued.

8. The examiner is to determine whether the applicant can return to his usual and customary occupation. The examiner is to take into account the job description and/or job analysis which has been provided (if available). If the examiner believes the applicant is a Qualified Injured Worker, the examiner is to state the examiner's reasons for that behalf. Based on the injury, he is to describe specifically what job duties the applicant cannot perform if the examiner believes the applicant is precluded from his usual activities.

9. The examiner is to determine if the applicant requires any medical treatment in the future to cure or relieve him from the effects of the industrial injury. If so, he is to kindly provide a detailed explanation of the types and amounts the examiner deems appropriate.

This letter constitutes the examiner's authority to perform all tests which the examiner believes are necessary. However, if hospitalization is necessary, the parties would require that the examiner first obtain consent. The examiner is to forward an original of the examiner's report to the Workers' Compensation Appeals Board, with copies to the attorneys for the parties.

If the examiner feels that any of the body parts included on the application are outside the examiner's area of specialty, it is requested that the examiner includes in the examiner's report at a request for a consultative report from a physician whose opinion is necessary to further develop the record.

The examiner is to transmit the examiner's final original report and billing statement to the workers' compensation appeals board. The examiner is to transmit copies of the examiner's report to both applicant and defense attorneys of record. The examiner is to transmit copies of the examiner's report, along with billing to:

Applicant Attorney:
Natalia Foley, Esq
Workers Defenders Law Group
751 S Weir Canyon Rd
Stc 157-455
Anaheim CA 92808

Defense Attorney:
Steven Taylor, Esq
State Compensation Insurance Fund
1615 Murray Canyon Road Ste 500
San Diego, CA 92108

Second Defense Attorney
Ashley Staudenmayer, Esq.
State Compensation Insurance
Fund
PO Box 65005
Fresno, CA 93650-5005

If the examiner has any questions, he is to not hesitate to contact the undersigned at the examiner's convenience.

Deposition of George SooHoo, by Stephen Taylor, dated January 31, 2020

Deposition of applicant, Dr. SooHoo, before Sabine Becker, CSR. Appearances include Philip Cohen on behalf of the applicant and Stephen Taylor on behalf of the defendants.

Applicant said he had testified in a deposition around ten to fifteen years ago when he was on the enforcement committee of the Department of Consumer Affairs.; occurred between 2000 and 2005; he is not sure of the time frame. He denied about any hearing before the Department of Consumer Affairs where he was a witness. He also denied testifying in a court before. He agreed that he spent time with his attorney, Mr. Cohen, about the deposition.

Dr. SooHoo, is on HCTZ, Hydrochlorothiazide for blood pressure; Amlodipine for blood pressure; Fenofibrate for controlling the lipids; Metformin for diabetes; Lovastatin, statin medication for controlling cholesterol; and one med for depression and another anti-anxiety medication. He denied it was Xanax; cannot recall the name of depression meds. He agreed that he will not claim that these medications caused him to not be able to give proper testimony. He also said that he is not wearing his hearing aids as he is having vertigo.

Applicant's primary treating doctor is Dr. Alexander Berdy whom he is seeing through his wife's health plan of Kaiser. His wife, Teodorika SooHoo, works as a medical assistant in a private sector. He has been married to her for the past 12 years. For the record, Dr. SooHoo has handed his Kaiser card to the counsel with a date of birth of November 28, 1953. He has been treating under the Kaiser plan for approximately 15-20 years. Applicant stated his SSN for the record and the counsel went off the record to note the CA driver's license number.

Back on the record, Dr. SooHoo said his license is current and effective, and that it has not been suspended or revoked. The applicant is a veteran. He served in the military from approximately 1994 to 2013. He had been working with the California Department of Corrections during those years. He was in the army reserves. His last job title was as a dentist 63 Alpha, which is the M-o-n, a code for the job position. He said he wanted the opportunity to travel, the opportunity to serve, and there were humanitarian issues involved. Mr. Taylor wanted to know the job duties. Dr. SooHoo said it varied because initially, he was assigned to a field unit, which was a medical company.

Dr. SooHoo's duties as a part of the medical detachment included drills where they would prepare themselves for going out; they would set up their field units with medical units to serve in case of any kind of war; they would be the backup services to provide for the soldiers. George said they had to do so every weekend; once a month and two weeks out of the year they would go out and do assignments or

they would get assignments. Every weekend, they come in on weekends drills, they prepare themselves to be a soldier. They went to Los Alamitos for the drills. His service was in Fort Lewis in Tacoma, Washington. He went to war college then and became a brigade commander. The war college was in Carlisle, Pennsylvania.

George went to managerial staff school and advanced war college because at that time he wanted to move up. He spent two years in war college where he would go every year, spent two to three weeks at Carlisle, and then the rest of the study was on the computer. He graduated in 2008. He has retired from the reserves; retired in 2013 as he had to take care of his ninety-nine-year-old mother. His mother passed away in 2016.

George said they could use only the VA where they had actual orders in terms of the healthcare providers. They could also use the military health care facility, but it was not through the VA. When George got deployed, he was at Fort Riley, Kansas and so he went to a medical clinic there. He said he would have some back and knee issues. He said it was around 1998. The training, at times, or the preparation for the exercises gave him the back and knee issues. He said they had to qualify every six months. They had to do a two-mile run, swimming, push-ups in a certain amount of time, and sit-ups to qualify. George said all these gave him the back and knee issues.

In 1996, George said an explosive blew up in front of him and he had hearing issues. It was very close to him though he cannot give the exact distance how far it was from him. It was an exercise drill where they were engaged in night navigation with a group and it was pitch black. He denied going to any medical facility after that incident. He is not sure whether that itself contributed to his hearing issues. He is not sure of the time frame when his hearing issues started.

For the record, Dr. SooHoo handed the VA card to the counsel to note the numbers. He has been treating through the VA for the last ten years. He said he has been treating at the VA facility in Long Beach for 3 to 4 years. George has been seeing a psychiatrist and a psychologist there. He also has a primary care, Dr. Kartik Shah, who is in Santa Ana. Dr. Shawn Chung is the psychiatrist. He said he has already signed the medical release forms for the VA Long Beach records.

Dr. Alexander Berdy whom George is seeing through his wife's health plan of Kaiser is an Internist. He has been seeing him for 4-5 years now. He used to see Dr. Jeff Tracy before Dr. Berdy. Dr. Tracy was family practice, he moved to San Juan. Dr. Berdy is treating the applicant's diabetes, hypertension, hyperlipidemia; referred him to physical therapy and specialist for kidney cancer. Dr. SooHoo said

he has been diagnosed with a lung nodule recently, which is possible cancer; so, he has to go back in for the second CT scan. He has been diagnosed with type two diabetes. He had prediabetes. Dr. Wesley Choi, Urologist, diagnosed him with kidney cancer; diagnosed in 2018; he was seen through Kaiser insurance.

George is not sure of the status of the kidney cancer at this point. He just had the whole right kidney removed and was diagnosed with adenocarcinoma. It was removed around June, 2019. The condition was diagnosed in 2018. The surgery for removal was at Kaiser, Sand Canyon right off of the 405, Irvine; he is not quite sure of the location. George said the right kidney was removed and biopsy was done, and a large cancer growth was confirmed. He said they could not do a partial because it was just too big. He will have to go in for another CT scan in the next sixty days to see if the cancer has metastasized to other parts of the body as well. He said Dr. Choi did the surgery.

George said he is seeing Dr. Laurence Woodburn, psychologist; consultation is not through Kaiser. He has a followup once in every six months. He said Dr. Woodburn's office is in Carlsbad, California. He found out Dr. Woodburn from the Workers' Comp. Six sessions were approved and Dr. Deboski attended to him after his first session. She canceled the second session as she was getting ready to retire that same day. Dr. Woodburn just took over where Dr. Deboski had been seeing the applicant. George said Dr. Shah's office is in Santa Ana VA medical clinic.

The lung nodule was detected around two months ago said George. A CT scan was ordered by Dr. Choi after the kidney removal surgery and the CT revealed the nodule. He said Dr Choi also ordered a chest CT scan. He said he is scheduled to see an Oncologist in two weeks; does not recall the name of Oncologist which was given to him. The consultation is going to be through Kaiser. He denied smoking; said he smoked as a kid; he has not smoked anywhere from his 20s up until the present time.

George said he was on Blue Cross Blue Shield with the department in 1994. It was not an HMO. It was an indemnity plan. His first diagnosis of sleep apnea at that time was made through them and he was sent to Orange, California to take a sleep test. He said he does not have the Blue Cross card with him anymore. He was diagnosed with sleep apnea in 1994. George said that apart from Dr. Berdy, who is one of the prescribing doctors, he has Dr. Chung prescribing two medications for the psych. George said he currently has a height of 5' 3" and weighs 165. He has been in this weight category for the past two to four years.

Mr. Taylor said that oftentimes very commonly sleep apnea goes along with being overweight. He asked how much George weighed back at that time. He said he weighed around 150-160 pounds and has seen an increase of 30 to 40 pounds since that time. George said he uses the Bi-PAP machine and it was initially prescribed by the Sleep Center in Orange, California. When he to Kaiser, he gave them a copy of the sleep test, and they just continued on with that. The sleep test was done through Blue Cross insurance. He recalled spending the night there at the Sleep Center. He said he had a deviated septum and had surgery. He said he did a lot of research and even that didn't cure it. When he didn't feel right, he got a second opinion, but he felt it was not going to resolve his issue. He agreed that since 1994, the sleep apnea situation has basically stayed the same though he has been using Bi-PAP since that time.

George stated his current address to be 3682 Herman Avenue, San Diego, California, 92104 in the North Park neighborhood. He said it is a house and he has lived there for ten years on and off. He lives there with his wife. The house belongs to his brother and he is staying there as his house in the 2506 Lighthouse Lane in Orange is being remodeled. He has lived in his house since 2005. He does not have any kids with his wife, which is his second; have been married for approximately 12 years. His ex-wife is Adrienne and the divorce happened 15 years ago; denied having kids in the first marriage too. George lived in Buena Park before he shifted to Orange. He was working for the Department of Juvenile Justice that was in Norwalk, which was very close to Buena Park. The Department of Juvenile Justice, was with the state. He worked there for 13 years; around 1998 to 2000. His job position was that of the Chief Dentist.

George said his position was downgraded. He said that it meant throughout the state, they reorganized or restructured the job. It changed the job description from basic administrative to clinical where he had to do the actual hands-on clinical dental work from doing the more administrative office work and managing employees. He does not remember the exact time frame when it happened. He said he preferred both the administrative position as well as clinical.

George said he did not leave because they downgraded that job. He agreed that Department of Juvenile Justice is an agency or division of the Department of Corrections. Mr. Taylor said that it was his understanding that George went to work for the Department of Corrections in 1994 to which the applicant agreed. He was in headquarters and ended up going through the division of the Department of Juvenile Justice. The headquarters was in Sacramento in the Department of Corrections. George said he had to go to the Department of Juvenile Justice as they needed representation at headquarters to facilitate other institutes for dental care. The counsel agreed to take a break at this point.

George said in 1998, he opened the institution at Ironwood for corrections and they liked the way he opened it. So, the chief medical administrator, Dr. Gwendolyn Dennard, wanted him because she was going to Department of Juvenile Justice and they had a lot of problems with Department of Juvenile Justice. Dr. Gwendolyn Dennard was working for the Department of Corrections at that time and then she moved to Department of Juvenile Justice. She liked his reputation as to what he did opening up the Ironwood State Prison dental program that she asked him to come over with her to Department of Juvenile Justice.

George said that Dr. Covington moved into the headquarters of Sacramento, who was the chief medical officer in the Department of Corrections. Both Dr. Dennard and Dr. Covington are deceased. Dr. Covington approved George to Sacramento. Before the Department of Corrections, George said he had a practice in Carlsbad, CA, as a dentist. He practiced there for approximately thirteen years. He was married to Adrienne back then and his age, based on the birth date, was approximately forty-one years.

George said he was deployed for close to a year through the army reserves at Tacoma, Washington, to get soldiers ready for deploying to front lines in the Middle-East. When he came back, his practice was in shambles as the people running the office basically didn't really care about it and he lost a lot of money. This made him decide to work with the Department of Corrections. He was deployed close to a year.

George was on the board examiner's giving examination in the state of California when he was working with different institutions with dental students that he was teaching and one of the people, who worked for the Department of Corrections introduced him to the job. He applied around 1993 or 1994 to become employed by the Department of Corrections. He applied to the Ironwood State Prison, CA. His job title there was of the Chief Dentist. He moved to Blythe from there. He did both clinical and administrative job duties there. He said he was separated from his first wife at that time. He was there for four and a half years. Dr. John Stiles was his supervising manager. He was the chief medical officer health care manager. George said he was the one who opened the dental division there.

George said the Department of Corrections moved him back and forth paying for his travel to Sacramento back and forth as they were in the midst of growing. He said at that time, there were only sixteen or seventeen prisons and now there are thirty-four. Besides opening up the dental program, George said that he had to provide insight how to open the other prisons. He denied any work injuries there. He denied about any kind of personnel problems while he was at Ironwood State

Prison, denied problems with his supervisors, denied having any problems with any of the people that he supervised.

The counsel agreed to suspend the deposition and to resume in the next six weeks; they agreed to get the volume I of the deposition prepared.

Deposition of George SooHoo, by Stephen Taylor, dated February 21, 2020

Volume II of deposition of Dr. George SooHoo before Debby Gladish, CSR. Appearances include Mr. Philip Cohen on behalf of the applicant and Mr. Stephen Taylor on behalf of defendants.

Applicant, Dr. George SooHoo, brought in a list of meds that he is on. He read the list out. He takes Metformin for diabetes, Losartan-Hydrochlorothiazide for his blood pressure, Amlodipine for blood pressure, Lovastatin for cholesterol, Fenofibrate for elevated triglycerides, Clopidogrel to prevent strokes and heart attack. He said Dr. Alexander Berdy prescribes them.

George said he has not recently seen his psychiatrist at the VA Long Beach facility. He has not brought the list of meds from them. He takes two meds, the names he cannot recall, which are antidepressant and antianxiety meds. He has been taking them for approximately two years. He said being on them will not cause him to have any problems with memory or thinking or answering questions accurately.

George said he was working full time at the time of the first volume of deposition. He is currently working at Regional 4 in Rancho Cucamonga which is the Department of Corrections. He is supervising in the healthcare services there. Mr. Taylor went off the record then. Back on record, George agreed that he is the supervising dentist. He said the work was a hundred percent administrative. Dr. Jeff Lissy is the supervisor at Rancho Cucamonga, who is the Regional Clinical Director. George said he has his own office at the same place. The address Mr. Taylor has is of 10750 Fourth Street, Building 1, Suite 150, Rancho Cucamonga, 91730. George said it is on lease. He said there were a lot of cubicles for telemedicine and auxiliary administrative staff where they have physicians, dental assistants, hosts of healthcare service for medical sites; majority of it being telemedicine.

Dr. SooHoo denied any clinical stuff going on the offices. He said they are administrating the Southern region of prisons and that there are 8 or 9 institutions in the southern region. Mr. Taylor said he wanted to find out the places where George has worked and that he was trying to go and fill in going backwards.

George agreed that he had worked at Californian Institution for Men at Chino. He said he worked there for approximately ten years though he cannot recall the exact timeframe. He also agreed that it would be fair to say that a significant amount of the job history and work circumstances involved in his Workers' Comp claims occurred when he worked at Chino.

George said he transferred over to the Healthcare Services Region 4 in Rancho Cucamonga on July 13th, 2018. He said he is working full duty now. He said he is able to work well and there is no limitation due to any injury or symptom or medical problem. He said he has been given accommodation for his carpal tunnel while using the computer. George agreed that he has Carpal tunnel and that the right hand is worse than left. He said he was provided a special chair, special keyboard, and a screen that goes up and down as a part of the accommodation. He agreed that he is able to perform well with the accommodations.

With regard to the job duties, Dr. SooHoo said there are meetings, working with the other dentists on peer review, consulting, discussion with other dentists and dental assistants, and audits. He said all the work involves sitting at desks or at meeting tables talking, being on the phone, typing on the computer. George denied any of the people he works with having any problems with him as far as interacting. He denied having problems with Dr. Jeff Lissy.

George agreed that Dr. Lissy is aware of the happenings at Chino before the applicant was transferred to the current location and that he has brought it up. He agreed that Dr. Lissy normally would have been consulted with and advised about issues that might have happened in Chino as he was transferring over and that it did not come to him as a surprise. George denied Dr. Lissy treating him or communicating in a way that led him to believe that what Dr. Lissy knows from the history at Chino is somehow causing him to be not fair to George. Dr. SooHoo agreed with Mr. Taylor that he has been at the Cucamonga facility for a year and a half. He said he does not plan on transferring out or promoting out or going anywhere else anytime in the next couple of years

George said that he enjoys clinical dentistry and he has no plans to retire when Mr. Taylor asked what his long-term outlook was regarding his job. He is aware that he is doing administrative work and not clinical; he states that he does not know if he has plans to transfer and get a clinical job somewhere. George said he has no issues affecting him while being at Cucamonga. He agreed that that he is talking with his treating psychologist or psychiatrist about the issues that happened at Chino.

Dr. SooHoo said he was at Chino for about 10 years and he was at Rancho Cucamonga before Chino. He said the headquarters assigned where he would go. He was at Cucamonga approximately in 2010 before Chino and he was there for 3 to 4 months as a clinical dentist title-wise, but did administrative work. He said they were under the Perez lawsuit and hence, they did audits of all the institutions. The "Perez Lawsuit" is a specific metrics that the receiver puts out and there are guidelines they have to meet to get out of the Perez lawsuit. George agreed that during that time at Region 4, he was primarily working, auditing files and systems and operations to bring within compliance with what the receiver wanted. He also agreed to the time frame of all this to be around 2008 or 2009.

Prior to that employment, he was the Chief Dentist for Department of Juvenile from approximately 1998 to 2010. He said he had neck and back issues the 13 years he worked there, but he did not report them. He had soreness in the neck. He attributed it to spending too much time in a patient's mouth without taking a break. He agreed that he had to bend over with neck looking into the kids' mouth. He said he had a normal flow of patients and saw an average of about 6 to 8 patients a day. He did not take any time off of work due to the neck soreness. He got massage therapy; he would go to the jacuzzi. He denied getting any formal medical treatment for the neck at that time. With regard to the back, he said he had times when he could not get up out of bed or wake up. He considered his back pain was related to his occupation as he was bending and stooping all the time. He remembers going to the Buena Park Kaiser for the back issues back them as he could not move his back. He said he lived in the Buena Park area when he was working for the Juvenile justice. He denied having any problems to the back or neck prior to the 13 years that he was with Juvenile Justice. He also reported having hand issues in that timeframe. He said he does not remember when he started having the hand issues. The counsel went off the record.

Dr. SooHoo did not have any relationship problems with coworkers or management when he was with Juvenile Justice. Dr. Hung Do was the supervisor there at the time. He was the supervisor at Southern Youth Reception Center in Norwalk. He was the chief medical officer. George said he got transferred as the Department of Juvenile justice closed approximately around 2010 and he got transferred to the Regional. He said they got rid of the chief dentist position and he was in the supervising dentist position. George agreed that he got transferred from Department of Juvenile Justice to Regional 4 as they closed down and he took a demotion to clinical dentist. He also agreed that it had nothing to do with any kind of workplace problems or discipline.

George said there weren't any problems there during those three to four months he was at Regional 4; denied Workers' Comp injuries or medical problems. He got

transferred to Chino as he took a "step down" as a dentist from a chief. George agreed he was transferred to Chino as a supervising dentist in 2010 as the headquarters had done a reconfiguration of the dental department's management structure in that they eliminated the chief dentist and it had nothing to do with workplace problems or discipline. The counsel went off the record.

Dr. SooHoo was made aware that he had claimed cardiovascular system and blood pressure problems while working there. The timeframe is from 2010 through July 6, 2018. He agreed with Mr. Taylor that overwork caused him injury and also the culture of the staff too. He also mentioned his supervisor, Louie Escobell, CEO Healthcare at Chino to be a part that caused him the injury. George has brought in some notes regarding the dates and Mr. Taylor said that the record has to reflect that. A copy of it was shown to Mr. Cohen also. The counsel went off record.

George denied anybody saying to him about Mr. Escobell. Mr. Escobell and Dr. Lissy were his direct supervisors. George said he had difference with Dr. Lissy when they were at Chino. In spite of that, they had a good relationship the whole time. George said he had problems with Mr. Escobell in that he gives individual development plan even if he has not even worked with the claimant for a year and he has already given George a couple of Ns meaning needs improvement and George found that wrong as he hadn't even been there a year. George tried to talk to him, but he got angry. And so, George went up to Regional. He brought the medical ERO in, who said she would look into it and get back to him.

Dr. SooHoo said that he wrote a long letter to the Regional, addressed to Robert Herrick, CEO. His position was above that of Mr. Escobell. George has previous acquaintance with Mr. Herrick and he believed he could solve the issue. The date of the letter was approximately between October 15 and April 25. A copy of the letter was requested by the counsel. George explained to Mr. Herrick that basically he tried to discuss his individual independent developmental plan to Mr. Escobell and that he does not fully understand the impact of the IDP by giving him two Ns as there is no documentation throughout the year that justifies the two Ns. George felt like basically he does not know the protocol for writing IDPs. So, he asked Mr. Herrick and Dr. Jeff Lissy to review it. George said it's supposed to be evaluated by Dr. Lissy and Mr. Escobell, and Dr. Lissy had never even seen it. Escobell evaluated all of it himself. The reason why it's half Lissy and half the CEO is that because Mr. Escobell is not a dentist. George said he sent a copy of the letter to Mr. Escobell too.

George said that he was told by Cindy Ballou, ERO (employee relations officer) wo comes around the institution once a month that she would look into his IDP. He said he did not hear from Mr. Herrick or Dr. Lissy prior to talking with Cindy.

George said he received a new IDP with no explanation, with no Ns on it, and was told to sign it. He said he got it from Mr. Louie Escobell's office. It was handed over by his secretary to George. He said he was satisfied by the result.

Referring to George's notes, he said approximately in early 2016, Dr. SooHoo, Dr. Lissy, and Mr. Escobell were doing HPMIII interviews. George had two issues to address with the HR; he didn't know if they were going to have a second round of interviews and whether he could schedule patients; and he had the interim-term dentist, Don Lee, working for him and he didn't know if Don still would be employed there. Belinda Serrato, who was one of HR personnel, said that there would no more interview as Escobell had already signed off on someone. He was also told that Don Lee's term was not going to be extended.

When George went to Mr. Escobell's office, he was asked what he had enquired about HPMIII position. George came to know that Debra Logan got picked. He had advised against her as she had no dental experience and there were better candidates. George had an issue as he thought the interview was not fair, they had not tabulated scores, they never had a discussion. Also, George came to know that they gossiped to Ms. Logan about him. Mr. Escobell was angry when George came up to the ER office.

The next reference is to date April 21, 2017 in Dr. SooHoo's notes. George was taking Ms. Farooq, wife of Dr. Muhammad Farooq, CME at CIM as it was her last day of work. In the last moment, Dr. Farooq asked if the Mr. Escobell can be called in. George was left with no choice. He said he paid for everybody's food and they were engaged in normal conversation. Mr. Escobell was seated next to George and he for no reason, threw his left arm and hand back over as if somebody was backhandling somebody. George demonstrated what happened to him. There were no alcoholic drinks served at the party.

George said Mr. Escobell was heavy and he seemed very aggressive type of guy. George said he does not know if Dr. Farooq and Mr. Escobell were more than colleagues. He remembers Ms. Farooq asking Mr. Escobell why he acted the way he did and Dr. Farooq looking all shocked. George said he took a few breaths and relaxed, and paid and left the place. George agreed that he was hit on his cheek on the right side. He denied any bruises or cuts in the face. He said when Ms. Farooq asked Mr. Escobell why he hit George, he just snickered. He does not recall the conversations prior to the incident at the party.

The next day, as written in the notes, Dr. Farooq came up to him and spoke to him. He was scared if George would file charges. He wanted him to let it go. George thought Dr. Farooq was scared that he will have to take over as CEO if Mr.

Escobell would be filed with charges. There was one instance where Dr. Farooq had to take over as CEO for a limited time when Mr. Herrick left and he did not want that to happen again. George said he had respect towards Dr. Farooq. He said he did not go over to the police or file any charges. He said he avoided Mr. Escobell. Mr. Escobell did not threaten him after the incident.

George remembers the gossip he had heard about Mr. Escobell. He was very egoistical. Later, he did file a police report after talking to an attorney and it was 5 or 6 months later after he walked out of Chino. There was no action taken by the police as they said it has to be within one year of the happening that the report has to be filed. He also filed a report with internal affairs, CDCR internal affairs. George said that he also discussed with Mr. Cohen about filing a lawsuit. He said he was waiting for the outcome of the internal affairs investigation. He recalled filing report with internal affairs to be in December 2018. He said all the investigations by the internal affairs has to be authorized by the hiring authority. Mr. Escobell is still the CEO of chino. The counsel went off the record at this time.

Dr. SooHoo said he does not talk about the incident to anybody at work at Regional 4. Also, the people at work don't talk about it to him. He said he is not aware if there is an EEOC investigation that has opened up or any kind of union investigation other than the internal affairs report that he filed. George agreed that it has been about a year and three months since the face slapping incident. He said after this incident that took place on April 21, 2017, there was another incident where he had a tremendous amount of stress to supervise 16 dental assistants on top of his other responsibilities and also being understaffed. Rowena Sam, dental assistant, was out on Workman's Comp for a year and her being absent also added to the workload. Also, 70% of the dental assistants hired were on FMLA and George said he did not know who were coming and going. He was stressed out due to the work load.

When Dr. SooHoo complained to the authoritiems, they would cover the missing position in paper with an acting position, but would not fix the problem as the acting person did not know what to do. George said this happened regularly. The staffing belonged to HPMIII, health program manager. Ms. Logan, who got hired, did not know what to do. George said she had more problems with him as she had come to know that she was not his choice at work. She showed up at work but did not have much experience in dental. Others at work said she was not supportive of Dr. SooHoo.

Another incident occurred just a month before George walked off from Chino, on June 18. Mr. Bishop, EEO and Mr Escobell had a meeting with the whole staff

and they asked if the staff had any issues against Dr. SooHoo in public. George felt extremely stressed as the complaints to EEO are filed individually and he felt his rights were not honored. George was not present at the meeting as he was at his work place engaged in the morning huddle with the hygienists and dentists. Mr. Escobell told George to go to hsi office and remain there. He was told so that they could have the meeting without George in it. He recalls that many staff came up to him, they told him about what had happened in the meeting, and they were very supportive of him. George said they were given blank pieces of paper to fill out EEO issues against him. He then made notes of the incident. He said he did not file any complaint as the EEO was there and he did not know whom to approach.

George agreed that he had to turn to people for help who literally did the wrongful things to him. He said that is why he wanted to go to internal affairs in Rancho Cucamonga so it is in the Sacramento. He said he documented the incidents, but he did not know what to do with it or whom to approach. He said there was fear. He said he knew he was right and that he didn't do anything wrong. He said he does not fear that part. He said it is the stress that he already has and didn't know if he wanted to add more stress. He also has his medical conditions.

He said he went to several lawyers with the intention of filing lawsuit and asking them to protect him. He said it was his decision to wait and see what the internal affairs outcome would be. He said he was sent over the questions when he filed report against Mr. Escobell with the internal affairs; it was back in December 2018. He is not sure if he has the copy of the answers. He was told that it is very important for the deposition.

With regard to the July 6, 2018 incident, the day he walked out of Chino, he was seeing patient's around 12 noon where he got a phone call from Mr. Escobell asking him to come to the office. He left handing over his work to the dental assistant. There was a sergeant from internal affairs in the office. He was asked to hand over the phone, keys, and ID and he was asked to walk off as there was an investigation going on against him and it had been approved by Mr. Herrick. George asked for the copy of allegation which was denied by Mr. Escobell. He said he got a letter that said he was exonerated from the charges. Later, he went back to work in December of 2019 and he was told that there were additional charges filed and that they had to interview him. The counsel went off the record.

Back on record, George said that in 2018, there were allegations made by Nichelle Davis who was a dental hygienist, who said he was yelling at her. He was questioning her why she only doing one quadrant of scaling and root planting or

deep cleaning as the OT was complaining to him that they did not know how to schedule her. The counsel took a break at this point.

George agreed when Mr. Taylor said that Ms. Davis was not doing her work properly and that the patients had to come in more frequently. Nichelle made up the charges against George that he was yelling at her. There were charges made by Joy Martin also. George felt that they congregated and tried to do all at once and come back. Rowena Sam and Tammy also alleged that he yelled at them. George said he got a letter from internal affairs noting the charges filed against him. He said he got the letter after he walked off, after July 6, 2018. He then got a letter around November 2019 that none of the charges sustained. Then in December 2019, he got a call from internal affairs stating there were more charges filed against him. George said he did not get a copy of that letter from internal affairs.

Regarding the meeting on the last day of his work at Chino, Mr. Escobell asked him to get his personal belongings. He asked the patients' to be rescheduled. Mr. Escobell and another officer walked him out. He walked past the staff and a lot of other people. George said they smiled when he was leaving especially Joy Martin. There was one week of administrative time off before he got transferred to Regional. He got paid for the week he did not work. George said he got a certified letter from the ERO Headquarters about being reassigned to Regional. He agreed that when he was walked out of Chino, he would be having a job but not at Chino. Counsel went off the record where discussion was made to reschedule the deposition for a Volume III. Deposition concluded soon after.

Telephonic Deposition of George SooHoo, by Stephen Taylor, dated September 4, 2020.

The applicant was last deposed on February 21st, 2020. This is his third volume of deposition. The applicant said that he has the copies of the computer questions, and he will submit them to Mr. Cohen. He stated that the investigations on him were divided into two parts, in which he was informed about the first investigation that he was cleared by Mr. Herrick. He was not notified what the allegations were on the second investigation until he was served on somewhere around November or December of 2019 saying that they wanted to interview him on these allegations.

He stated that he has the whole copy of investigations as he was back at work. He was given the whole package called "Internal Affairs Investigation Closure, Case Number," and so they did two investigations. He was cleared on the first one and they thought that he was cleared on the second investigation and so they came back

after him again and gave him a list of almost seven allegations against him. They closed it and gave him a notice of lower level of adverse action stating that "he is officially reprimanded." He remembered it all happened in May 5th, 2020.

He did have an attorney through CCOF Net with this case and he appealed the verdict to go to FCB to get it removed as he didn't feel it was correct and he was doing his job. Regarding the May 2020 follow-up investigation, he stated he got a proof of service of May 6th, 2020, from Kiara Swann for three pages and then the Internal Affairs Investigation Report with allegations from page 2 through 69. The front page of the Internal Affairs Investigation Report says the date was January 6, 2020. He stated there is one page of witness statement and got EEO paperwork that they filled out and they have a signature of who did their interview.

He also found the copies of the computer questions and the answers that they were discussing a few minutes ago that involved his filing the complaint against Mr. Escobell and Mr. Bishop. He has not received any letter of the second investigation until they asked him for the interview for the second time. The date of the proof of service that Kiara Swann signed was May 6th, 2020.

He lives in the same house in North Park in San Diego since he was deposed on February 21st, 2020. His brother and his wife are living with him in addition to his wife. He got redirected back to California Institute for Men (CIM) in Chino after they deposed him in February of 2020 approximately in end of May 2020. He got redirected after he got the investigation closure on May 5th, 2020. He received a separate letter from Donald McElroy on that day. He's the regional healthcare executive, region two. He's up north. He never knows him until he got that letter from him.

The letter told him he was to report back to duty answering to Mr. Louie Escobell on a certain date. His attorney representing him in the CCOF Net requested them that if he reported back to CIM that he answers to a different supervisor, but headquarters never answered him back. The attorney's name is Mike McCoy from Castillo & Harper Law Firm located at 6848 Magnolia Avenue, Suite 100, Riverside, California 92506. His email address is mike@castilloharper.com. It was requested through headquarters through the EEO officer at headquarters, a lady named Natalie Frost.

He described that he has a history of basically him being treated unfairly and from battery and assault and so he wanted to be allowed to report to a different supervisor other than Mr. Escobell. He has no idea what their reasoning or why they're redirecting him back to CIM in Chino to report to Mr. Escobell. He goes to work every day. He thinks he first reported to Chino on 18th of May. He was

driving physically to their office every day for work. He estimated it was about 100 or 110 miles from North Park to Chino. He was keeping regular full-time office hours since they directed him back to work at Chino.

His current job title was supervising dentist. His salary was never changed. He did not have any other direct supervisors other than Mr. Escobell. He has a clinical supervisor, Jeff Lissy at regional who works from home. Dr. Lissy was his supervisor at region four when he was not redirected. Mr. Escobell was his administrative supervisor. He interacts with Mr. Escobell mostly via e-mail. He only sees him at meetings that he calls maybe twice a week. They were on a modified program because CIM has the highest COVID-19 patients.

He stated he had some kind of problems with Mr. Escobell. He gave him a Letter of Instruction (LOI) on the second day that he went back to work at Chino. He gave this to him two weeks later in front of an EEO officer, Natalie Frost on June 10th, 2020. Ms. Frost represents the managers in Sacramento headquarters. Mr. Escobell read that letter to him, and the he disagreed with that. He sent him a rebuttal. He described the issue was the dentists on call. The dentists tend to get paid for being on call every week they're there.

They get eight hours of time, and when he came back he was included in the on call, and then one of the dentists complained that he took away their on call that week and he changed the schedule. He refused them that he could not have changed the schedule because he does not have access to the computer and the schedules are made by the dentists themselves. Mr. Escobell then contacted Dr. Jeff Lissy and told him that there was an MOU that was changed in 2016 that does not permit the supervising dentists no longer be on call unless all the dentists turned it down, and then the supervising dentist can be on call.

The applicant informed him that he had been gone for two and a half years, and basically he was not aware of the MOU change. He described that one of the dentists who was supposed to be on call that week reported to Escobell the he has changed the schedule and there was a misunderstanding between them. He stated it might be either Dr. Patty Dong or Dr. Tiffany Spencer who would have been reported to Escobell. The person that supposed to be on call was Dr. Patty Dong. Mr. Escobell told him that letter of intent would be in his file for six months.

He has a copy of the rebuttal letter that he sent to Mr. Escobell dated June 12th, 2020 at 9:00 am. Later, he had to request through him to get it removed in six months. He did not have any other problems with Escobell since then and up to today. He stated Escobell is treating him the same way as he was before. He couldn't see any changes in him. Currently, they're on a modified program and so

they have less interaction. He stated Escobell has not acted in any way hostile or antagonistic or belligerent towards him since he was redirected back there to Chino.

He stated Escobell is very moody and unpredictable. He described he would consider Dr. Adel Hanna who is a chief psychiatrist at CIM that might be a witness to Mr. Escobell's behavior. He knows Dr. Hanna for approximately 10 to 11 years. He stated that Dr. Hanna talked him approximately two or three months ago about Escobell's behaviors, but he did not share his feelings with him. Dr. Hanna told him that Mr. Escobell was stressed out and he got out of the hospital, but he did not offer any opinions regarding him.

His job duties were to ensure that all four yards are covered under the modified program under urgent/emergent conditions that they treat patients. He does all the administrative office works and in the clinic as well. In the clinic, he does 602s, which is a grievance form that the inmates file a grievance for work to be done, interview the patient, determine if they're emergent/urgent condition, and if they need to have the extractions, they'll do the extractions if they're not a COVID-19 and there's a whole list of things they have to do to ensure that the staff is protected.

He stated he also does the dental work besides the administrative office work. He stated that last time he did dental work was about a month ago where he delivered a denture. He further described that other dentist put the dentures in the mouth and he was observing and assisting him. He basically brought the dentures to the clinic and provided them to the other dentist who put them in the patient's mouth. He has planned to put into more clinical dental practice once they get out of the modified program. He has not had any problems with his job duties since he has been back to Chino.

He has been going to a psychiatrist since his last deposition in February of 2020. He sees the psychiatrist, Shawn Cheung, MD at Long Beach. He has been seeing him for approximately two years. He drives himself to Long Beach. Lately, he has seen him over video zoom once. He was prescribed Hydroxyzine hydrochloride for anti-anxiety. He takes it twice a day. He believes it is helping him. He has headaches, stress, and grinding his teeth problems and says that this anti-anxiety drug is helping him.

He stated he grinds his teeth at night and when he's awake as well because of stress that he has. He described that he tries to avoid meetings with Mr. Escobell and other staff members as little as possible as that causes him stress. He accepted that he's avoiding meetings because he doesn't want to face up to Mr. Escobell's behavior or to deal with his behavior. He also stated seeing some of his coworkers

during the meeting causes him stress and those were Rowena Sam, who is retired now, Dee Mata and Joy Martin who are dental assistants, Thidarat Jaensgribong, Nichelle Davis who are hygienists, and dentist, Tiffany Spencer.

He is still working with those people and they're on his staff. He has not had any direct problems with them since he has been back to Chino these past six months. He wanted to avoid and get away from these coworkers because of the way they treated him the last time he was at Chino. He had discussion about some of those people with Dr. Cheung. He remembered having another meeting every three months with him. The recent meeting with him was through video zoom in the last three or six months. He also had sessions with him previously.

He couldn't remember whether he had more than one meeting with him since February of 2020. He also couldn't remember whether he discussed his situations with him. He remembered discussing only about his headaches caused by his stress with Dr. Cheung. He spoke to him mostly about preparing himself going back to CIM. He couldn't remember what he discussed with him when he saw him back in 2019, but he is pretty sure he told him about all the problems they've been discussing that happened in Chino. He also discussed with him about his health, stress, blood pressure, sleep problems, and nightmares.

He believed that the people and the staff at Chino caused him to have nightmares and sleeping problems. He has not discussed any other problems related to his life or his work at Chino with Dr. Cheung. He is also seeing another psychiatrist in Carlsbad, but he couldn't remember his name. He remembered the last time he saw him on 2019. He also remembers he has seen some psychologists in sessions at the VA in Long Beach and they have the full record of it over there. They have the group sessions and discuss about how to deal with the anxiety.

He recalled attending two or three group sessions in 2020. He has seen an urologist for his kidneys, a nephrologist, and then for his lungs since his last deposition in February of 2020. Those all with Kaiser at Sand Canyon office in Irvine. He stated he had some nodules in his lungs. He had kidney cancer and had his kidney removed in June of 2019. He has been monitored by them every six months because his renal failure tends to go to the other organs. He believes his kidney problem was related to his stress. He stated it drives up his blood pressure.

He couldn't remember whether any doctor told him that his blood pressure has caused his kidney problems. He had another MRI of his abdomen, chest, and pelvis taken a month ago at Sand Canyon in Irvine, California. He stated no doctors told him that his cancer had metastasized to other parts of his body or other organs. His MRI scan did not show any metastasizing to any other parts of his

body or other organs. He stated that the pulmonologist said that he was not sure of those results and they took a chest x-ray to find out if it moved up to his lungs.

They saw an increase of the nodule in his lung to 3 millimeters from an old CT scan to a new CT scan. He came to know this when they took another CT scan after six months from the previous one. His last CT scan was about a couple of months ago. He sees an oncologist, Dr. George Yuen, for about a year. Currently, he has no appointment with him. With regards to his cancer situation, Dr. Yuen told him that it is just right next to his liver and basically they have to remove that it it's cancer by doing a surgery. This happened about three or four months ago.

He wants to take another CT scan every three to six months. He stated that the oncologist, nephrologist, and pulmonologist are all working together on this cancer in his kidneys and the nodule on his lung. He wanted to have the surgery done if he needs it because he still feels like he is able to go through a tough surgery. He is not taking any medications that are related to his kidney cancer and the nodule in his lung. He has been diabetic for decades. His primary care doctor, Dr. Chen, and his pulmonologist are treating him for his high blood pressure.

They're having him monitored and he has been submitting his blood pressure and getting it checked at home and also making sure it's being monitored. His primary care doctor is Alexander Berdy. He is with Kaiser in Irvine. He stated he is seeing some difference in his blood pressure because he is living his life a little bit differently now than he was previously working at Chino. He makes sure he ear right, exercise, monitor his blood pressure, gets his sleep, and taking his blood pressure medication, etc. He has not gone off his blood pressure medication for any reason in the last ten years.

He is taking more classes and learning how to deal with different situations, and how to deal with people and stress. He stated the group sessions are helping him with his stress, blood pressure, and anxiety. He has not had any problems with respect to his daily activities in the past six months. He never had problems at work also as they were not fully operational. He stated his job is stressful as it is, but he has to be able to manage it better.

He has made complaints for his hearing loss, hands, back, neck, and right hip. With regards to his bilateral hands, he stated that it tends to lock up in the morning when he wakes up. He has to open it up from using his hands a lot. He puts a head pad on it. It's good some months and it's bad some months. He stated his symptoms in both hands are worse. He had therapy at Kaiser and stopped about two months ago as he ran through all the sessions allowed under HMO plan. He

had different types of exercises and they had him put his hand in the wax, and they wrapped it, put on heat pads, and different types of things as part of his therapy.

He stated the therapy helped him. He estimated the first time he started having these hand problems around 15 years ago. He was working at DJJ or Ironwood at that time that was with the Juvenile Justice Department or at Ironwood Prison. He believes his hand problem was related to the type of work he did such as gripping people's teeth, grabbing certain instruments and hold them tight around forceps, etc. He remembered that he was given a shot of steroids in his right hand by an MD in San Diego that froze his hand, but he couldn't remember his name anymore.

He is a right-hand dominant. He stated those shot of steroids helped him in his right hand. He did not have them since then as he doesn't like steroids. His hands are not keeping him from doing anything at work or doing any other activities right now. He believes he had another shot in his right hand at Kaiser from Dr. Tran, but that was so painful and he never went back. With regards to his ears, he is wearing hearing aids in both ears for approximately three years.

He stated he had some hearing aids a couple of years ago, but it didn't help him at all comparing to the one he is wearing currently. He saw an audiologist at Kaiser and one at the VA. He went to VA Long Beach office. He sought treatment for two or three years ago for his ear at either Kaiser or through the VA. He had hearing problems few years back, but it got worse over time. He first experienced ear problems in his 30s. He stated he did not have hearing problems when he was a private dentist in Carlsbad in his 30s.

He described that the hand pieces or drills caused him hearing problems partially and also other times in the military training exercise when he was around a lot of noise. He believes he was a private dentist for about eight or nine years before he went to work for the State of California. He used dental drills and hand pieces as a private dentist. He stated his hearing problems are getting worse in the last year or two. He has a harder time hearing when people talk. He wears his hearing aids as much as he can, but stated it doesn't work very well.

He stated that the investigations on the allegation against him is over. The one against Mr. Escobell and Mr. Jason Bishop, they did the investigation, and it's been referred back to a lower-level authority to render a decision, but he is not aware where it's at as they don't share anything with him.

LABS & DIAGNOSTIC RECORDS:

September 13, 2000 Nocturnal Polysomnogram Report - University of California, Irvine, Sleep Disorders Center

Physician: Peter Fotinakes, MD.

History: Mr. SooHoo has a history of snoring and is suspected of having sleep apnea.

Impression: Severe obstructive sleep apnea.

Discussion: Mr. SooHoo exhibited snorts, gasps, and loud snoring while asleep. During his 1.8 hours of diagnostic sleep time, he experienced 135 scorable apneas end 0 minor respiratory events that resulted in arousal. His respiratory events produced severe oxygen desaturations with an overall nadir of 40%. The patient's Respiratory- Disturbance Index (RDI) was 75/hour (normal is ≤5/hour). The severity of Mr. SooHoo's sleep apnea prompted the technician to initiate a nasal CPAP titration, but he was switched to BiPAP to increase treatment continuity. BiPAP pressures ranged from 4/0 to 13/9 cm of water. Optimal BiPAP pressure appeared to be 12/9 cm of water when his apnea was effectively treated and sleep became consolidated.

Recommendations: The severity of Mr. SooHoo's sleep apnea warrants immediate treatment. He should initiate a trial of nasal BiPAP set at a pressure of 12/9 cm water, using a medium-sized Respironics Profile Lite mask. Follow-up two weeks and three months after the initiation of home BiPAP treatment may improve compliance and adjustment to BiPAP treatment.

A September 25, 2018 Labs - Kaiser Permanente

November 27, 2018 Exercise Stress Test Report - Medical Associates of Westchester.

Physician: Stewart Lonky, MD.

No textual content available; refer to medical document to visualize available graphs.

November 27, 2018 Labs - Medical Associates of Westches

November 27, 2018 Carotid Duplex Scan - Unknown Facility

Radiologist: Ronald Carlist, MD. Referring Provider: Dr. Lonky

This is a combination of real time B-mode imaging in both the longitudinal and transverse axes and bidirectional Doppler spectral analysis of the extracranial carotid arteries.

Right Carotid Arterial System

Minimal linear plaquing not exceeding 25% diameter reduction right bulb and proximal internal carotid artery. All flow velocities, flow velocity ration normal.

BP-
Systolic Peak Velocity CM/SEC CCA: 90, ICA: 87, ECA:101.

Systolic Flow Velocity Ratio: 1.0.

Left Carotid Arterial System

Minimal linear plaquing not exceeding 25% diameter reduction left bulb and proximal internal carotid artery. All flow velocities, flow velocity ratio normal.

BP-
Systolic Peak Velocity CM/SEC CCA: 86, ICA: 79, ECA: 97.

Systolic Flow Velocity Ratio: 0.9.

Conclusion: Normal study but for mild bilateral linear plaquing as described not exceeding 25% diameter reduction. No significant focal flow obstruction is seen.

All flow velocities, flow velocity ratios withing normal limits.

November 27, 2018 Echocardiogram - Unknown Facility.

Radiologist: Ronald Carlish, MD, FACC. Referring Provider: Dr. Lonky.

Conclusion: 1) Normally-sized right atrium, right ventricle. Mild left ventricular and left atrial dimensions. Active wall motion in all areas. Left ventricular ejection fraction 0.60. Diastolic dysfunction noted. No focal areas of impairment. 2) Slight hypertrophy posterior left ventricular wall. 3) No pericardial fluid or thickening is noted. 4) No intracardiac thrombi. Valvular vegetations or abnormal masses. 5) No septal defects or abnormal intracardiac shunting. 6) Structurally normal mitral and tricuspid leaflets, which move well with no rheumatic restriction, prolapse, or mitral annular calcification seen. 7) Slight dilatation proximal aortic root with structurally normal aortic leaflets. 8) Pulmonary artery

pressure by continuous wave Doppler is normal. No evidence of pulmonary artery enlargement. 9) Color flow Doppler reveals no diagnostic abnormalities.

Impression: Normal right ventricular function. Slight hypertrophy, posterior left ventricular wall. Mild left ventricular and left atrial enlargement with normal left ventricular contractility 0.60. Diastolic dysfunction noted. No localized areas of impairment. Slight dilatation proximal aortic root with structurally normal aortic leaflets. No pericardial fluid identified.

February 5, 2019 EMG/NCV - North Valley Diagnostic.

Radiologist: Thomas Dosumu-Johnson, MD. Referring Provider: Alexander Caligiuri, DC.

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.

Report of Electromyographic Study (EMG) Upper Extremities:

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

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.

April 9, 2019 Labs - Unknown Facility.

September 12, 2021 MRI - Kaiser Permanente.

Radiologist: Wei-Chao Chang, MD. Referring Physician: Diana Coulson, MD.

Clinical History: Reason lumbar back pain, hx of RCC, rule out bony mets

Comparison: Comparison MRI is from 2019.

Technique: Study performed per protocol.

Findings: No compression fractures. First degree anterolisthesis of L4 on L5. Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion. The conus is normal in appearance. The applicant is status post right nephrectomy. T12-L1: Unremarkable. L1-2: Unremarkable. L2-3: Unremarkable. L3-4: 4 mm central disc bulge, which in conjunction with facet and ligamentous hypertrophy results in mild canal stenosis with moderate narrowing of the right and mild narrowing of the left neural foramen. L4-5: 8 mm central disc bulge, indenting upon the ventral sac, causing moderate canal stenosis. There is facet and ligamentous hypertrophy. There is moderate-to-severe narrowing of the left and severe narrowing of the right neural foramen. L5-S1: 4

mm central disc bulge without canal stenosis. There is moderate narrowing of the left and mild narrowing of the right neural foramen.

Impression: No compression fractures. New graft multilevel degenerative changes, most prominently at L4-5. No marrow replacing abnormality.

MEDICAL RECORDS:

ALL OTHER MEDICALS.

July 20, 2018 Doctor's First Report of Occupational Injury or Illness - Keith Wresch, MD/ Michael Fleming, PA (DOI: 07-06-2018).

Hx of Injury: Walked off grounds of cim, July 6, stressed from embarrassment, humility, and open degradation in front of all dental staff; felt fatigued, depressed, loss of energy; unable to sleep and no desire to do anything; on 7/13, blood pressure was 180/96.

CC: Applicant's complaint at this time is as follows: Stress at work. The primary presenting symptom is insomnia. He says it is moderately severe. He reports having symptoms for 14 days. The frequency is constant.

Dx: Stress at work Z56.6.

Causation: Chemical or toxic compounds involved? No. The findings on exam and diagnosis are consistent with the injury reported by applicant. Prior factors such as injuries / medical conditions / diseases / prior activities or exposures are not contributing to the findings. The findings cannot be possibly produced by natural progression of pre-existing conditions or aging. The reported injury / exposure is not causing an aggravation to the above pre-existing condition. In conclusion, the reported injury, more likely than not, is causing the current symptoms and findings.

Tx Rendered: Narcotics were not prescribed. The examiner will ask patient's employer to transfer him to a different facility to help alleviate this stress. RTC 2 weeks. A psychiatry evaluation has been ordered. The reason for consult is work place stress.

Work Status: Is applicant able to perform usual work? Yes. Applicant is advised to return to work without restrictions. Specify restrictions: Other restrictions: Applicant is to avoid current work environment. It is requested to transfer to a different facility.

July 20, 2018 Work Status Report - Michael Fleming, PA.

Dx: Stress at work Z56.6.

Work Status: Applicant is advised to return to work without restrictions. Expected MMI date, 09-07-2018. Other restrictions: Applicant is to avoid current work environment. Please transfer to a different facility.

July 26, 2018 Primary Care Attending Note - Kartik Shah, MD

CC: New patient visit.
Dx/Tx: Problem List: Depression, diabetes mellitus type 2, hypertension, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function, adjustment disorder. A/P: 1) DM Type 2: Alc: 6.9, goal <7.0. Continue on Metformin XR 500mg PO BID. Patient states that he wants to follow-up with outside PCP for all ongoing care and for his diabetic eye check. 2. HLD: LDL: 83, goal <100. Triglycerides: 229. Continue on Fenofibrate 54mg PO Qdaily, Lovastatin 20mg PO Qdaily, and fish oil 1200mg PO Qdaily. Patient states that he wants to follow-up with outside PCP for all ongoing-care including monitoring LFTs. 3) HTN: Elevated today, patient states that he just had coffee. Home readings. Continue on Amlodipine 7.5mg PO Qdaily, Losartan/HCTZ 50/12.5mg PO Qdaily. 4) Elevated LFTs/Fatty Liver Disease: As per patient, he has been told in the past by his outside provider that he has fatty liver disease. ALT: 48, AST: 37. Patient states that he wants to follow-up with outside PCP for all ongoing care. Advised patient extensively on weight loss, low fat diet, and decreased caloric intake. Interaction of Lovastatin and Fenofibrate also is a risk factor, which needs to be monitored. Patient states that he wants to maintain regular check and monitoring on the outside by his PCP. 5) B/L Hearing Loss: Has hearing aids. This is service related. Will consult Audiology at VA for follow-up. 6.) Allergic Rhinitis: Stable. Continue on Loratadine 10mg PO Qdaiiy PRN. 7). Dermatitis: Stable. Continue on Clindamycin 1% topical BID, Triamcinolone 0.1% BID PRN and Hydrocortisone 2.5mg BID PRN 8) Chronic LBP/Lumbar DJD: This is service-connected condition. Continue on Diclofenac 1% topical BID PRN and Back Brace. Patient states that he wants to follow up with outside PCP for all ongoing care. 9) OSA: This was diagnosed post service in 2000-2001. On BiPAP. Patient state's that he wants to follow-up with outside PCP for all ongoing care and specialty care. 10) Depression: Offered patient MH services at LSVA, but patient refuses. He states that he has Psychiatrist scheduled on the outside. 11) Hx of Colon Polyps: Last C-scope in 02/23/2017 at Kaiser, which showed 3 Polyps, repeat surveillance in 02/2022. 12) Prevention: Last C-scope in 02/23/2017 at Kaiser, which showed 3

Polyps, repeat surveillance in 02/2022. UTD On Tdap, PCV 23, and Zostavax as per records brought by patient today. PSA: 1.11. On Plavix 75mg PO Qdaily (ASA Allergy). Benefits of daily exercise for 30min most days of the week was stressed. A diet low in sodium, calories, and saturated fat was also discussed. F/u 12 months w/labs or sooner prn.

July 27, 2018 Primary Treating Physician's Progress Report (PR-2) - Keith Wresch, MD/ Michael Fleming, PA

CC: Anxiety continues.

Dx: Work stress (Z56.6).

Tx: Expected Maximum Medical Improvement (MMI) date 09-07-2018. Narcotics were not prescribed. Applicant continues to be in his stressful work environment. He is here today to close out this claim as he has obtained an attorney and will be going through the attorney chosen QME and Psychiatrist instead of making a Workers' Comp claim. He will need a copy of all his medical records for his attorney.

Work status: Applicant is advised to return to work without restrictions. Expected Maximum Medical Improvement (MMI) date 09-07-2018. Applicant is to avoid current work environment. It is requested to transfer to a different facility.

July 27, 2018 Work Status Report - Michael Fleming, PA.

Dx: Work Stress (Z56.6).

Work Status: Applicant is advised to return to work without restrictions. Expected MMI date, 09-07-2018. Other restrictions: Applicant is to avoid current work environment. Please transfer to a different facility.

August 27, 2018 Doctor's First Report of Occupational Injury or Illness - Lynne DeBoskey, PhD (DOI: 07/06/2018).

CC: (illegible).

Dx: Adjustment disorder F43.2.

Causation: The findings and diagnosis are consistent with patient's account of injury or onset of illness.

Tx Rendered: (illegible)

Work Status: Modified work (illegible).

August 27, 2018 Work Status Report - Lynne DeBoskey, Ph.D.

Work Status: As of today, and continuing through 60 days, Mr. SooHoo is psychologically able to perform his usual and customary duties as a supervising dentist for CA Dept. of Corrections & Rehabilitation with the restrictions of no patient care and not working at CIM facility.

August 27, 2018 Psychological Consultation and Treatment Recommendations - Lynne DeBoskey, PhD.

CC: Denying suicidal or homicidal ideation, Dr. SooHoo complains of depression, crying spells, anxiety, worry, ruminating, concentration problems, guilt, anger, irritability, withdrawal, hopeless and helpless, reduced motivation. Dr. SooHoo receives 3-4 hours of interrupted sleep.

Dx: Axis I: F43.23 Adjustment Disorder with anxiety and depression, Z56.9 Occupational Problem, G47.0 Sleep Disorder, F54. Stress-Related Physiological Response and Psychological Factor/Coping Style Affecting Medical Condition on Axis III. Axis II: No Personality Disorder Indicated; exacerbation of personality traits negatively impacting Axis I. Axis III: Per the medical records. Axis IV Psychosocial and Environmental Problems: Problems with primary support group -mild; occupational problems -mild to moderate; Economic problems -minimal; Problems with access to health care services -minimal; Problems related to interaction with legal system/crime -minimal; Other psychosocial and environmental problems -minimal. Axis V: GAF = 65.

Tx: In compliance with the California's Medical Treatment Utilization Schedule (MIUS) and ACOEM Practice Guidelines, the examiner recommends six individual cognitive behavioral therapy sessions (CPT code 90837) with a re-evaluation (CPT code 90791) upon completion of the initial sessions) to assess treatment progress and modify goals accordingly. This treatment is necessary to stabilize Dr. SooHoo psychologically and assist in a successful return to work experience.

Work Status: Dr. SooHoo is temporarily partially disabled psychologically with the work restriction of no patient care and he is precluded to work at CIM for 60 days.

September 7, 2018 Audiology Note - Carol Zizz, Au.D.

Tx: Patient education: - Test results reviewed with patient; - Communication strategies for difficult listening situations; - Realistic expectations from hearing aid use; - Tinnitus etiology/management; causes & coping; - Eligibility: Veteran is a candidate for hearing aids. Follow-Up: - RTC if hearing changes; - Earmold impressions taken without incident by audiologist; Return to Clinic order submitted for hearing aid fitting appt.

October 9, 2018 Audiology Note - Roberta Steward, Au.D.

CC: Hearing aid fitting.

Tx: Education provided during fitting; battery placement, wax guard replacement, care and maintenance, hearing aid controls, phone numbers for Walk-In clinic and DALC (supplies) provided. Upon further discussion, pt would like to try made for iPhone aids. Earmold impressions taken for new aids. Hearing aid fitting scheduled.

November 8, 2018 Mental Health Consult - Tara Nyasio, Psy.D.

CC: Veteran presented for an orientation session with Tara Nyasio, PsyD.

Dx: Diagnosis: PTSD r/o. Presenting Problems: Veteran stated that he has been diagnosed with PTSD while in the military. Veteran stated that he experienced several instances in the military that lead to this diagnosis. Veteran stated that he is having nightmares, headaches, difficulty sleeping (intrusive thoughts), waking up screaming. Veteran stated the experiences a great deal of stress. Veteran stated that he sometimes gets afraid when he faces triggers that remind him of the traumas that he has experienced such as going out at night and firecrackers.

Tx: Veteran will be referred to PTSD treatment through the choice program. Provider was informed that there is a current wait time that is greater than 30 days as most Providers have full clinics. Veteran expressed understanding and agreed to the choice program.

November 8, 2018 Audiology Note - Roberta Steward, Au.D.

CC: Hearing aid fitting.

Tx: Education provided during fitting; battery placement, wax guard replacement, care and maintenance, hearing aid controls, phone numbers for Walk-In clinic and DALC (supplies) provided.

November 14, 2018 Stewart Lonky, MD Panel Qualified Medical Evaluation in the Specialty of Internal Medicine (DOI: 07/06/2018).

Hx of Injury: George SooHoo, D.D.S., is a 64-year-old male, who commenced employment with the California Department of Corrections & Rehabilitation as a dentist in January 1994. In 2010, he began working at the California Mens Institute in Chino, California as a supervising dentist, performing dentistry about 60% of the time, with a marked increase within the last six months. Dr. SooHoo relates that while assigned to Chino, there were substantial stressors, particularly within the last five years. The patient relates that once, at a luncheon, the CEO struck him in the face and chuckled about it The Chief Medical Officer spoke to the CEO who replied that he would not that again. Dr. SooHoo was very angry and frustrated by this physical assault and the CEO's response to having done it. Then, another CEO was hired, Louie Escobel. After 60 days, he gave the patient two "N's." for "Not satisfactory". He tried to talk to the CEO who "blew up." The patient noted that he just could not talk to him. On another occasion, he relates that the HPM3 was in his department to investigate whether a hygienist was changing a patient's treatment plan. He relates that the HPM3 lied to the CEO about whether another employee, George, had not made him aware of it. This caused him much angst. Apparently, that HPM3 was demoted after a two-year investigation and retired. When interviewing for a new HPM3, he made a comment about her and the CEO informed the new HPM3 of his comments. Also, the CEP hired someone without his input. Dr. SooHoo felt demeaned, unfairly judged by him and physically abused by the CEO. Finally, Dr. SooHoo described that two EEO complaints were filed against him, one by a hygienist who accused him of using abusive language and another by a dental assistant who filed in retaliation because he "tried to make her work" when he asked her to order supplies, and for training another employer for her position. On July 6, 2018, Dr. SooHoo relates that he was escorted off of the premises after the completion of the investigation and substantiation of the charges. He felt humiliated, demeaned, and degraded by this action, in front of all of his employees, as he felt that it could have been handled differently. He was moved to the Regional Facility in Rancho Cucamonga. He indicates that his blood pressure was 180/90. He had been diagnosed with hypertension previously, but it was controlled. He took Losartan-Hydrochlorothiazide and amlodipine 5 mg. On July 12, 2018, he was evaluated by Dr. Fleming at U.S. HealthWorks as referred by his employer, his systolic was elevated to 170. A psychiatric evolution was recommended.

CC: Dr. SooHoo is working currently at Rancho, performing audits. After July 6, 2018, his dose of Amlodipine was increased to 7.5 mg. He took time off, began working with a physical trainer, and changed his lifestyle. Furthermore, after July 6, 2018, he had episodes of being short of breath. He requested a consultation with a physician. He was seen by Dr. Jack Kleid, a cardiologist who recommended a work-up that did not materialize. Subsequently, he presented to Dr. Debosky, a psychologist for consultation. He was informed that he could not work at CIM for 60 days. He selected another psychologist, Dr. Lawrence Woodward by whom he is to be evaluated on November 22, 2018. When climbing stairs, he becomes short of breath which is a relatively new occurrence. Occasionally, he feels palpitations. He has had a loss of appetite due to stress. For the last two months, he has had nightmares, trying to figure out what happened, what he might have done. He reiterates that accountability and integrity are important to him. He was diagnosed with sleep apnea in 2007 by a Kaiser physician. In 2000, he had undergone a sleep study at U.C. Irvine Medical Center. Currently, he uses a BiPap mask. He remains stressed and frustrated by the ongoing investigation and due to ruminating over why this is happening to him. He relates that he did his job, met the audits and was a responsible employee; also, he made his staff accountable.

Dx: 1) Severe emotional stress associated with marked embarrassment and "dressing down " in front of subordinates. 2) Depression and anxiety with emotional stress. 3) History of back injury with ongoing back pain. 4) History of well-controlled hypertension with loss of control subsequent to emotional stress from events at work as described in the history above. 5) Diabetes mellitus, pre-existing with reasonable control at this time. 6) Palpitations with no evidence of arrhythmia on Holter monitoring.

TTD/MMI: The examiner will defer any comments regarding any psychiatric impairments and disabilities, and any orthopedic impairments and disabilities to the appropriate specialist.

Impairment Ratings: From an internal medicine perspective, at this juncture, there is an impairment rating according to table 4-2 in the AMA Guides which would place Dr. SooHoo into a class 2 impairment level. However, without the results of a two-dimensional echocardiogram, the examiner will delay any final rating of impairment in this case except to say that it is at least a Class 2 level according to table 4-2.

Causation/Apportionment: As discussed above, with reasonable medical probability, this gentleman's emotional stress had occurred during the course of his employment as described, and particularly with the events of 07/20/2018, that these events contributed to his development of a significant worsening of his

hypertension such that his blood pressure elevations are sustained at this time. While there would be a significant amount of apportionment to the event surrounding this employment and these events, he did have a previous history of hypertension and it is imperative that the examiner have the opportunity to review medical records that antedate the event of 07/20/2018. Furthermore, the examiner would need to see his recent medical records from treating physicians. who are taking care of him and it is his belief that the applicant would do well in a structured environment to some degree at this time, particularly at work. Keeping him away from the previous place of employment is an extraordinarily important part of his overall management at this time. All efforts should be continued to diminish any time constraint or qualitative work overload at this juncture.

November 21, 2018 Psychiatry Note - Kathleen McDermott, DNP, PMHNP, BC.

CC: "I filed with the VA for disability. I have PTSD and I need to establish care here at the VA since my psychologist retired 15 years ago. They walked me off my job on July 6th, so I filed a stress Claim. It's all in the notes I gave you."

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. adjustment disorder. DX: Adjustment d/o; r/o PTSD, r/o delusional d/o, r/o personality d/o. Plan: 1) Medications: None desired, none needed at this time.
Discussed benefits vs. side effects, including sedation. If any sedation or disorientation arises, pt. was advised to stop taking medications, to stop operating heavy machinery, and to stop driving. 2) Referred to BHIP for consult and ongoing care to be established. 3) Pt was informed that if pt feels unsafe towards self and/or others, pt can use the following resources: Long Beach VA Medical Center - Main Number (562) 826-8000; the Walk-In Mental Health Treatment Center (562) 286-5737 Monday-Friday, 8 am to 5 pm; Veterans Crisis Line (800) 273-8255 or (800) 273-TALK; VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org.

November 21, 2018 Mental Health Initial Assessment Note - Dora Kimbwala.

CC: Stress at work, PTSD, sleep apnea, nightmares.

Tx: Establish care and evaluation for PTSD. Provider supportive therapy and empathic listening. Perform intake assessment and VS. Order labs. Communicate w/MH provider. Refer Vet to provider for evaluation and continuation of care.

December 24, 2018 Psychiatry Note - Shaun Chung, MD.

CC: Seen in mhtc recently for eval of recent anxiety, frustration, and mood sx stemming from event, which occurred between he and his boss in April of 2017.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. Assessment and Plan: Adjustment d/o (tension from CEO and bilateral EEO Claims filed/harassment.); impaired coping; r/o PTSD attack sustained in military 1989. Chart and labs reviewed; meds reconciled; declines psychotropic treatment at this time; prefers mindfulness, medication, psychotherapy; disc benefit of possible psychotherapy, BHIP therapy placed, Vet exicted about this; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 3 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562-926-5503 for med refills. Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition.

January 4, 2019 Multiple Reports - Unknown Provider.

No medical information available on this document to summarize.

January 4, 2019 Alexander Caligiuri, DC Comprehensive Medical Legal Report from Primary Treating Physician (DOI: 07/06/18).

Hx of Injury: George SooHoo is a 65-year-old male, who has been employed with the California Department of Corrections as a dentist for approximately 25 years. The applicant reports that during this long tenure of employment with this employer he has worked at multiple locations and facilities. The applicant reports that he has worked at the California Institute for Men (OM) Facility for approximately the last 10-11 years. The applicant reports that his usual and customary work activities require him to perform dentistry a minimum of 45% of

the time, but in actuality he spent 60-70% of the time at work practicing dentistry. Along those lines, the applicant reports that his practice of dentistry includes prolonged standing and prolonged stooping while performing dental procedures. The applicant estimates that he stands 5-6 hours per day while doing dental procedures. The applicant estimates that he sits approximately 2 hours per day while performing dental procedures. The applicant reports that he performed dental procedures 5 days per week through 07/06/18. The applicant reports that he last performed dentistry with this employer on 07/06118. The applicant reports that he remains employed with the Department of Corrections, but he is currently doing audits and peer reviews for 6-7 different Department of Corrections facilities. The applicant reports the development and progressive intensification of musculoskeletal complaints relative to his neck, spine and bilateral upper extremities as a result of his practice of dentistry with the California Department of Corrections through 07/06/18. The applicant is also reporting additional complaints in relation to the claimed industrial injury, which arises out of and through the course of the applicant's employment with the California Department of Corrections. Many of these complaints are beyond the examiner's scope of expertise as a doctor of chiropractic. The additional complaints, which the applicant is claiming in relation to this industrial injury include injuries to the psyche, cardiovascular system, and ears (hearing loss). The examiner will not be addressing these other complaints, which are beyond the examiner's scope of expertise other than to request specialty evaluation with appropriate medical specialists as relates to these complaints. The applicant is also reporting a disruption of his normal sleep cycle as a result of chronic musculoskeletal pain. The examiner will be addressing causation of this complaint as this applicant's primary treating physician to the extent of his expertise, familiarity, and experience with respect to derivative sleep disturbance conditions resulting from chronic musculoskeletal pain.

CC: The applicant presented to the undersigned examiner on 01/04/19 with the following subjective complaints: Neck pain, headaches, pain and tingling throughout the bilateral upper extremities, tingling within both hands, low back pain, pain throughout the right lower extremity (sciatica), sleep disturbance resulting from chronic musculoskeletal pain.

Dx: S13.4XXA Cervical strain, M53.1 Cervical radiculitis, S33.5XXA Lumbar strain, M54.30 Sciatica-right lower extremity, G56.00 Probable bilateral carpal tunnel syndrome, G44.1 Headaches, probable cervicogenic etiology, with probable other contributing factors, possibly hypertensive, possibly stress-related, possibly both. Sleep disturbance resulting from chronic musculoskeletal pain, superimposed upon preexisting sleep apnea, with a possible psychological/emotional contribution as well.

Causation: Forensic analysis of this interesting claim results in a supported conclusion that the applicant's musculoskeletal complaints are causally related to his long tenure of practice of dentistry with the California Department of Corrections. The applicant has practiced dentistry with the California Department of Corrections for approximately 25 years at multiple locations and multiple facilities. For approximately the last 10-11 years, the applicant has practiced dentistry at the California Institute for Men (CIM) facility. The applicant reports that 60-70% of his time is spent practicing dentistry. As relates to this time spent practicing dentistry, the applicant reports that he stands 5-6 hours per day and sits approximately 2 hours per day. The applicant performed dentistry with this employer 5 days a week, through 07/06/18. Clearly obvious, Dr. SooHoo could not have performed dentistry while standing with at erect posture. Dr. SooHoo would have had to bend forward at the waist in order to adopt a forward flexed, stooping posture which would be necessary to facilitate dentistry to a patient seated in a dental chair. This type of flexed forward posture would have subjected the viscoelastic structures of the neck and spine to prolonged static loading, resulting in fatigue and creep deformation, resulting in muscular straining and myofascial irritation. The human skull weighs 8-10 pounds. Muscular exertion is necessary to maintain the head in an erect posture. Bending the neck forward in order to shift the visual gaze down to the dental patient's mouth would have resulted in prolonged static loading upon the cervical spine from the weight of the skull, which would have been coupled with overexertion of the paracervical musculature resulting from the prolonged forward flexed posture of the head and neck. Muscles cannot exert force indefinitely without incurring fatigue. Maintaining the head and neck in a forward flexed posture for a prolonged period of time while performing a dental procedure to a patient would have resulted in muscular fatigue from the sustained muscular exertion necessary to maintain this type of forward flexed static posture of the head and neck. The same would be true for the lumbar spine. The torso of the body is heavy. Maintaining the torso in a forward flexed erect posture requires muscular exertion from the paralumbar muscles in order to support and counter the weight of the heavy torso which is leaning forward ahead of the center of gravity in this type of position. The prolonged maintenance of this type of forward flexed static posture would require sustained muscular exertional output from the paralumbar musculature; this would have resulted in fatigue, creep deformation and muscular straining. The study, Working Postures of Dentists and Dental Hygienists, is perfectly on point with respect to the development of a cumulative trauma injuries to the neck and low back resulting from Dr. SooHoo's practice of dentistry with the Department of Corrections. The study is consistent with the undersigned examiner's explanation of how the magnitude and duration of prolonged fixed/static postures contribute towards musculoskeletal disorders of the neck and low back. The practice of dentistry requires prolonged static flexed

postures of the head and neck. These deviated joint postures, which dentist must adopt for hours on end and for up to 5.6 hours per workday, result in overloading upon the viscoelastic structures of the spine, resulting in muscular fatigue and straining, resulting in musculoskeletal injury. The performance of dentistry 5 days a week over the course of many years resulted in the development and progressive intensification of pain within the cervical and lumbar spinal regions for applicant George SooHoo. It is clearly evident that Dr. SooHoo has sustained an industrially compensable cumulative trauma injury to his neck and low back as a result of his practice of dentistry which he performed with the California Department of Corrections through 07/06/18. Dr. SooHoo is additionally demonstrating signs and symptoms which are consistent with carpal tunnel syndrome. The medical literature also well documents an association between carpal tunnel syndrome and the practice of dentistry. The article, "The Study of Work Behaviors and Risks for Occupational Overuse Syndrome" is on point. Once again, Dr. SooHoo would have engaged in in repetitive hand postures and motion as well as utilized contracted hand postures while gripping, utilizing and manipulating dental instruments which he used in the dental procedures which he performed for up to 5-6 hours per day, 5 days a week, over the course of many years, through 07/06/18. Clearly evident, the dental profession is a physically arduous profession which subjects the body to a multitude of neuromusculoskeletal injuries relative to the neck, spine, shoulders, and upper extremities. Considering the consistency between the biomechanics of the applicant's usual and customary work activities with his subjective complaints and objective findings, and also recognizing the association documented within the medical literature relative to these types of work activities inherent within the practice of dentistry in relation to the applicant's musculoskeletal symptoms and conditions, and being aware of the threshold and parameters relative to compensability/causation within the California Workers Compensation System, the undersigned examiner puts forth a supported conclusion to state with reasonable medical probability that the applicant's diagnosed conditions relative to his neck, low back, and bilateral upper extremities are causally related to the subject industrial injury which has been designated to occur on 07/06/18. Once again, the examiner finds no evidence of a specific industrial injury occurring on or about 07/06/18. Dr. SooHoo has sustained a cumulative trauma industrial injury through his practice of dentistry which he performed with the California Department of Corrections through 07/06/18. Applicant, George SooHoo, has a painful condition of the neck. The applicant demonstrates an asymmetric loss of cervical spine range of motion resulting from cervical subluxation (misalignment) and muscular imbalance. The applicant additionally has objective findings, which include muscular guarding, hypertonicity and trigger points within the cervical spine. The cervical spinal nerve roots innervate the head. The applicant's headache complaint is cervicogenic in its etiology, at least in part. Inasmuch as the applicant's cervical spine condition

results from industrial exposure from his usual and customary work activities, which he performed as a dentist with the California Department of Corrections through 07/06/18, and appreciating that a proximate causative factor relative to the applicant's headache complaint is the pain and dysfunction, which he has relative to his cervical spine, the applicant's headache complaint is causally related to the subject industrial injury of 07/06/18, which arises out of and through the course of the applicant's employment with the California Department of Corrections. Clearly evident, the applicant's reporting on the Oswestry and NDI forms of 01/04/19 indicates that in addition to suffering with a preexisting, non-industrial sleep apnea condition, the applicant's chronic pain within his neck and low back adversely impact upon his normal sleep cycle, thus serving to illustrate an additional contributory causative factor relative to the applicant's disturbed sleep cycle. The medical literature well documents the association of chronic musculoskeletal pain and derivative 17°
sleep disturbance conditions.

Apportionment: Apportionment relates to causation of permanent disability. Inasmuch this applicant is not presently permanent and stationary, the examiner is currently unable to opine on the causation of this applicant's permanent disability. Apportionment will be comprehensively addressed upon this applicant attaining a permanent and stationary status.

Future Medical Treatment: The examiner is of the opinion that chiropractic care is currently contraindicated based on the applicant's current hypertensive state. Along those lines, regardless of whether or not the applicant's stress related hypertension becomes accepted as an industrially compensable condition, the applicant's hypertension is currently serving as an impediment towards treatment of his neuromusculoskeletal complaints. That being the case, treatment of the applicant's hypertension should be provided on an industrial basis such that the applicant's hypertensive state can be brought under control to a manageable level such that chiropractic care is no longer contraindicated. Clearly obvious, the applicant needs to be under the care of a cardiologist as relates to his hypertensive condition. Applicant's attorney, by way of his letter of 01/04/19, informs the examiner that the applicant is currently under the care of Jack Kleid, M.D., a cardiologist. This is certainly good news. Applicant's attorney, also by way of his 01/04/19 correspondence, requests that the undersigned examiner refer Mr. SooHoo to Isaac Bakst, M.D., a neurologist, who treats and evaluates headaches. The examiner concurs with this recommendation and he will be attempting to refer Dr. SooHoo to Dr. Bakst as relates to his headache complaint, especially appreciating that the applicant's headaches appear to be of a multifactorial etiology, most likely resulting from the combination of cervical spine dysfunction, cardiovascular dysfunction (hypertension) and stress. Applicant's attorney, by

way of his 01/04/19 correspondence, requests the undersigned examiner refer Dr. SooHoo to Philip I. Azer, M.D., an ENT specialist, to evaluate the applicant's hearing loss. Inasmuch as hearing loss is well beyond the examiner's scope of expertise, he will be happy to attempt to refer the applicant to Dr. Azer along these lines. The applicant requires electrodiagnostic studies for the upper extremities in order to more fully evaluate his carpal tunnel like symptoms. Based on the applicant's long tenure of practicing dentistry, it is probable that the applicant has carpal tunnel syndrome within both of his wrists; electrodiagnostic studies would confirm this probable diagnosis. The examiner would also recommend electrodiagnostic studies for the lower extremities to more fully evaluate the applicant's right-sided sciatic radiculopathy. Notwithstanding the fact that the applicant has been diagnosed with sleep apnea as far back as 2000 and is currently utilizing a BiPAP machine at night, the examiner would recommend an updated evaluation with a sleep medicine specialist in order to determine whether or not the applicant requires any type of modification with respect to his sleep apnea therapy as a result of additional provocation/aggravation of the applicant's sleep dysfunction as a result of chronic musculoskeletal pain resulting from the subject industrial injury which arises out of and through the course of the applicant's employment with the California Department of Corrections. The examiner would additionally recommend orthopedic evaluation relative to the applicant's bilateral wrists and hands.

Vocational Rehabilitation: This topic will be addressed upon the applicant attaining a permanent and stationary status.

February 1, 2019 BHIP Psychology Consult - Nicholas Brown, PsyD.

CC: The veteran reported an increase in PTSD symptomology as most distressing to him.

Dx: Adjustment d/o (tension from CEO and bilateral EEO claims filed/harassment); impaired coping; r/o PTSD attack sustained in military 1989.

Tx: Veteran was triaged to the Unified Protocol group with Dr. Nick Brown. Veteran will roll into the group on 2/12/2019 at 830 AM. Given that the Trauma Skills group is the best fit for the Veteran's needs, therapist will explore the possibility of the Veteran rolling into this group in the near future.

April 3, 2019 Mental Health Note - Michelle Briggs, RN.

Tx: At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as

"MOVE!" was discussed and offered to the patient. Patient declines referral. After discussing the health risks of obesity and offering a referral to "MOVE" or another weight loss program. outside the VA, the patient declines referral to "MOVE" or other weight loss program at this time. Follow-Up Pos PTSD/Depression/SI: The examiner has reviewed the results of the Mental Health screens and has evaluated the patient.

April 3, 2019 Psychiatry Note - Shaun Chung, MD.

CC: George Mane SooHoo is a 65-year-old, SC less than 50% male, with a history of adjustment d/o, last seen Dec 24, 2018 at which time veteran was stable.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function, adjustment disorder. Assessment and Plan: Adjustment d/o (tension from CEO and bilateral EEO Claims filed/harassment.); impaired coping; r/o PTSD attack sustained in military 1989. Chart and labs reviewed; meds reconciled; cont to decline psychotropic treatment at this time; explained ssri mechanism and r/b/a if interested; Has ind therapist in community through Care consult; prefers mindfulness, medication, psychotherapy; cont with CBT group anxiety; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 3 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov; www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562-926-5503 for med refills. Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition.

April 5, 2019 Audiology Note - Roberta Steward, Au.D.

CC: Hearing aid repair required.

Tx: Both devices returned to Veteran in working order. Confirmed correct contact information on file. He may want some adjustments. he will go to LB if he decides to have some adjustments done. He will for that and/or as needed.

April 10, 2019 Medications - Unknown Provider.

No medical information available on this document to summarize.

April 10, 2019 Psychiatry Note - Shaun Chung, MD.

Tx: Disc options including ssri, snri prn meds. Open to start Lexapro, low dose, and prn Hydroxyzine. Will f/u via phone in 1 week and check in for appt in 1 month. Vet grateful and appreciative.

April 15, 2019 Telephone Encounter Note - Timothy Hunt-Gibbon, LCSW.

CC: Offer individual therapy.

Tx: Initial appointment/assessment 4.18/19 @1600; -1:1 therapy for 8-12 sessions.

June 10, 2019 Stewart Lonky, MD Panel Qualified Medical Evaluator's Supplemental Report in the Specialty of Internal Medicine (DOI: 07/06/2018).

MMI/Impairment Ratings: It should be stated at this time, therefore, that it is the examiner's opinion that there is an impairment regarding his hypertension, which is not a Class 2 impairment as described previously in his initial report, but rather a Class 3 impairment, according to Table 4-2 in the AMA Guides. It is the examiner's opinion that there is a 30% whole-person impairment that is present with regard to Dr. Soohoo's hypertension. It is the examiner's opinion that this is at maximum medical improvement at this time, according to the blood pressure readings that he has seen in the medical records, although his blood pressure was modestly elevated at the time of his evaluation.

Causation: Given the history that the examiner obtained from this gentleman, there is reason to believe that his blood pressure did transiently elevate at that time requiring his physicians to increase his Amlodipine from 5 mg to 7.5 mg. He is currently on this dose of medications or at least was when the examiner evaluated him in November 2018.

Overall, therefore, it is his opinion that there are some important factors to discuss regarding his hypertensive impairment and the disability associated with it.
Given these medical records, it is the examiner's opinion that the hypertension in Dr. SooHoo pre-existed the stressful events that occurred during the course of his employment. There has been a mild aggravation of his hypertension as a result of the emotional stress that he experienced as described in the history in his initial report. The aggravation of his hypertension, however, is a minor part of the overall contribution to his current disability. Therefore, given all of the information the examiner has and his experience as an internal medicine physician for over 35 years, that the contribution of the emotional stress during the course of his employment was a small part of his current disability.

Apportionment: Taking all of these facts into consideration, it is the examiner's opinion that with regard to apportionment, 85% of this gentleman's disability related to his hypertension should be attributed to pre-existing hypertension and considered not industrial. The remaining 15% of this gentleman's disability secondary to his hypertension should be considered industrial and secondary to the aggravation of his hypertension secondary to the intense emotional stress experienced as a result of the poor interpersonal relationships with his supervisor/CEO as well as specific events that occurred on 07/06/2018.

Future Medical Treatment: It is the examiner's opinion, given the industrial contribution to his hypertension, however, that future treatment for his hypertension be provided for on an industrial basis. This would include continued treatment with his medications, and monitoring renal function, as well as monitoring for cerebrovascular complications of his hypertension.

October 7, 2019 Primary Treating Physician's Initial Evaluation - Danny Song, DC.

CC: 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. Applicant states difficulty with overhead activity, lining, repetitive arm use, bending, twisting, prolong gripping. Applicant states hearing loss and increase in hypertension due to industrial causes. Applicant complains of difficulty sleeping with nightmares and increase PTSD.

Dx: 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.

Tx: 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) applicant 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 Affair hearing loss. The examiner has not been provided prior medical records far back as when this applicant originally complained about his musculoskeletal complaints. These medical records would be needed in order to clearly address causation.

Work Status: Applicant is to be placed on modified duty. No lifting/push/pull over 10 lbs. No prolonged overhead work. No repetitive bending, twisting, no prolonged sit/stand >30 minutes without breaks. No forceful grasping. Applicant is limited to excessive noise.

August 11, 2021 Primary Treating Physician's Initial Evaluation Report - Koruon Daldalyan, MD/Marvin Pietruszka, MD.

CC: The applicant 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.

Dx: 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) Post-traumatic 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.

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

Work Status: The applicant is to return to work on August 12, 2021 on full duty.

September 13, 2021 Primary Treating Physician's Progress Report - Koruon Daldalyan, MD/Marvin Pietruszka, MD.

Dx: 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) Post-traumatic 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.

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

Work Status: The applicant is to return to work on August 12, 2021 on full duty.

September 15, 2021 Primary Treating Physician's Initial Comprehensive Report - Edward Komberg, DC/Sepideh Tarameshloopoor, DC.

CC: Applicant has complaints of moderate headaches, constant-moderate low back pain and right hip pain, and intermittent-moderate bilateral hand pain.

Dx: Headache [R51] Lumbar sprain/strain [S33.5XXA, S39.011A] Rule out lumbar disc [M51.26] Hip sprain / strain, right [S73.101A] Hand sprain / strain, right [S66.911A] Hand sprain / strain, left [S66.912A].

Tx: Chiropractic treatment, Physiotherapy, Kinetic Activities 2-3 x per week for 6 weeks.

Work Status: Mr. George SooHoo is on temporary total disability through October 29, 2021.

October 1, 2021 Doctor's First Report of Occupational Injury or Illness – Nelson Flores, PhD (DOI: January 1, 2015 – June 10, 2021; August 1, 2015 – July 6 2018; June 11, 2020 – June 11, 2021).

Hx of Injury: The patient reports that, while working for the California Institution for Men/State of California Institution for Med, he was exposed to work overload, work pressure, work stress, incidents of harassment, and an incident of physical assault by one of his supervisors. Overtime, he developed pain in his neck, shoulders, hands, and back which he attributed to the heavy and repetitive nature of his work. As a result of his pain and work exposure, he developed symptoms of anxiety and depression. His pre-existing posttraumatic stress disorder further worsened.

CC: The applicant reports feeling sad, helpless, hopeless, lonely, afraid, and irritable.

Dx: AXIS I: Posttraumatic Stress Disorder, Chronic (F43.12). Major Depressive Disorder, Single Episode, Mild (F32.0). Anxiety Disorder Not Otherwise Specified (F41.9). Stress-Related Physiological Response Affecting Headaches (F54).

Causation: Findings and diagnosis consistent with patient's account of injury or onset of illness.

Tx Rendered: Cognitive Behavioral Group Psychotherapy (90853) 1 X/week for 8 weeks. Hypnotherapy/ Relaxation Training (90880) 1 X/week for 8 weeks. The patient should continue to participate in mental health services at the VA Hospital with his current mental health providers. Referral for an evaluation by Oncologist to determine whether the applicant's exposure to Asbestos while working for California Institution for Mer/State of California Institution for Med, from 1998 through 2011, may be a contributing factor to the patient s cancer condition. Referral for an evaluation by Internist to determine whether the patient s exposure

to Asbestos for approximately 13 years while working for California Institution for Men/State of California Institution for Med may have contributed to his diabetes and hypertension conditions. Follow up in 45 days.

Work Status: From psychological standpoint, is applicant able to perform usual work? No. To be determined when the applicant reaches MMI status.

October 1, 2021 Evaluation and Management of New Patient Report - Nelson Flores, Ph.D.

CC: Anxious and depressive symptomatology. Sleeping difficulties. Flashbacks, intrusive recollections, nightmares distressing dreams. Easily startled. Hypervigilant. Pain in his neck, shoulders, and back. Pain and stiffness in hands and fingers. Headaches. Hearing difficulties.

Dx: Axis I: 1) Posttraumatic Stress Disorder, Chronic (F43.12). 2) Major Depressive Disorder, Single Episode, Mild (F32.0). 30 Anxiety Disorder, Not Otherwise Specified (F41.9). 4) Stress-Related Physiological Response Affecting Headaches (F54). Axis II: No diagnosis (V7109). Axis III: Status post orthopedic injury. As per applicant: History of right kidney cancer and right kidney removal, lung cancer. Headaches. Diabetes. High blood pressure. Axis IV: Health problems. Axis V: Current GAF score: 55.

Tx: 1) Cognitive Behavioral Group Psychotherapy (90853) 1X/week for 8 weeks to: Decrease the frequency and intensity of the applicant's depressive and anxious symptoms; decrease the levels of applicant's feelings of anger and irritability; increase the applicant's engagement in usual and social interactions; increase applicant's levels of motivation and hopefulness; improve applicant's duration and quality of sleep; increase the applicant's use of coping/relaxation skills to manage feelings of nervousness; facilitate the applicant's development and implementation of appropriate stress management skills; facilitate the applicant's development of rational thoughts about levels of pain and stress; and assist the applicant in adjusting and adapting to levels of pain and physical limitations. 2) Hypnotherapy/ Relaxation Training (90880) 1X/week for 8 weeks to: Increase applicant's ability to use appropriate pain control methods to manage levels of pain; improve applicant's duration and quality of sleep; decrease the frequency and intensity of applicant's anxious symptoms; and increase the applicant's use of coping/relaxation skills to manage feelings of nervousness and panic. 3) Desensitization techniques (90837) 1X/week for 8 weeks to: Reduce the frequency and intensity of applicant's flashbacks, intrusive recollections, and distressing dreams; increase the applicant's use of coping/relaxation skills to manage feelings of nervousness and panic; and decrease the frequency and

intensity of the applicant's anxious symptoms. 4) The applicant should continue to participate in mental health services at the VA Hospital with his current mental health providers. 5) Referral for an evaluation by Oncologist to determine whether the applicant's exposure to Asbestos, while working for a correctional center for youth in Norwalk from 1998 through 2011, may be a contributing factor to the patient's cancer condition. 6) Referral for an evaluation by Internist to determine whether the applicant's exposure to Asbestos for approximately 13 years while working for a correctional center for youth in Norwalk (1998 -2011) may have contributed to his diabetes and hypertension conditions. 7) Follow up in 45 days.

Work Status: From a psychological perspective, the applicant is temporarily partially disabled.

October 4, 2021 Psychological Testing Report - Nelson Flores, Ph.D.

No medical information is available on this document to summarize.

October 11, 2021 Lawrence Ledesma, Ph.D. Psychological Panel Qualified Medical Evaluation (DOI: 08/01/2015-07/06/2018; 01/01/2015-06/10/2021).

Hx of Injury: He says that before the 2015 DOI, he was working at the California Institute for Men. He started there in 2010. He was hired as Chief Dentist at first and was then changed to Supervising Dentist. The event that occurred that precipitated the first claim is when he alleges that he was hit by his supervisor in 2015. He was with others at the time at a Mexican restaurant having lunch for someone's last day at work. Mr. Escobar was his supervisor at the time and he also joined them for lunch. The applicant states that during this lunch, suddenly, and for no apparent reason, Mr. Escobar backhanded him in the face. He has no clue as to why he was struck. Dr. Farooq, who was Chief Medical Officer, later came to him and say that he had spoken to Mr. Escobar and that Mr. Escobar said he would not do it again. He says that even before he was hit, it was a "hostile" environment at the worksite between Blacks and Hispanics. There were no other Asians in the Dental department and so he felt isolated in his department. He stated that he was twice accused of Something; the first time lying to someone about some records and another time, he was accused of yelling at his assistant. This second action was filed by other people, not the person he allegedly yelled at. He appealed that case and won. He believes that the stress at CIM started when the new CEO, Mr. Escobar, started and after only six months wrote him up for needing improvement in "working with patients". This was without ever seeing him personally work with staff or patients. He said that after that he didn't trust anyone anymore and it was difficult to talk to staff regarding things at the job. He was often asked when he was going to retire or when was he going to leave or was

asked how many years he had been working. He believes that was a form of age discrimination or possible harassment by his co-workers. He began to have nightmares, was depressed, he would cry a lot, get headaches, felt isolated because he couldn't talk to anyone at work about his situation. These feelings all started to occur soon after Mr. Escobar started to work there and wrote him up. He denies ever using foul language, but admits that he may raise his voice due to his hearing loss due to his military experience and utilizing dental equipment that can be extremely loud, which must be held in his hand, and so is close to his ears. Mr. SooHoo states that a Lawrence Woodbum, Ph.D. was treating him for these incidents at CIM. He would like to see someone for his symptoms, but because his claim was denied, he has not been able to see anyone. He last saw Dr. Woodburn about a year ago and would like to see someone if it could be approved. When asked if there were any psychiatric symptoms that would interfere with his occupational functioning, he stated that if he doesn't have the support of the staff and the CEO, he feels very reluctant to go back to the same place especially if he is under the same person, Mr. Escobar. He reports that he continues to have headaches, crying bouts, gritting of his teeth, depression, nightmares, anxiety, and intrusive thoughts related to CIM.

CC: He says that he continues to be depressed with nightmares, anxiety, bouts of crying, headaches, and intrusive thoughts regarding his time at CIM. He says that his appetite is "not good", his concentration is "poor", and his energy level low as he said he is "fatigued a lot". As far as his socializing, he said that he is "not as sociable especially at work" because he lacks the trust of his co-workers. He is fine however, with his family. He "sticks with family" at this time. With family, he can have fun. He enjoys meditation, walks on the beach, enjoys time with his wife's grandchildren, watching sports, going to musicals. The applicant states with respect to thoughts of suicide he "has thought it once" in the past "maybe", because he had been off work for 60 days. He denies any homicidal ideation. He also does not experience visual or auditory hallucinations; however, due to his sleep apnea he says he has vivid nightmares. During the last three years, he has had nightmares related to his boss, Mr. Escobar. Has also had nightmares in the past regarding being assaulted while in the military, his time seeing injured or dead soldiers in the military and now at CIM.

Dx: Major Depressive disorder, moderate; Post-traumatic Stress Disorder; GAF 58, GAF range 51-60.

TTD: The claimant, Mr. George Soohoo, is currently experiencing symptoms of moderate depression and posttraumatic stress disorder according to the psychological assessment results (MCMI-III, Beck Depression Inventory, Beck Anxiety Inventory, Brief Symptom Inventory) as well as by the assessment of his

presentation during the clinical interview. With respect to disability, it is the examiner's opinion the applicant became Temporarily Partially Disabled beginning sometime in August of 2015. He continued to work full time, however. The applicant states today that the date he last worked was on September 20, 2021. It appears then that he became Temporarily Totally Disabled on September 20, 2021 and has continued to be Temporarily Totally Disabled.

MMI: The applicant's psychiatric condition has not reached permanent and stationary status. He has not reached maximum medical improvement. The applicant can be assessed for permanent disability after his condition reaches permanent and stationary status.

Impairment Ratings: 1) Ability to comprehend and follow instructions: Moderate impairment in the ability to maintain attention and concentration for necessary periods and the ability to do work requiring setting limits and tolerances of standards. 2) Ability to perform simple and repetitive tasks: Mild-to-moderate impairment in the ability to ask simple questions or request assistance, and the ability to perform activities of a routine nature. 3) Ability to maintain a work pace appropriate to a given workload: Moderate impairment in the ability to perform activities within a schedule, maintain regular attendance, and be punctual and the ability to complete a normal workday and/or workweek and perform at a consistent pace. 4) Ability to perform complex and variable tasks: Moderate impairment in the ability to synthesize, coordinate, and analyze data, the ability to perform jobs requiring precise attainment of limits, and tolerances of standards, and the ability to perform a variety of duties often changing from one task to another of a different nature without loss of efficiency or composure. 5) Ability to relate to other people beyond giving and receiving instructions: Moderate impairment in the ability to get along with co-workers or peers, the ability to perform work activities requiring negotiating with, explaining or persuading, and the ability to respond appropriately to evaluation or criticism. 6) Ability to influence people: Mild impairment in the ability to convince or direct others, the ability to understand the meaning of words, and to use them appropriately and effectively, and in the ability to interact appropriately with people. 7) Ability to make generalizations, evaluations, or decisions without immediate supervision: Mild impairment in the ability to make independent decisions or judgments, based on appropriate information, and the ability to set realistic goals or make plans independent of others. 8.) Ability to accept and carryout responsibility for direction, control, and planning: Moderate impairment in the ability to set realistic goals or make plans independent of others, the ability to negotiate with, instruct, or supervise people, and the ability to respond appropriately to changes in the work conditions.

Causation: Based upon information gathered from the face-to-face interview of Mr. SooHoo, review of available records, and the examiner's analysis of the case, it is his opinion with a reasonable degree of medical certainty that the actual events of employment were the predominant cause (51% or more) from all other sources combined contributing to the aggravation of Mr. SooHoo's psychiatric condition of Posttraumatic Stress Disorder and development of his Major Depressive Disorder, moderate (pursuant to Labor Code Section 3208.3). The personnel actions as described in the medical record dated 08/27/2018 as well as his description of those incidents at this evaluation were a substantial cause (35% to 40%) of the applicant's psychiatric injury. The applicant's psychiatric condition was predominantly AOE and COE. Other factors (pre-existing and non-industrial) also contributed but to a lesser extent.

Apportionment: The applicant's psychiatric condition is currently not permanent and stationary. He has not reached maximum medical improvement at this time. Formal apportionment analysis can be completed after his condition reaches permanent and stationary status, which is expected following the recommended treatment.

Future Medical Treatment: The MCMI -III specifically addresses treatment for this individual. It states that as a first step, it would appear advisable to implement methods to ameliorate this patient's current state of clinical anxiety, depressive hopelessness, or pathological personality functioning by the rapid implementation of supportive psychotherapeutic measures. With appropriate consultation, targeted psychopharmacologic medications may also be useful at this initial stage. Once this applicant's more pressing or acute difficulties are adequately stabilized, attention should be directed toward goals that would aid in preventing a recurrence of problems, focusing on circumscribed issues and employing delimited methods such as those discussed in the following paragraphs. It goes on to state that supportive and short-term therapy are the major initial vehicles for treating this applicant. Several psychopharmacologic agents may be considered, with appropriate consultation, for alleviating tense feelings. Cognitive reorientation methods geared to reframing assumptions about himself and the expectations of others may be used gradually and with discretion. Care should be taken to accomplish the purposes of altering these dysfunctional beliefs especially because this applicant may grasp the point of these methods, but only at an abstract or intellectual level. To rework the foundations of his lifestyle need not require long-term procedures. Rather, circumscribed, and focused approaches can offer significant personality reconstruction in a condensed and fruitful way. In general, he is likely to regard therapy, either brief or extended, as a threat to his defensive armor. While it may be possible to readily relieve his symptoms, he may try to avoid self-exploration and self-awareness. His defensiveness is deeply protective

and must be honored by the therapist; probing should proceed no faster than the applicant can tolerate. Only after building trust and confidence in the therapeutic relationship can the therapist begin to bring cognitive and interpersonal methods into the open. For every piece of defensive armor removed, however, the therapist must attempt to bolster the applicant's sense that the treatment process will be constructive and self-enhancing. To remove more defenses than the applicant can handle should be avoided to prevent relapse. He may be sufficiently well-guarded and self-assured, however, to ignore or intellectualize distressing confrontations, but nonetheless, caution is the byword. And finally, it states that this applicant may not only be suspicious of therapy and psychology, but may tend to denigrate sentimentality, intimate feelings, and tenderness. His narcissistic streak leads him to lack sympathy for the weak and oppressed. The therapist cannot allow the entire therapeutic enterprise to be hostage to his indifference. A directive cognitive approach may lead him to recognize that dealing with the softer emotions need not undermine the foundations of his interpersonal style or reactivate feelings that he has buried for years. His assumption that sympathy and tender feelings only distract and divert people from being correct and successful can be confronted cognitively. Given the above recommendations, this examiner recommends the applicant be referred to both a psychiatrist and a psychologist for ongoing psychiatric treatment. In order to pharmacotherapeutically manage his severe symptoms of anxiety and depression, treatment with a psychiatrist should be for no less than six months on an industrial basis. After this six-month period, his psychiatrist should decide if further pharmacotherapy is required. With regard to the need for a psychologist, as stated above, the applicant would like to see someone on an individual basis. He has utilized individual - in the past for his service-related posttraumatic stress disorder and with respect to his symptoms related to this Workers' Compensation claim. A trial of Eye Movement Desensitization Reprocessing (EMDR) should also be considered as it has been shown to be more affective with adult experienced traumas. EMDR can also be employed in conjunction with his individual psychotherapy. Considering the severity of his posttraumatic stress disorder symptoms, individual psychotherapy should be considered for at least one year. However, EMDR has been shown to be a successful treatment for trauma and so if it is employed as soon as possible in his treatment, maybe his symptoms can become more manageable, and he will not require long term individual psychotherapy.

Vocational Rehabilitation: The applicant does not qualify for vocational rehabilitation.

November 4, 2021 Primary Treating Physician's Progress Report - Koruon Daldalyan, MD

Dx: 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) Post-traumatic 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.

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

Work Status: The applicant is to return to work on August 12, 2021 on full duty.

PT/OT/OTHER THERAPIES

April 2, 2019 Dominique White, Ph.D./Nicholas Brown, Ph.D.

Applicant participated in 2 psychotherapy sessions on March 19, 2019 and April 2, 2019.

April 9, 2019 Nicholas Brown, Ph.D.

Applicant participated in 6 psychotherapy sessions from February 12, 2019 to April 9, 2019.

REVIEW OF RECORDS PROVIDED BY DEFENSE

Declaration from Claims Adjuster, Robert Bull, dated November 16, 2021, was received attesting to 3264 pages of records that have been referred for review.

Declaration from (illegible name/signature), dated January 6, 2022, was received attesting to 492 pages of records that have been referred for review.

NON-MEDICAL RECORDS:

Cover Letter, by Robert Bull, dated January 6, 2022

Dr. Steve Hwang is thanked for agreeing to examine George Soohoo on February 9, 2022 at 9:00AM as the Qualified Medical Evaluator. The examiner is requested to determine if an industrial injury or illness has occurred as described in the background section. He is being asked to examine George Soohoo because there exists a dispute over the compensability of the reported injury.

Background:
George Soohoo has alleged an injury to his ears (both), multiple head injury, multiple neck injury, hip (right), hands (both), upper back area, lower back area, heart, mental/mental on July 6, 2018 while employed by CA Institution For Men; Attn: Return To Work Office as a supervising dentist, cf hired on January 24, 1994.

Mr. Soohoo also has an accepted claim for the low back with date of injury 08/16/21 with claim number 06643946. The examiner is requested to address the denied CT claim for period 08/01/15 - 07/06/18 and the accepted claim for the low back on claim 06643946 in his report. In the examiner's report, if Mr. Soohoo is not MMI, then he is requested to address MMI status and work restrictions for the low back separate and then, the additional orthopedic body parts

Medical Records:
Medical record(s) enclosed for the examiner's review..

Also, enclosed for the examiner's review are Claim forms;
Applications;
Essential functions of dentist;
Additional records to be provided by Ontellus from Kaiser and VA Long Beach.

The examiner is requested to list all medical and non-medical records that he reviews in preparing his report pursuant to Section 10682(b)(4) of the California Code of Regulations (CCR). The examiner is requested to dispose of the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

The examiner is requested to address the following in his report:

1) A detailed medical and employment history including any outside activities.

2) The examiner is to state what the diagnosis is. He is requested to describe the medical basis for his opinion.

3) The examiner is to determine if his medical findings are consistent with the mechanism of injury alleged by George Soohoo.

4) The examiner is requested to comment on the disputed findings of the treating physician. He is to state if he agrees or disagrees with the treating physician's finding. He is requested to be specific regarding the basis of his findings.

5) The examiner is to determine if this is a new injury or a continuation of a previous injury or illness.

6) The examiner is to determine what future medical treatment is reasonably necessary to cure or relieve the effects of the injury. In accordance with Labor Code §4604.5, the Medical Treatment Utilization Schedule is to be utilized and shall be presumptively correct on the issue of extent and scope of medical treatment. He is requested to use the Medical Treatment Utilization Schedule or other evidence-based criteria to substantiate his medical opinion and to describe the scope, frequency, and duration of such treatment.

7) The examiner is to find out if there are any periods of temporary total (TTD) or temporary partial disability (TPD) as a result of the industrially caused or aggravated injury. He is requested to indicate these periods and the basis of his opinion.

8) The examiner is to determine if George Soohoo is capable of returning to work with temporary modifications to his position during recovery from the injury. If so, he is requested to describe in detail the type and duration of the modifications. If not, he is to state when he expects the applicant to be able to return to modified work.

9) Pursuant to recent changes to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury and what portion was caused by other factors, including prior industrial injuries or other non-industrial factors.
Pursuant to recent changes to Labor Code Section 4664, if an injured worker has received a prior award of permanent disability, it shall be conclusively presumed

that the prior permanent disability exists at the time of any subsequent industrial injury. Based on the foregoing, the examiner is requested to indicate what the approximate percentage of the applicant's current disability is due to the industrial injuries alleged in this case and which percentage is due to a) any previous industrial injuries; b) any subsequent industrial injuries; c) and any non-industrial injuries including asymptomatic prior conditions, retroactive prophylactic work preclusions, illnesses or pathology.

If the percentage of disability set forth in the prior Award or Compromise and Release was determined pursuant to a pre-2005 rating schedule, the examiner is requested to review all settlement papers and medical reports, and provide an opinion as to the appropriate rating for the percentage of disability pursuant to the 2013 rating schedule that is attributable to the prior award. If the injured worker has received a prior Award or Compromise and Release, he is requested to review the medical reports regarding the prior injury or illness and indicate percentage of disability, if any, that reasonably medically caused by the prior injury. If reasonably medically indicated, the examiner is requested to include the percentage of disability that is attributable to heredity or genetic factors and not the industrial injury. He is requested to determine the medically probably percentage of each causal factor of permanent disability including industrial, non-industrial, and prior injuries and advise what percentage of permanent disability is directly caused by the current industrial injury.

The examiner is requested to provide a basis for any apportionment he gives in his report. To be substantial evidence on the issue of apportionment, "a medical report must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and must set forth reasoning in support of its conclusions." [WCAB En Banc Decision Escobedo v. Marshalls]

Although this case may apply a presumption statute, the parties still require the examiner's opinion as to all causative factors.

10) The examiner is to determine if George Soohoo's disability has reached maximum medical improvement (MMI) and considered permanent and stationary. If yes, he is requested to note as of what date and list all factors of permanent residuals and or if requires future medical care. He is requested to complete the "Physician's Return-to-Work & Voucher Report" (DWC-AD Form 10133.36). If not yet considered at maximum medical improvement, the examiner is requested to provide an estimate of when his MMI status can be expected.

11) For permanent disability evaluations performed pursuant to the 2005 Permanent Disability Rating Schedule, the examiner's report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition. His narrative permanent impairment evaluation report must include the following:
Narrative history
Current clinical status
Diagnostic study results
Medical basis for determining Maximum Medical Improvement
Diagnoses, impairments
Impairment rating criteria, prognosis, residual function, and limitations

When listing the examiner's medical findings, he is requested to use the applicable reporting forms found in the AMA Guides to the Evaluation of Permanent Impairment, Fifth edition:
Cervical range of motion - page 422
Thoracic range of motion- page 416
Lumbar range of motion - page 410
Upper extremity - page 436
Lower extremity - page 561

12) Robert Bull is informed and believes State Fund has complied with Labor Code section 4062.3. He further attests that a good faith estimate of the total number of pages provided on 06/29/21 is 3264 pages. He certifies that the same is true of his own knowledge except as to those matters, which upon his information or belief, he believes them to be true. He declares, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. Date 11/16/2021; Signature Robert Bull.

State Fund has complied with Labor Code section 4062.3. (Illegible name/signature) further attest the total number of pages provided herein is 492 pages. They certify that the same is true of their own knowledge except as to those matters, which upon their information or belief, they believe them to be true. They declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

13) In the examiner's interview, if he determines that there are additional outside records that are necessary to address the issues of the claim, he is requested to provide detailed information so that the parties may obtain the records and forward to the examiner for his review and comment.

The examiner has the authority to conduct diagnostic tests that are necessary to complete your evaluation.

The examiner is requested to submit his bill and the original of his report to State Compensation Insurance Fund, PO BOX 65005 Fresno CA 93650-5005. He is to also send a copy of the report to the applicant's attorney, Natalia Foley, at 751 S Weir Canyon Rd, Ste 157-455 Anaheim CA 92808-9280.

Per Labor Code 139.2(j)(1), you are required to submit your report within 30 days of the exam date.

The examiner's bill will be paid in accordance with the Medical/Legal Fee Schedule set forth in Section 9795 of the Division of Workers' Compensation Administrative Director Rules.

California Senate Bill 863 established California Labor Code §139.32, effective January 1, 2013, which requires interested parties to disclose financial interests in other entities in the administration of workers' compensation claims. State Fund utilizes medical cost containment conventions for services provided by outside vendors as permitted by law including, but not limited to, utilization review, interpretation, transportation, bill review, photocopy, and pharmacological services. State Fund is not in violation of Labor Code §139.32 in the payment or provision of any of these services.

Except as otherwise permitted by law, Labor Code § 139.32 prohibits any interested party other than a claims administrator or a network service provider from referring a person for services relating to workers' compensation provided by another entity, if the interested party has a financial interest in the other entity.

The examiner is requested to note the above claim number on all correspondence and billing.

Workers Compensation Claim Form (DWC 1), dated July 18, 2018

The applicant suffered a specific injury on July 6, 2018 to cardiovascular due to stress.

Correspondence, dated October 9, 2018.

Dr. Stewart Lonky is thanked for agreeing to examine George Soohoo on November 14, 2018 at 10:00AM as the Qualified Medical Evaluator. He is

requested to determine if an industrial injury or illness has occurred as described in the background section.

The examiner is being asked to examine George Soohoo because there exists a dispute over the compensability of the reported injury.

Background: George Soohoo has alleged an injury to his heart, mental/mental on July 6, 2018. He was employed by CA Institution For Men; Attn: Return To Work Office as a supervising dentist, cf. George Soohoo is a 64-year-old Supervising Dentist, who alleges that he sustained injuries to his cardiovascular system and psyche on 07/06/18 when he was removed from his normal post while an investigation into EEO complaints filed against him was performed. Dr. Soohoo was hired on 01/24/94 and has been employed with California Institution for Men for 24 years. The examiner is requested to address each body part, excluding the psyche. His findings and opinion should be limited to his specialty. The examiner may notify the parties as to what other medical specialties, if any, that he feels the claimant needs further evaluation from. They ask that the examiner do not suggest any specific doctors by name as the parties must agree or request a panel in the specialty, he feels the applicant needs to be referred to.

Medical Records:
Medical record(s) enclosed for the examiner's review..

The examiner is requested to list all medical and non-medical records that he reviews in preparing his report pursuant to Section 10682(b)(4) of the California Code of Regulations (CCR). The examiner is requested to dispose of the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

The examiner is requested to address the following in his report:

1) A detailed medical and employment history including any outside activities.

2) The examiner is to state what the diagnosis is. He is requested to describe the medical basis for his opinion.

3) The examiner is to determine if his medical findings are consistent with the mechanism of injury alleged by George Soohoo.

4) The examiner is requested to comment on the disputed findings of the treating physician. He is to state if he agrees or disagrees with the treating physician's finding. He is requested to be specific regarding the basis of his findings.

5) The examiner is to determine if this is a new injury or a continuation of a previous injury or illness.

6) The examiner is to determine what future medical treatment is reasonably necessary to cure or relieve the effects of the injury. In accordance with Labor Code §4604.5, the Medical Treatment Utilization Schedule is to be utilized and shall be presumptively correct on the issue of extent and scope of medical treatment. He is requested to use the Medical Treatment Utilization Schedule or other evidence-based criteria to substantiate his medical opinion and to describe the scope, frequency, and duration of such treatment.

7) The examiner is to find out if there are any periods of temporary total (TTD) or temporary partial disability (TPD) as a result of the industrially caused or aggravated injury. He is requested to indicate these periods and the basis of his opinion.

8) The examiner is to determine if George Soohoo is capable of returning to work with temporary modifications to his position during recovery from the injury. If so, he is requested to describe in detail the type and duration of the modifications. If not, he is to state when he expects the applicant to be able to return to modified work.

9) Pursuant to recent changes to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury and what portion was caused by other factors, including prior industrial injuries or other non-industrial factors.

Pursuant to recent changes to Labor Code Section 4664, if an injured worker has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. Based on the foregoing, the examiner is requested to indicate what the approximate percentage of the applicant's current disability is due to the industrial injuries alleged in this case and which percentage is due to a) any previous industrial injuries; b) any subsequent industrial injuries; c) and any non-industrial injuries including asymptomatic prior conditions, retroactive prophylactic work preclusions, illnesses or pathology.

The examiner is requested to provide a basis for any apportionment he gives in his report. To be substantial evidence on the issue of apportionment, "a medical report must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and must set forth reasoning in support of its conclusions." [WCAB En Banc Decision Escobedo v. Marshalls]

10) The examiner is to determine if George Soohoo's disability has reached maximum medical improvement (MMI) and considered permanent and stationary. If yes, he is requested to note as of what date and list all factors of permanent residuals and or if requires future medical care. He is requested to complete the "Physician's Return-to-Work & Voucher Report" (DWC-AD Form 10133.36). If not yet considered at maximum medical improvement, the examiner is requested to provide an estimate of when his MMI status can be expected.

11) For permanent disability evaluations performed pursuant to the 2005 Permanent Disability Rating Schedule, the examiner's report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition. His narrative permanent impairment evaluation report must include the following:
Narrative history
Current clinical status
Diagnostic study results
Medical basis for determining Maximum Medical Improvement
Diagnoses, impairments
Impairment rating criteria, prognosis, residual function, and limitations

When listing the examiner's medical findings, he is requested to use the applicable reporting forms found in the AMA Guides to the Evaluation of Permanent Impairment, Fifth edition:
Cervical range of motion - page 422
Thoracic range of motion- page 416
Lumbar range of motion - page 410
Upper extremity - page 436
Lower extremity - page 561

The examiner has the authority to conduct diagnostic tests that are necessary to complete your evaluation.

The examiner may obtain a diagnostic service provider for magnetic resonance imaging (MRI), computerized axial tomography (CT), and ultrasound by contacting Healthesystems at (877) 287-7728.

Healthesystems is part of the parties customer-focused ancillary network and is committed to delivering quality service.

In order for the employer to potentially make a timely job offer and for State Fund to pay appropriate benefits, it is imperative that all parties receive information regarding permanent and stationary status and capability of returning to their usual and customary occupation as soon as possible after this exam. The examiner is requested to complete the form enclosed and fax to (707) 646-2711 within 48 hours of the exam date.

The examiner is requested to submit his bill and the original of his report to State Compensation Insurance Fund, PO BOX 65005 Fresno CA 93650-5005.

Per Labor Code 139.2(j)(1), you are required to submit your report within 30 days of the exam date.

The examiner's bill will be paid in accordance with the Medical/Legal Fee Schedule set forth in Section 9795 of the Division of Workers' Compensation Administrative Director Rules.

California Senate Bill 863 established California Labor Code §139.32, effective January 1, 2013, which requires interested parties to disclose financial interests in other entities in the administration of workers' compensation claims. State Fund utilizes medical cost containment conventions for services provided by outside vendors as permitted by law including, but not limited to, utilization review, interpretation, transportation, bill review, photocopy, and pharmacological services. State Fund is not in violation of Labor Code §139.32 in the payment or provision of any of these services.

Except as otherwise permitted by law, Labor Code § 139.32 prohibits any interested party other than a claims administrator or a network service provider from referring a person for services relating to workers' compensation provided by another entity, if the interested party has a financial interest in the other entity.

The examiner is requested to note the above claim number on all correspondence and billing.

Application for Adjudication of Claim, dated January 3, 2019.

The applicant suffered a cumulative injury, which began on August 1, 2015 and ended on July 6, 2018, while employed as a supervisor of dental office at State of California Institution for Med to 801, 420, 120, 330, 440, and 800.

Application for Adjudication of Claim, dated January 8, 2019.

The applicant suffered a cumulative injury, which began on August 1, 2015 and ended on July 6, 2018, while employed as a supervisor of dental office at State of California Institutions of Corrections to 801, 420, 120, 330, 440, 842 -nervous system, and 100 -head.

Subpoena Duces Tecum, dated January 21, 2019

The People of the State of California Sends Greetings to: Custodian of Records KFH/SCPMG. They command them to appear before A Notary Public at 27450 Ynez Road, Suite, Suite 300, Temecula, CA 92591-4680. On the 05th day of February 2019 at 9 o'clock A.M. to testify in the above-entitled matter and to bring with them and produce the following described documents: They are to provide any and all electronic and paper medical records from DOB: November 28, 1953 to present. (Do not produce X-rays unless specifically mentioned above). For failure to attend as required, they may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto. This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Subpoena Duces Tecum, dated April 1, 2020

The People of the State of California Sends Greetings to: Custodian of Records KFH/SCPMG. They command them to appear before A Notary Public at Ontellus, 27450 Ynez Road, Suite, Suite 300, Temecula, CA 92591-4680. On the 16th day of April 2020 at 9 o'clock A.M. to testify in the above-entitled matter and to bring with them and produce the following described documents: They are to provide any and all electronic and paper medical records from February 1, 2019 to present only. MR #00-0008075404 (Do not produce X-rays unless specifically mentioned above). For failure to attend as required, they may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto. This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Workers Compensation Claim Form (DWC 1), dated August 16, 2021

The applicant suffered a specific injury on August 16, 2021 to lower back (illegible).

LABS & DIAGNOSTIC RECORDS:

September 13, 2000 Nocturnal Polysomnogram Report - University of California, Irvine, Sleep Disorders Center

Physician: Peter Fotinakes, MD.

History: Mr. Soohoo has a history of snoring and is suspected of having sleep apnea.

Impression: Severe obstructive sleep apnea.

Discussion: Mr. Soohoo exhibited snorts, gasps, and loud snoring while asleep. During his 1.8 hours of diagnostic sleep time, he experienced 135 scorable apneas end 0 minor respiratory events that resulted in arousal. His respiratory events produced severe oxygen desaturations with an overall nadir of 40%. The patient's Respiratory- Disturbance Index (RDI) was 75/hour (normal is ≤5/hour). The severity of Mr. Soohoo's sleep apnea prompted the technician to initiate a nasal CPAP titration, but he was switched to BiPAP to increase treatment continuity. BiPAP pressures ranged from 4/0 to 13/9 cm of water. Optimal BiPAP pressure appeared to be 12/9 cm of water when his apnea was effectively treated and sleep became consolidated.

Recommendations: The severity of Mr. Soohoo's sleep apnea warrants immediate treatment. He should initiate a trial of nasal BiPAP set at a pressure of 12/9 cm water, using a medium-sized Respironics Profile Lite mask. Follow-up two weeks and three months after the initiation of home BiPAP treatment may improve compliance and adjustment to BiPAP treatment.

August 26, 2009 Labs – Kaiser Permanente

October 21, 2009 MRI Brain, No Contrast, W MRI Internal Auditory Canals, WO and W Contrast - Kaiser Permanente

Radiologist: Peter Abdel-Sayed, MD.

Reason: Sudden hearing loss, AS, and onset vertigo, 7 months ago. It is requested to evaluate for CPA mass/acoustic neuroma.

Technique: Sagittal T1-weighted, axial FSE dual-echo, and FLAIR sequences were acquired through the brain. Axial and coronal T1-weighted, pre-contrast and postcontrast images, are acquired though the internal auditory canals. Approximately 10 mL of Magnevist was used as contrast agent.

Findings: The ventricles and sulci are normal. No acute infarct or hemorrhage is seen. Normal flow voids are seen in the intracranial vessels. Posterior fossa structures are normal. The internal auditory canal images demonstrate no abnormal enhancement. No cerebellopontine angle mass is seen. The VII and VIII cranial nerves are grossly unremarkable. There is minimal thickening of the bilateral sphenoid sinuses and ethmoid air cells as well as the left frontal sinus.

Impression: Unremarkable MRI of the internal auditory canals.

March 31, 2014 XR Ribs Left With Chest PA – Kaiser Permanente

Radiologist: Alfonso Pham, MD. Referring Physician: Ali Ghobadi, MD.

Clinical History: Reason: Left rib pain after cough spasm.

Comparison: No previous study available.

Findings/Impression: A single view of the chest and multiple view of the ribs were obtained. No fracture identified. Bony structures are within normal limits. Poor inspiration film noted which might explained exaggeration of mild bihilar lung markings.

July 26, 2018 Lab Results - Unknown Facility.

November 27, 2018 Lab Results - LabCorp.

November 27, 2018 Echocardiogram - Unknown Facility.

Radiologist: Ronald Carlish, MD, FACC. Referring Provider: Dr. Lonky.

Conclusion: 1) Normally-sized right atrium, right ventricle. Mild left ventricular and left atrial dimensions. Active wall motion in all areas. Left ventricular ejection fraction 0.60. Diastolic dysfunction noted. No focal areas of impairment. 2) Slight hypertrophy posterior left ventricular wall. 3) No pericardial fluid or

thickening is noted. 4) No intracardiac thrombi. Valvular vegetations or abnormal masses. 5) No septal defects or abnormal intracardiac shunting. 6) Structurally normal mitral and tricuspid leaflets, which move well with no rheumatic restriction, prolapse, or mitral annular calcification seen. 7) Slight dilatation proximal aortic root with structurally normal aortic leaflets. 8) Pulmonary artery pressure by continuous wave Doppler is normal. No evidence of pulmonary artery enlargement. 9) Color flow Doppler reveals no diagnostic abnormalities.
K
Impression: Normal right ventricular function. Slight hypertrophy, posterior left ventricular wall. Mild left and left atrial enlargement with normal left ventricular contractility 0.60. Diastolic dysfunction noted. No localized areas of impairment. Slight dilatation proximal aortic root with structurally normal aortic leaflets. No pericardial fluid identified.

November 27, 2018 Carotid Duplex Scan - Unknown Facility.

Radiologist: Ronald Carlish, MD, FACC. Referring Provider: Dr. Lonky.

This is a combination of real time B-mode imaging in both the longitudinal and transverse axes and bidirectional Doppler spectral analysis of the extracranial carotid arteries.

Right Carotid Arterial System: Minimal linear plaguing not exceeding 25% diameter reduction right bulb and proximal internal carotid artery. All flow velocities, flow velocity ratio normal. BP-Systolic Peak Velocity; CCA: 90, ICA: 87, ECA: 101; Systolic Peak Velocity Ratio: 1.0

Left Carotid Arterial System: Minimal linear plaguing not exceeding 25% diameter reduction left bulb and proximal internal carotid artery. All flow velocities, flow velocity ratio normal. BP - Systolic Peak Velocity; CCA: 86, ICA: 79, ECA: 97, Systolic Peak Velocity Ratio: 0.9

Conclusion: Normal study, but for mild bilateral linear plaquing as described, not exceeding 25% diameter reduction. No significant focal flow obstruction is seen. All flow velocities, flow velocity ratios within normal limits.

November 27, 2018 Exercise Stress Test Report - Medical Associates of Westchester.

Physician: Stewart Lonky, MD (13)

No textual content available; refer to medical document to visualize available graphs.

February 5, 2019 EMG/NCV - North Valley Diagnostic.

Radiologist: Thomas Dosumu-Johnson, MD. Referring Provider: Alexander Caligiuri, DC.

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.

Report of Electromyographic Study (EMG) Upper Extremities:

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

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.

April 22, 2019 US Kidney Complete – Kaiser Permanente

Radiologist: Yung Cho, MD. Referring Physician: Lorenzo Betance, LVN.

Findings: Measurements: The right kidney measures L: 12.52 cm x W: 6.23 cm x H: 4.99 cm. The left kidney measures L: 13.0 cm x W: 6.26 cm x H: 6.62 cm. Right kidney: A heterogenous mass with cystic components is visualized in the inferior portion of the right kidney, measuring 4.6 x 5.3 x 3.1 cm. Left Kidney: A calculus is visualized in the inferior portion of the left kidney, measuring 8.9 mm.

Impression: Heterogeneous mass with cystic components visualized in the right kidney. Follow-up CT kidneys without and with IV contrast is recommended. Non-obstructing calculus visualized in the left kidney.

May 2, 2019 CT Urogram Abdomen and Pelvis Without/With IV Contrast Only – Kaiser Permanente

Radiologist: Oneil Lee, MD. Referring Physician: Alexander Berdy, MD.

Clinical History: Reason: Kidney ultrasound showed "Heterogeneous mass with cystic components visualized in the right kidney. Follow-up CT kidneys without and with IV contrast is recommended."
Creat 1.01 January 23, 2019, GFR 78 January 23, 2019.

Comparison: Renal ultrasound from April 22, 2019.

Technique: Study performed per protocol.

CT Dose: As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient
Type/CTDIvol/DLP/Phantom
Helical/16.05/657.38/B
Helical/16.07/633.92/B
Total Exam DLP: 1291.30
CTDIvol = mGy. DLP = mGy-cm
Phantom: B=Body32, H=Head16.

Findings: Multilobulated enhancing and partially exophytic mass in the right anterior mid-upper pole kidney, measuring 6.6 x 5.3 cm transaxially and 5.2 cm craniocaudally.
Bilateral renal cysts. Diffuse fatty infiltration of the liver. Small cyst in the left liver lobe lateral segment. Nonspecific mild nodular bilateral adrenal thickening, too small to characterize. Remaining abdominal solid organs unremarkable. No convincing focal
urothelial abnormality within the opacified portions. Small inguinal hernias containing fat. No evidence of bowel obstruction, free air, or free fluid. Equivocal tiny hiatal hernia. Normal caliber appendix with no adjacent inflammation. Normal caliber abdominal aorta. Atherosclerosis. Nonspecific small periportal lymph nodes. Minimal basilar atelectasis. Few small scattered sclerotic bone lesions could represent bone
islands. Mild scattered degenerative changes.

Impression: Large lobulated and partially exophytic enhancing right renal solid mass as described above, suspicious for renal cell carcinoma. No definite extension into the right renal vein, although the assessment is limited by suboptimal venous opacification. No pathologic lymphadenopathy or other convincing suspicious findings. Other findings as described above.

September 27, 2019 XR Right Thumb 2 or 3 Views – Kaiser Permanente

Radiologist: Oneil Lee, MD. Referring Physician: Esther Cohen, MD.

Clinical History: Reason: R thumb pain, eval for DJD.

Comparison: None.

Findings/Impression: Impression: No evidence of acute fracture or malalignment. Mild degenerative changes at the interphalangeal joint of the thumb and basilar joint. No suspicious osseous lesion. Soft tissues grossly unremarkable.

September 27, 2019 XR Lumbosacral Spine 2 or 3 Views – Kaiser Permanente

Radiologist: Oneil Lee, MD. Referring Physician: Ester Cohen, MD.

Clinical History: Reason Chronic low back pain, please compare to previous for any changes.

Comparison: September 26, 2018.

Findings/Impression: No compression deformity. Minimal retrolisthesis of L2 on L3 and
L3 on L4, unchanged. Mild disc space narrowing at L4-L5 and L5-S1, similar. Similar
multilevel osteophytes and lower lumbar facet arthropathy. Atherosclerosis of the aorta.

September 27, 2019 MRI Lumbar Spine No Contrast – Kaiser Permanente

Radiologist: Michael Kabiri, MD. Referring Physician: Unknown.

Clinical History: Reason Chronic low back pain with recent history of renal cancer, with continued low back pain, please eval for any mets to bone, compare to previous for any changes.

Comparison: March 2, 2019.

Technique: Study performed per protocol.

Findings: Alignment is normal. Bone marrow is normal in signal without evidence of fracture or marrow replacing lesion. The conus is normal in appearance. Paravertebral soft tissues are unremarkable. T12-L1: Unremarkable. L1-2: Unremarkable. L2-3: Unremarkable. L3-4: There is posterior annular fissure. No disc protrusion. There is mild central canal stenosis due to hypertrophy of the ligamentum flavum and prominent epidural fat. AP dimension of the canal is 8 mm (image 24 series 6). No significant foramina narrowing. There is mild bilateral facet hypertrophic change. L4-5: There is posterior annular fissure and 4 mm circumferential posterior disc bulge. There is moderate to severe spinal

stenosis due to posterior disc bulge, hypertrophy of the ligamentum flavum and prominent apical fat. AP dimension of the canal is 6 mm (image 30 series 6). There is moderate bilateral foramina narrowing. There are moderate bilateral facet degenerative change L5-S1: There is posterior annular fissure and 4 mm posterior disc bulge. No significant canal stenosis. There is mild to moderate, bilateral foramina narrowing. There are moderate bilateral facet hypertrophic change.

Impression: 1. L3-4: There is posterior annular fissure. No disc protrusion. There is mild central canal stenosis due to hypertrophy of the ligamentum flavum and prominent epidural fat. AP dimension of the canal is 8 mm (image 24 series 6). No significant foramina narrowing. There is mild bilateral facet hypertrophic change. 2. L4-5: There is posterior annular fissure and 4 mm circumferential posterior disc bulge. There is moderate to severe spinal stenosis due to posterior disc bulge, hypertrophy of the ligamentum flavum and prominent apical fat. AP dimension of the canal is 6 mm (image 30 series 6). There is moderate bilateral foramina narrowing. There are moderate bilateral facet degenerative change. 3. L5-S1: There is posterior annular fissure and 4 mm posterior disc bulge. No significant canal stenosis. There is mild to moderate bilateral foramina narrowing. There are moderate bilateral facet hypertrophic change.

September 30, 2019 Lab Results - A Quest Diagnostics.

December 18, 2019 CT Abdomen and Pelvis No Oral or IV Contrast – Kaiser Permanente

Radiologist: Sung Pak, MD. Referring Physician: Wesley Choi, MD.

Clinical History: Reason: History of right nephrectomy for renal cell carcinoma (RCC), rule out recurrence.

Comparison: May 2, 2019 technique: study performed per protocol.

CT Dose: As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.
Type/ CTDIvol | DLP / Phantom
Helical / 14.99/819.32/B .

Total Exam DLP: 819.32
CTDivol = mGy DLP =mGy-cm
Phantom: B=Body32, H=Head16

Findings: Abdomen: 8 m/m lobulated nodule in the posterior medial aspect of the right
lower lung on image 28 series 3. Broad-based 8mm subpleural density/nodule in the right lower lung posteriorly on image 12 series.

Moderate diffuse fatty infiltration of the liver. Gallbladder is unremarkable. Spleen is normal in size. Pancreas is normal in size. The left kidney is normal in size. Right nephrectomy. Left Kidney contains an unchanged 1 cm cyst 1 cm cyst also visualized in the inferior pole of the left kidney. Suture material in the right renal postoperative bed. 1 cm left adrenal adenoma unchanged as compared to prior firm. Vasculature is unremarkable. Aortic Atherosclerosis <CODE-V>. No ascites or peritoneal fluid collections. No evidence of pneumoperitoneum. No abdominal adenopathy. Visualized GI tract is unremarkable. No bowel obstruction. No right or loft lower quadrant inflammatory change. Normal appendix. Pelvis: Urinary bladder is unremarkable. No pelvic adenopathy. Scattered small sclerotic lesions in the pelvis and vertebral body likely bony island. Diffuse multilevel degenerative change of the spine. Unchanged 4 mm sclerotic lesion in the right side of the vertebral body near the superior endplate of L3 unchanged as compared to prior film. The pelvic contents are unremarkable otherwise.

Impression: Status post right nephrectomy. Left renal cysts as described above. Unchanged loft adronal adenoma measuring at 1 cm. 8 mm lobulated lung nodule n the posterior medial aspect of the right lower lung on image 28 series 3. Broad-based 8 mm subpleural density/nodule in the right lower lung posteriorly on image 12 series 3. Moderate diffuse fatty infiltration of the liver. Scattered small sclerotic lesion throughout the pelvis vertebral body likely bone island. Diffuse multilevel degenerative change of the spine. Unchanged 4 mm sclerotic lesion in the right side of the vertebral body. The superior endplate of L3 unchanged. 4 mm or smaller nodule. For a non-smoker, no f/u needed. For a smoker, repeat CT at 12 months; if unchanged, no f/u needed. >4-6 mm nodule. For all, repeat CT at 12 months. For a non-smoker, if unchanged, no f/u needed. For a smoker, repeal CT at 24 months; if unchanged, no f/u needed. 6-8 mm nodule. For a non-smoker, repeat CT at 12 months; if unchanged, repeat CT at 24 months. For a smoker, repeat CT at months. If unchanged, repeat CT at 12 months and at 24 months.
>8 mm nodule. For all, repeat CT at 3,9 and 24 months.

MEDICAL RECORDS:

OPERATIVE/PROCEDURE REPORTS

June 6, 2019 Right Laparoscopic Radical Nephrectomy – Wesley Choi, MD

Pre-Op/Post-Op Dx: Right renal mass.

Procedure performed: Right laparoscopic radical nephrectomy.

ALL OTHER MEDICALS

August 8, 2004 - June 29, 2018 Immunization Record - Unknown Provider/Kaiser Permanente.

June 6, 2007 Clinical Documentation – Unknown Provider
O
No medical information is available on this document to summarize.

July 3, 2007 Office Visit Note – Kevin Yuhan, MD

CC: Discharge and poss. Scratched cornea.

Dx: Vitreous floaters – Primary, 379.24.

September 7, 2007 Office Visit Note – Jeff Tracy, MD

Dx: Essential Hypertension. Note: Stable. Hyperlipidemia. Note: CK labs. Obesity (BMI 30-39.9). Note: Increase exercise, encouraged wt loss. Elevated Transaminase Measurement. Note: Monitor. Health check up, adult. Note: Vaccines given, to CK labs within the month.

Tx: Diabetes Panel, (Microalbumin, Hba1c, Lipid Panel) Creatinine, Serum Liver Function Panel (T bili, ALT, ALKP) HIV 1/2 Antibody Iron And TIBC, Hepatitis Chronic Profile, VACC admin, first IM or Subq Vaccine Toxoid, VACC, meningococcal conj, A, C, Y, W-135, VACC Admin, Each Additional IM Or Subq Vaccine Toxoid, Zostavax 19,400 Uunit Subq Recon Soln.

October 23, 2007 Office Visit Note – Pauline Chang, OD

Dx: 367.1A Myopia. 367.20B Astigmatism. 367.4A Presbyopia. 366.16A Cataract, Nuclear.

Tx: Prescription as per refraction. Adaptation discussed. Discussed above, options, and alternatives. All questions were answered.

October 25, 2007 Office Visit Note – Zahra Ghiasi, MD

Dx/Tx: Glaucoma suspect, per high C/D, low suspicious IOP and CCT normal ou. Oct Machine is down today will schedule for OCT/ 3DX and HVF. H/o sleep apnea on CPAP. Clinical impression discussed at length with patient. RTC 6 mos.

November 5, 2007 Telephone Encounter Note – Dina Brown, RN

No medical information is available on this document to summarize.

November 27, 2007 Allied Health/Nurse Visit Note – Michele Rios, RN

No medical information is available on this document to summarize.

November 27, 2007 Allied Health/Nurse Visit Note – Cara Abesia, RN

No medical information is available on this document to summarize.

December 5, 2007 Telephone Encounter Note – Ernestina Barrera, MA

No medical information is available on this document to summarize.

January 10, 2008 Office Visit Note – Jeff Tracy, MD

Dx: 401.9B Essential Hypertension. 272.4C Hyperlipidemia. 278.00C Obesity (BMI 30-39.9). 790.4B Elevated Transaminase Measurement. 790.29C Prediabetes. 727.03A Trigger Finger, Acquired.

Tx: Orders Placed This Encounter: Diabetes Panel, (Microalbumin, HBA1C, Lipid Panel) Creatinine, Serum, ALT, Fasting Electrolytes, Serum Vytorin 10-20 10 mg-20 mg tab, K-Tab 10 Meq Oral SR Tab, Amlodipine 10 Mg Oral Tab, hydrochlorothiazide 25 mg oral tab, Triamcinolone Acetonide 0.025% Top Oint, Triamcinolone Acetonide 0.1 % Top Crea.

January 16, 2008 Office Visit Note – Pauline Chang, OD

Dx: 367.1A Myopia. 367.20B Astigmatism. 367.4A Presbyopia. 366.16A Cataract, Nuclear. V53.1A Fitting or adjustment of glasses or contact lenses.

January 16, 2008 Message Note - Jeff Tracy, MD.

No medical information is available on this document to summarize.

January 22, 2008 Office Visit Note – Zahra Ghiasi, MD

CC: F/u.

Dx/Tx: Glaucoma suspect, per high C/D, low suspicious. IOP and OCT normal ou, high CCT. h/o sleep apnea on CPAP. Will get FDT today. Clinical impression discussed at length with patient. RTC: 6-8 mos check IOP and FDT, watch for sleep apnea and LTG.

February 20, 2008 Message Note – Deborah Falcon, NP

No medical information is available on this document to summarize.

February 28, 2008 Office Visit Note – Khang Nguyen, MD

Dx/Tx: Essential Hypertension. Note: Consolidate meds to prinizide 10/12.5. Plan: Lisinopril-Hydrochlorothiazide 10-12.5 Mg Oral Tab. Bun, Serum Electrolytes, Serum
Creatinine, Serum Glucose, Fasting. Prediabetes. Note: Weight loss. Plan: BUN, Serum Creatinine, Serum Glucose, Fasting. Obesity (BMI 30-39.9). Hyperlipidemia Note: Trial w/o meds. Sleep disorder, sleep apnea. Note: Uses Bipap. Dermatitis chronically to body: Refilled TAC.

March 4, 2008 Telephone Encounter Note – Lady Strickbine, MA

CC: Blood pressure problem.

March 5, 2008 Telephone Encounter Note – Adelwiza Ares, LVN

CC: Medication questions.

March 10, 2008 Message Note – Khang Nguyen, MD

No medical information is available on this document to summarize.

March 27, 2008 Office Visit Note – Khang Nguyen, MD

Dx/Tx: Trigger Finger, Acquired (Primary Encounter Diagnosis). Injection, Single Or Multiple Trigger Points, 1 - 2 Muscles. Essential Hypertension Note: Controlled.
Creatinine, Serum BUN, Serum Electrolytes, Serum Glucose, Fasting. CBC No Diff
Microalbumin, Urine, Quantitative. Hyperlipidemia. Plan: Lipid Panel Creatinine, Serum, BUN, Serum Glucose, Fasting, Cbc, No Diff.

July 8, 2008 Telephone Encounter Note – Marie Niebala, LVN

No medical information is available on this document to summarize.

August 26, 2008 Office Visit Note – Rana Sajjadian, MD

Dx/Tx: Contact Dermatitis (primary encounter diagnosis). Note: advised pt to cont Triamcinolone 0.1% only for 1 more week, then transition to desonide and finally transition to Elidel for maintenance. Stressed importance of steroids only for severe flaring as they increase risk for atrophy, striae and tolerance with overuse or misuse. Plan: Desonide 0.05 % Top Crea, Elidel 1 % Top Crea. Advised re: black box warning with elidel. Dermatitis, Allergic. Note: Dermasmoothe as directed. F/u prn. Plan: Derma-Smoothe/Fs Scalp Oil 0.01 % Top Oil.

October 21, 2008 Office Visit Note – Rana Sajjadian, MD

No medical information is available on this document to summarize.

October 21, 2008 Telephone Encounter Note – Lady Strickbine, MA

No medical information is available on this document to summarize.

October 23, 2008 Telephone Encounter Note – Khang Nguyen, MD

No medical information is available on this document to summarize.

October 24, 2008 Telephone Encounter Note – Lady Strickbine, MA

CC: Lab results.

November 4, 2008 Allied Health/Nurse Visit Note – Mary Leones, RN

No medical information is available on this document to summarize.

November 11, 2008 Allied Health/Nurse Visit Note – Diann Pedregon, CHE

No medical information is available on this document to summarize.

December 10, 2008 Allied Health/Nurse Visit Note – Mary Leones, RN

No medical information is available on this document to summarize.

December 10, 2008 Telephone Encounter Note - Julie Rivera, RN.

No medical information is available on this document to summarize.

December 11, 2008 Office Visit Note – Khang Nguyen, MD

Dx/Tx: Chest Pain, Atypical (primary encounter diagnosis). Atypical, non exertional, given pressure sensation with risk factors including HTN and hyperlipidemia, will get
Emet Electrocardiogram, Routine, W At Least 12 Leads, Interpretation And Report
Abdominal Pain. Notc: Strain. Rcsolving. Allcrgic rhinitis. Rcfillcd. Plan: Fluticasone 50 Mcg/Actuation Nasl Spsn. Essential Hypertension

December 11, 2008 - December 17, 2008 Message Note – Khang Nguyen, MD

No medical information is available on this document to summarize.

February 16, 2009 Telephone Encounter Note – Khang Nguyen, MD

No medical information is available on this document to summarize.

February 17, 2009 Message Note – Khang Nguyen, MD

No medical information is available on this document to summarize.

March 24, 2009 Office Visit Note – Jeff Tracy, MD

Dx: 272.4C Hyperlipidemia. 401.9B Essential Hypertension. 790.29C Prediabetes. 278.00C Obesity (BMI 30-39.9). 790.4B Elevated Transaminase Measurement. 715.94F Osteoarthritis Of Hand.

March 25, 2009 - May 18, 2009 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

July 10, 2009 Message Note – Lady Strickbine, MA

No medical information is available on this document to summarize.

July 28, 2009 Office Visit Note- Saeed Torabzadeh, MD

CC: Nausea, fever, sweating excessively.

Dx: 250.02B DM 2, Uncontrolled. 401.9B Essential Hypertension. 272.4C Hyperlipidemia. 278.00C Obesity (BMI 30-39.9). 780.57D Sleep Disorder, Sleep Apnea.

Tx: Pt is willing to try diet to control the BS but will send a referral to have TM With follow up with PCP.

July 30, 2009 Office Visit Note – Jeff Tracy, MD

CC: Sweating excessively, nausea.

Dx: 536.8A Dyspepsia (primary encounter diagnosis).

July 31, 2009 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

August 26, 2009 ED Provider Notes – Bradley Marquette, MD

CC: Patient presents with nausea and vomiting, dizzy.

HPI: George M Soohoo is a 55 year old male with history of Sudden onset of vertigo this a.m. with nausea and vomiting. Patient has some tinnitus last evening but denies any this a.m. Patient with prior history of vertigo in the past but much more mild than today's experience. The patient denies headache, stiff neck, visual changes, or focal numbness/ weakness or rash. States it is much worse when he moves his head or opens his eyes. Denies history of trauma, abdominal pain or diarrhea.

PMH: DM 2, Controlled [250.00B].

Exam: BP 148/83 | Pulse 65 | Temp 97.4 F (36.3 C) | Resp 23 | Wt 87.091 kg (192 lb)
Last 1 Encounter SpO2 Readings: Date: SpO2: August 26, 2009 92%. Alert, NAD. Head: W/o signs of trauma, STS ,tenderness, or echymosis. Neck - nontender, from, w/o deformity, sts, mass. Eye - Exam- PERL, EOMs intact, 2 beats lateral nystagmus, conj. clear, cornea AC clear. ENT - exam-Nose clear, Oropharynx clear, Ears/TMs clear. Heart - RRR, No Murmurs, No rubs. Chest - clear bs, no wheezes, rales or rhonchi. ABD -soft, +BS, nondistended, NT, No guarding/ rebound, masses/or hernias. CVA -nontender. Extremities - nontender, FROM, w/o STS, abrasion, laceration, or echymosis. Neuro - Exam-CrNNs, sensori/motor WNL. Skin - No rashes, STS or edema.

Dx: 386.10A Vertigo, peripheral.

Tx: Prescription for: Medications marked Taking as of August 26, 2009 encounter (Hospital Encounter): Meclizine 25 Mg Oral 1 Tab Po Tid Prn Disp: 100 Rfl: 0.

August 26, 2009 All Meds and Administrations – Bradley Marquette, MD

No medical information is available on this document to summarize.

August 27, 2009 Office Visit Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

August 31, 2009 Telephone Encounter Note – Jeff Tracy, MD

CC: Appointment request, routine.

September 4, 2009 Office Visit Note – Jeff Tracy, MD

CC: Recheck vertigo.

Dx: 382.9E Otitis Media. 386.11B Vertigo, Benign Paroxysmal Positional. 380.4A Cerumen Impaction.

September 14, 2009 Office Visit Note – Jeff Tracy, MD

CC: Irrigation.

Dx: 386.11B Vertigo, Benign Paroxysmal Positional. 389.9F Hearing Loss.

Tx: No orders of the defined types were placed in this encounter.

September 23, 2009 Telephone Encounter Note – Debra Motz, AUD/Annette Luetzow, MD

CC: Appointment request, routine.

October 1, 2009 Office Visit Note – Annette Luetzow, MD

CC: Sudden hearing loss and onset of vertigo.

Dx: Left sudden hearing loss with vertigo. 388.2A Hearing loss, sudden (primary encounter diagnosis).

Tx: Offered oral +/- intratympanic steroid injection. Patient agrees. Will be going out of the country for 17 days this Sat. Will need to do subsequent injections upon return.

October 21, 2009 Office Visit Note – Annette Luetzow, MD

CC: Follow up exam.

Dx: Left sudden hearing loss with vertigo. 388.2A Hearing Loss, Sudden (primary encounter diagnosis).

Tx: 2nd dexamethasone injection today. MRI today.

October 23, 2009 Message Note – Annette Luetzow, MD

CC: Hearing examination.

October 28, 2009 Office Visit Note – Annette Luetzow, MD

CC: Ear problems.

Dx: Left sudden hearing loss. 388.2A Hearing Loss, Sudden (primary encounter diagnosis).

Tx: 388.2A Hearing loss, sudden. 389.10E Hearing Loss, Sensorineural, High Frequency. Procedure. Dexamethasone 10 mg per mL inj. Return to clinic for audiogram.

November 18, 2009 Office Visit Note – Annette Luetzow, MD

CC: Follow up exam.

Dx: Audiogram in 4-6 weeks. Vestibular exercises. Medically clear for hearing aid left ear if desired.

November 18, 2009 Allied Health/Nurse Visit Note – Mehrnaz Karimi, AUD

Tx: He has a connecting appointment with HNS Department, Dr. Annette Luetzow, today.

December 1, 2009 Office Visit Note – Jeff Tracy, MD

CC: Vertigo, Referral Request.

Dx: 388.2A Hearing loss, sudden (primary encounter diagnosis).

Tx: No orders of the defined types were placed in this encounter.

December 2, 2009 Message Note – Roberto Cueva, MD

CC: Schedule appointment.

December 4, 2009 Office Visit Note – Jeff Tracy, MD

Dx: 726.2E Impingement Syndrome Of Shoulder. 389.9F Hearing loss. 388.30A Tinnitus. 780.4B Dizziness. 401.9B Essential Hypertension.

December 7, 2009 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

December 11, 2009 Office Visit Note – Roberto Cueva, MD

CC: Ear problem.

Dx: 56 year old male with left sudden sensorineural hearing loss who has completed high dose prednisone taper and IT-Dex treatment. He has had a significant improvement in SDS but not pure tone hearing. The left ear is now aidable as it was not before treatment. The disequilibrium should improve with time and rehab exercises that he is doing. Tinnitus may get better on its own, but the examiner would recommend he get a hearing aid for the left to help with hearing and likely tinnitus suppression. They had a lengthy discussion regarding the potential pathophysiology of sudden sensorineuralp hearing loss, the role of steroids in delaying cochlear hair cell apoptosis. The examiner also discussed with him the importance of getting his Type II Diabetes under good control as Diabetes in combination with his HTN ahd hyperlipidemia are all contributors to poor microcirculation and may have precipitated the sudden hearing loss. There is no further treatment that would hold hope for restoring hearing in his left ear.

Tx: Hearing aid. Better management of his HTN, Type II DM and hyperlipidemia. Reassurance that he was aggressively and appropriately treated.

January 12, 2010 Allied Health/Nurse Visit Note – Rosalia Aiello, AUD

CC: Hearing problem.

Dx: AD: Moderate sensorineural hearing loss of highest tones. AS: Severe high-frequency sensorineural hearing loss.

Tx: Audiologic re-evaluation per HNS or in 1 year. Hearing aid evaluation with HEARX to discuss option of hearing aids with medical clearance.

January 13, 2010 Office Visit Note – Annette Luetzow, MD

CC: Follow up exam.

Dx: Sudden hearing loss left ear. S/p three dexamethasone injections, oral steroids (patient stopped these on his own without a full course). Hearing without much change but tinnitus less and discrimination score significantly improved. Ear is now aidable. Patient is medically clear for hearing aid left ear. 388.2A Hearing Loss, Sudden. 389.10E Hearing Loss, Sensorineural, High Frequency.

Tx: Has appointment at HeaRX today. Medically clear for hearing aid left ear if desired.
Patient has questions about specific types of hearing aids which the examiner cannot answer. Return to clinic 6-12 months for audiogram, but right away if any new sudden loss.

February 9, 2010 Telephone Encounter Note – Jeff Tracy, MD

CC: Diagnostic tests requested.

February 9, 2010 Telephone Encounter Note - Roberto Cueva, MD.

No medical information is available on this document to summarize.

February 12, 2010 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

February 22, 2010 Message Note – Roberto Cueva, MD

No medical information is available on this document to summarize.

March 7, 2010 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

March 19, 2010 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

May 28, 2010 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

August 23, 2010 Telephone Encounter Note – Adrianna Mangaroni, MA

CC: Prescription Refill Requested.

August 30, 2010 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

September 7, 2010 Office Visit Note – Jeff Tracy, MD

CC: Health assessment, diabetic foot exam.

Dx: 250.00B DM 2, Controlled (primary encounter diagnosis). V77.99C Exam, Foot, Diabetic. 389.10A Hearing Loss, Sensorineural. 401.9B Essential Hypertension. 272.4C Hyperlipidemia. 780.57D Sleep Disorder, Sleep Apnea. 501065 DM 2 W Diabetic Microalbuminuria.

January 11, 2011 Telephone Encounter Note – Rosa Navarro, RN

CC: Lab order request.

January 13, 2011 Office Visit Note – Jeff Tracy, MD

CC: Cough.

Dx: V72.0T Screening, diabetic retinopathy (primary encounter diagnosis). 250.00B DM 2, Controlled. 401.9B Essential Hypertension. 272.4C Hyperlipidemia. 501065 DM 2 W Diabetic Microalbuminuria. 389.10A Hearing Loss, Sensorineural.

February 4, 2011 Allied Health/Nurse Visit Note – Mary Leones, RN

CC: Nurse visit, education.

February 14, 2011 Office Visit Note – Jeff Tracy, MD

CC: Test Results.

Dx: 250.00B DM 2, Controlled. 401.9B Essential Hypertension. 272.4C Hyperlipidemia. 501065 DM 2 W Diabetic Microalbuminuria. 278.00C Obesity (BMI 30-39.9). 790.4B Elevated Transaminase Measurement.

February 21, 2011 Office Visit Note – Philip Quirk, MD

CC: Glaucoma Evaluation. Eye examination.

Tx: Recheck 1 year.

July 28, 2011 Message Note – Jeff Tracy, MD

No medical information available on this document to summarize.

July 31, 2011 Message Note – Jeff Tracy, MD

No medical information available on this document to summarize.

October 17, 2011 Office Visit Note – Jeff Tracy, MD

CC: Medication Review, Immunization.

Dx: 501065 DM 2 W Diabetic Microalbuminuria (primary encounter diagnosis). V77.99C Exam, Foot, Diabetic. V04.81C Prophylactic Vaccine For Influenza. 401.9B Essential hypertension. 272.4C Hyperlipidemia. 250.00B DM 2, Controlled.

December 6, 2011 Allied Health/Nurse Visit Note – Olivia Charlton, RD

CC: Diet counseling.

Dx: V65.3 Dietary Surveillance and Counseling.

March 4, 2012 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

April 16, 2012 Telephone Encounter Note – Adrianna Mangaroni, MA

CC: Prescription refill requested.

May 23, 2012 Message Note – Jeff Tracy, MD

CC: E-mail communication.

May 25, 2012 Office Visit Note – Hege Sarpa, MD

CC: Eczema.

Dx/Tx: Eczema (primary encounter diagnosis). Dermatitis - D/w pt that is due to lack of hydration and inflammation of the skin. There is no cure for this but there are treatments. Recommend topical steroids BID for 2 weeks then taper to qd for about 1 wks before stopping. Also recommend daily application of moisturizing cream after showering. Plan: Desonide 0.05 % Top Crea, Triamcinolone Acetonide 0.1 % Top Crea. Epidermal inclusion cyst. D/w with the pt that this is a benign cyst on post neck: 9mm.. Would required minor surgery to remove. Pt to schedule as needed. Rtc for re-evaluation/removal if the lesions grows bigger, becomes tender, starts to itch or bleed.

June 2, 2012 - July 30, 2012 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

January 22, 2013 Office Visit Note – Diane Kim, MD

CC: Cough, sinus problems.

Dx: 465.9 URI (Upper Respiratory Infection) (primary encounter diagnosis) V77.99 Exam, Foot, Diabetic. 401.9 Essential Hypertension.

Tx: Prob viral URI. Fluids/rest/robitussin AC prn. BP well controlled. Pt advised to return to clinic if sx worsen or persist.

January 25, 2013 Telephone Encounter Note – Hilda Roman, LVN

CC: Prescription refill requested.

February 12, 2013 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

February 26, 2013 Office Visit Note – Jeff Tracy, MD

CC: Follow up routine. Cough.

Dx: 401.9 Essential Hypertension. 272.4 Hyperlipidemia. 501065 DM 2 W Diabetic Microalbuminuria. 786.2 Cough.

Tx: Empiric treatment at patient request, but suspect post infectious cough. To decrease medications due to improved habits. Patient Instructions: Continue current medications, but ok to decrease the hctz/hydrochlorothiazide to 1/2 tab, along with the cozaar/losartan to 1/2 tab. If blood pressure remains well controlled, then ok to continue with changes. Ok to decrease metformin to 500mg two times per day. Keep checking blood sugar and if at goal, ok to continue. You can pick up the prescription(s) in the pharmacy: 1. Doxycycline.

April 14, 2013 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

June 24, 2013 Telephone Encounter Note – Jeff Tracy, MD

CC: Diagnostic tests required.

June 27, 2013 Office Visit Note – Jeff Tracy, MD

CC: Diabetes care management.

Dx: 250.00 DM 2, Controlled. 272.4 Hyperlipidemia. 401.9 Essential Hypertension. 327.23 Obstructive Sleep Apnea.

June 28, 2013 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

August 15, 2013 Allied Health/Nurse Visit Note – Unknown Provider

CC: Sleep apnea.

August 26, 2013 - August 28 2013 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

August 28, 2013 Telephone Encounter Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

August 29, 2013 Message Note – Jeff Tracy, MD

CC: Referral.

September 18, 2013 Office Visit Note – Philip Quirk, MD

CC: Diabetic eye exam.

Tx: Recheck 1 year.

December 12, 2013 Message Note – Jeff Tracy, MD

CC: Order tests, e-mail communication.

December 20, 2013 Office Visit Note – Jeff Tracy, MD

CC: Physical exam, annual.

Dx: 250.40, 791.0 DM 2 W Diabetic Microalbuminuria. 401.9 Essential Hypertension. 272.4 Hyperlipidemia. 389.9 Bilat Hearing Loss. 327.23 Obstructive Sleep Apnea. 278.00 Obesity, BMI 30-34.9, Adult. V70.0 Routine Adult Health Check Up Exam. 786.2 Cough.

Tx: Overall stable. Reiterated weight loss which would help with all.

March 17, 2014 Telephone Encounter Note – Stephanie Morales, LVN

CC: Prescription refill requested.

March 31, 2014 ED Provider Notes – Ali Ghobadi, MD

CC: Patient presents with left rib pain.

HPI: 60 year old male complains of sudden left rib pain after a severe cough attack about one hour ago. He has had "post nasal drip" and cough with yellow sputum for about 5
days, getting worse tonight, getting frequent bursts of cough attacks, had a sudden episode and coughed very hard and felt a sudden severe pain to left rib (located just lateral to left nipple near the axillary area), since then gets a spasm every time he coughs or moves in certain way or if pushes on that area. No pain with breathing. No history of recent travel/surgery/immobilization, or leg edema or pain, or use of estrogen/oral
contraceptives.

Exam: BP 153/89 | Pulse 73 | Temp(Src) 97.2 F (36.2 C) | Resp 18 | Ht 1.6 m (5' 3) | Wt 88.451 kg (195 lb) | BMI 34.55 kg/m2 | SpO2 96%. Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. He appears distressed (frequent wet cough, after a hard cough gets sudden pain to left rib and spasms over). HENT: Head: Normocephalic and atraumatic. Mouth/Throat: Oropharynx is clear and moist. Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. Neck: Normal range of motion. Neck supple. No tracheal deviation present. Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

Dx: (786.2) Cough. (922.1) Rib Contusion, INIT. Bronchitis vs atypical pneumonia, rib pain secondary to sudden cough attack (possible occult fracture vs

costochondral contusion). Doubt PE, pneumothorax, congestive heart failure, or other acute emergency.

Tx: Albuterol inhaler, zpack, hydromet. Follow up with PCP 1-2 days for recheck. After Visit Instructions and Emergency Department precautions given. Patient and wife understand/agree with plan.

March 31, 2014 All Meds and Administration/Discharge Instructions – Ali Ghobadi, MD

No medical information is available on this document to summarize.

April 1, 2014 Telephone Encounter Note – Suzanne Robertson, RN

No medical information is available on this document to summarize.

April 2, 2014 Message Note – Jeff Tracy, MD

No medical information is available on this document to summarize.

April 24, 2014 Office Visit Note – Jeff Tracy, MD

CC: Emergency room follow up.

Dx: 250.40, 791.0 DM 2 W Diabetic Microalbuminuria. 905.7 Chest wall muscle strain, sequela. 691.8 Atopic Dermatitis.

Tx: Side effects of new medication(s) reviewed and warning s/s to watch for discussed.

June 17, 2014 Office Visit Note – Jeff Tracy, MD

CC: Low back pain.

Dx: 840.8 Left Trapezius Strain, INIT (primary encounter diagnosis). 250.40, 791.0 DM 2 W Diabetic Microalbuminuria. 401.9 Essential Hypertension. 272.4 Hyperlipidemia.
922.1 Chest Wall Contusion, INIT. 846.0 Lumbosacral Joint Sprain, INIT. 847.0 Neck Muscle Strain, INIT.

Tx: See off work order. Consistent with simple strains.

June 24, 2014 Office Visit Note – Jeff Tracy, MD

CC: Muscle strain.

Dx: V58.89 Neck Muscle Strain, Subseq (primary encounter diagnosis). V58.89 Left trapezius strain, subseq. V58.89 Lumbosacral Joint Sprain, Subseq.

Tx: No orders of the defined types were placed in this encounter.

July 8, 2014 Office Visit Note – Sepideh Mirfakhraie, MD

CC: Back pain, goals of care.

Dx: E929.0 Cause of injury, MVA, Car Driver Injured In Collision W Car, Nontraffic
Accident, Sequela. 724.5 Back pain.

Tx: No orders of the defined types were placed in this encounter.

July 29, 2014 Message Note – Jeff Tracy, MD

No medical information available on this document to summarize.

September 8, 2014 Progress Notes – Robert Langer, MD

CC: Follow up atopic dermatitis facial upper extremity. Patient Active Problem List: Hyperlipidemia. Essential hypertension. Sleep disorder, sleep apnea. Obesity (BMI 30-39.9). Elevated transaminase measurement. DM 2, controlled. Hearing loss, sudden. Hearing loss, sensorineural. DM 2 W diabetic microalbuminuria. Dietary surveillance and counseling. Obstructive sleep apnea.

Dx: 1) 691.8 Atopic dermatitis (primary encounter). 2) 706.2 Epidermal cyst.

Tx: Referral HNS. Clobetasol (temovate) 0.05 % Top Crea. Desonide (Desowen/Tridesilon) 0.05 % Top Oint. Hydroxyzine HCl (Atarax) 10 mg Oral Tab. Eucerin. Patient instructions: No instructions given.

December 8, 2014 Telephone Encounter Note – Jeff Tracy, MD

No medical information available on this document to summarize.

January 6, 2015 Message Note – Jeff Tracy, MD

CC: Follow up care.

Tx: Patient instructions: No instructions given.

January 7, 2015 Message Note – Jeff Tracy, MD

No medical information available on this document to summarize.

March 12, 2015 Office Visit Note – Jeff Tracy, MD

CC: Diabetes mellitus - Follow up. Diabetic foot exam.

Dx: 1) 278.01, V85.35 Severe obesity equivalent, BMI 35-35.9, adult W co-morbidity (primary encounter diagnosis). 2) 250.40, 791.0 DM 2 W diabetic microalbuminuria. 3) 401.9 Essential hypertension. 4) 272.4 Hyperlipidemia. 5) 250.40, 585.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 6) V16.0 FHX of colon cancer < 50 yrs. 7) 724.2 Low back pain.

Tx: 1) Diabetic foot exam. 2) Losartan-Hydrochlorothiazide (Hyzaar) 50-12.5 mg oral tab. 3) Metformin (glucophage XR) 500 mg oral 24hr SR tab. 4) Simvastatin (Zocor) 20 mg oral tab. Emphasized weight loss, exercise. No changes in medications for now. Restart the low back exercises as they discussed. Exercise, stretching, and core strengthening program.

May 9, 2015 Telephone Encounter Note – Jeff Tracy, MD

CC: Appointment request, routine.

Tx: Appointment scheduled for June 1, 2015. Patient was notified via voicemail.

May 20, 2015 Telephone Encounter Note – Jeff Tracy, MD

CC: Diagnostic tests requested.

Tx: Labs ordered. Nonfasting.

May 29, 2015 Office Visit Note – Jeff Tracy, MD

CC: Test results – Blood test results review.

Dx: 1) 250.40, 791.0 DM 2 W diabetic microalbuminuria. 2) 401.9 Essential hypertension. 3) 272.4 Hyperlipidemia. 4) 250.40, 585.2 DM 2 W diabetic CKD stage 2 (GFR 60-89).

Tx: Continue patient's current medications, all looks good, except physician recommends stopping the fenofibrate indefinitely. If no improvement in patient's symptoms of muscle aches, fatigue after 3 weeks or so, then stop the simvastatin as well. If patient's symptoms improve, then repeat fasting labs, 4-6 weeks off of the above medications. If no change, go back on simvastatin indefinitely. Routine labs are fine in 6 months.

June 26, 2015 Telephone Encounter Note – Jeff Tracy, MD

CC: Diagnostic tests requested.

Dx: 1) 250.40, 791.0 DM 2 W diabetic microalbuminuria. 2) 401.9 Essential hypertension. 3) 272.4 Hyperlipidemia. 4) 250.40, 585.2 DM 2 W diabetic CKD stage 2 (GFR 60-89).

Tx: Continue patient's current medications, all looks good, except physician recommends stopping the fenofibrate indefinitely. If no improvement in patient's symptoms of muscle aches, fatigue after 3 weeks or so, then stop the simvastatin as well. If patient's symptoms improve, then repeat fasting labs, 4-6 weeks off of the above medications. If no change, go back on simvastatin indefinitely. Routine labs are fine in 6 months.

July 2, 2015 Office Visit Note – Jeff Tracy, MD

CC: Lump, left axillary area. Blood test – Results review, patient d/c simvastatin and fenofibrate 4-5 weeks ago.

Dx: 1) 272.4 Hyperlipidemia. 2) 729.1 Myalgia. 3) 250.40, 791.0 DM 2 W diabetic microalbuminuria. 4) 250.40, 585.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 5) 690.10 Seborrheic dermatitis.

Tx: Try 1/2 tab of simvastatin 20 mg every night to see if tolerated. If so, then fine to repeat labs on the 10 mg dose in 2-3 months. If not tolerated, then let them know and physician recommends a trial of pravastatin. If patient can't tolerate this, then he is statin intolerant. Continue other medications without change. Regarding left chest wall axilla subcutaneous swelling, this is consistent with a small epidermal inclusion or dermoid cyst, thus physician only recommends excision if increase in size or symptoms.

October 5, 2015 Office Visit Note – Jeff Tracy, MD

CC: Flu-like symptoms x one week. Per patient had flu vaccine on September 25.

Dx: 1) J40 Bronchitis. 2) L20.9 Atopic dermatitis. 3) J45.909 Reactive airway disease. 4) L30.9 Eczema. 5) R09.3 ABNL sputum.

Tx: 1) Desonide refill for facial rash. 2) Qvar. 3) Antibiotic. 4) Albuterol. Albuterol is a rescue inhaler which should help with tightness/cough, to be used every 2-4 hrs as needed or 10-15 mins prior to exercise. Qvar is a steroid for the inflammation to be used 2x/day. It is for prevention. Start with 2 puffs two times per day then as symptoms improve, may decrease to lowest effective dose, anywhere from 1-2 puffs 1-2x/day. Please note that excessive use of steroid creams can, over time, cause atrophy or thinning of skin, thus patient needs to use no more than two times per day, and no longer than 2-3 weeks or shortest time possible. Also, it's best to use the weakest strength that is effective. The strongest is Temovate/clobetasol, then triamcinolone, then desonide, then hydrocortisone. Best to just use over the counter hydrocortisone cream or simple moisturizer lotion, eg Lubriderm, etc.

December 4, 2015 Telephone Encounter Note – Spozhmai Yosafi, MD

CC: Care mgmt, panel support review.

Tx: 1) Complete non-fasting labs as soon as possible. Orders are in the computer. 2) Help pt schedule retinal eye photo at the nurse clinic.

December 6, 2015 Message Note – Jeff Tracy, MD

CC: Medication questions. E-mail communication.

Tx: Try 1/2 tab of simvastatin 20 mg every night to see if tolerated. If so, then fine to repeat labs on the 10 mg dose in 2-3 months. If not tolerated, then let them know and physician recommends a trial of pravastatin. If patient can't tolerate this, then he is statin intolerant.

December 10, 2015 Office Visit Note – Aparche Yang, MD

CC: Various spots.

Dx: Dermatitis.

Tx: Note: Face and back; xerosis vs. Eczema vs. acd. Plan: Hydrocortisone 2.5 % top oint - Upper face. Hydrocortisone 2.5% oint 2/day - lower face/beard area. Itchy areas - hydrocortisone 2.5% cream 2/day. Back cw tmc or clobetasol. Patch testing. Folliculitis, note: Beard area. Plan: Clindamycin phosphate 1 % top gel. Bumps - clindamycin gel 2/day. Consider switching out razors every 2 weeks. Seborrheic keratosis. Note: Scalp. Benign, reassured. Neoplasm of uncertain behavior, soft tissue. Note: L axilla. DDX: Lipoma r/o LAD vs. Other. Plan: US nonvascular extrem complete. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

December 14, 2015 Message Note – Jeff Tracy, MD

No medical information available on this document to summarize.

December 15, 2015 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

December 21, 2015 Telephone Encounter Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

January 4, 2016 Telephone Encounter Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

January 5, 2016 Allied Health / Nurse Visit – Eve Stebila, RN

No medical information available on this document to summarize.

January 7, 2016 Allied Health / Nurse Visit – Eve Stebila, RN

No medical information available on this document to summarize.

January 8, 2016 Allied Health / Nurse Visit – Eve Stebila, RN

No medical information available on this document to summarize.

January 12, 2016 Telephone Encounter Note – Bonnie Schmidt, LVN

CC: Test results.

Dx: None.

Tx: Patient instructions: No instructions given.

January 20, 2016 office Visit Note – Aparche Yang, MD

CC: Follow-up itchy rash.

Dx/Tx: Dermatitis. Note: Possibly 2/2 disperse blue dye 106, less favor gold. Plan: Hydrocortisone 2.5% top cream. Change clothing color palette. Discontinue gold chain. Continue, upper face - Hydrocortisone 2.5% oint 2/day. Lower face/beard area. Itchy areas - hydrocortisone 2.5% cream 2/day. Lipoma. Note: R axilla. Consider gen surgery in future. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

February 27, 2016 Message Note – Jeff Tracy, MD

No medical information available on this document to summarize.

March 1, 2016 Office Visit Note – Jeff Tracy, MD

CC: Finger problem – C/o right trigger finger, 2nd digit. Stress.

Dx: 1) R20.2 Paresthesia (primary encounter diagnosis). 2) Z13.5 Eye exam, fundus photography screening. 3) E78.5 Hyperlipidemia. 4) E11.29, R80.9 DM 2 W diabetic microalbuminuria. 5) E11.22, N18.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 6) I10 Essential hypertension. 7) 213.89 Screening for diabetic foot disease, category 0 - normal diabetic foot. 8) F43.20 Grief reaction. 9) Z63.8 Caregiver stress.

Tx: Diabetic foot exam. Fundus photography for diabetic retinal screening (Future Order). Consistent with pressure neuropathy, transient. Doubt carpal tunnel syndrome. See after visit instructions. Declined injection. Counseled regarding grief. Patient instructions: Physician suspects that patient experienced a transient numbness due to sleep position. He may have mild carpal tunnel syndrome. Key symptoms to watch for are increase in pain, but especially weakness or progressive numbness. Symptoms are related to overuse. Regarding trigger finger, follow up as needed for injection.

April 14, 2016 Office Visit Note – Alan Evans, MD

CC: Health assessment. Pt wants to change PCP. Digital retinal photos: Declined per pt. He will see the ophthalmologist soon.

Dx: 1) E11.29, R80.9 DM 2 W Diabetic microalbuminuria. 2) E11.22, N18.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 3) E66.9, Z68.32 Obesity, BMI 32-32.9, adult.

Tx: Plan: Diet and exercise were discussed with patient. Check labs. D/w patient statins, recommended taking, wants to try different one, lovastatin ordered. The current medical regimen is effective; continue present plan and medications. Wouldn't stop medicines at this point. Orders placed this encounter: Hemoglobin A1c, diabetic monitoring. Lipid panel. Microalbumin, urine, quantitative. Creatinine. Electrolyte panel (NA, K, CL, CO2). ALT. TSH. Lovastatin (Mevacor) 20 mg oral tab.

May 3, 2016 Telephone Encounter Note – Karina Gonzalez, MA

CC: Prescription refill requested.

Dx: None.

Tx: Patient instructions: No instructions given.

May 6, 2016 Message Note – Medy Evangelista, LVN

No medical information available on this document to summarize.

May 6, 2016 Telephone Encounter Note – Aparche Yang, MD

No medical information available on this document to summarize.

May 9, 2016 Telephone Encounter Note – Alan Evans, MD

CC: Appointment request, routine.

Tx: Patient instructions: No instructions given.

May 13, 2016 Office Visit Note – Alexander Berdy, MD

CC: Establish new patient.

Dx: 1) E11.22, N18.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 2) E66.9, Z68.32 obesity, BMI 32-32.9, adult. 3) E78.5 Hyperlipidemia. 4) I10 Essential hypertension. 5) E66.01, Z68.35 Severe obesity equivalent, BMI 35-35.9, adult w co-morbidity. 6) G47.33 Adult obstructive sleep apnea. 7) 212.5 Screening exam for prostate cancer. 8) E11.29, R80.9 DM 2 W Diabetic microalbuminuria.

Tx: Orders placed this encounter: CBC no differential. PSA. Hemoglobin A1c, diabetic monitoring. Standing Status: Future. Number of Occurrences: Standing Expiration Date: October 30, 2016. Lipid panel. Standing Status: Future. Number of Occurrences: Standing Expiration Date: October 30, 2016. Microalbumin, urine, quantitative. Standing Status: Future. Number of Occurrences: Standing Expiration Date: October 30, 2016. Electrolyte panel (NA, K, CL, CO2). Standing Status: Future. Number of Occurrences: Standing Expiration Date: October 30, 2016. Creatinine. Standing Status: Future. Number of Occurrences: Standing Expiration Date: October 30, 2016. ALT. Standing Status: Future. Number of Occurrences: Standing Expiration Date: October 30, 2016. Clopidogrel (Plavix) 75 mg oral tab. Sig: Take 1 tab by mouth daily to prevent stroke & heart attack (aspirin allergy). Dispense: 100. Refill: 3. Order Specific Question: This medication is not for a workers' compensation condition. Lovastatin (Mevacor) 40 mg oral tab. Sig: 1 tab by mouth daily with evening meal for cholesterol (higher dose). Dispense: 100. Refill: 3) Order Specific Question: This medication is not for a workers' compensation condition.

May 17, 2016 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

June 20, 2016 Office Visit Note – Alexander Berdy, MD

CC: Establish new patient.

Dx: 1) E78.5 Hyperlipidemia (primary encounter diagnosis). 2) E11.29, R80.9 DM 2 W diabetic microalbuminuria. 3) E11.22, N18.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 4) E66.9, Z68.32 obesity, BMI 32-32.9, adult. 5) I10 Essential hypertension. 6) G47.33 Adult obstructive sleep apnea.

Tx: Orders placed this encounter. Lovastatin (Mevacor) 20 mg oral tab. Sig: 1 tab by mouth daily with evening meal to lower cholesterol and keep arteries open (max tolerated dose). Dispense: 100. Refill: 1. Order Specific Question: This medication is not for a workers' compensation condition.

July 18, 2016 Office Visit Note – Philip Quirk, MD

CC: Eye examination.

Tx: Patient instructions: No instructions given.

August 27, 2016 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

November 11, 2016 Telephone Encounter Note – Alexander Berdy, MD

CC: Diagnostic tests requested.

Dx: 1) Hyperlipidemia 272.4. 2) Essential HTN 401.9. 3) DM 2 W diabetic CKD stage 2 (GFR 60-89) 250.40, 585.2. 4) Obesity. BMI 32-32.9, adult 278.00, V85.32. 5) Elevated transaminase 790.4.

December 16, 2016 Office Visit Note – Alexander Berdy, MD

CC: Results review. Sinus problems, per patient x1 week.

Dx: 1) E11.9 DM 2 (primary encounter diagnosis). 2) E11.22, N18.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 3) E66.9, Z68.32 obesity, BMI 32-32.9, adult. 4) Z13.89 screening for diabetic foot disease, category 0 - normal diabetic foot. 5) E78.5 Hyperlipidemia. 6) I10 Essential hypertension. 7) G47.33 Adult obstructive sleep apnea. 8) 212.5 Screening exam for prostate cancer. 9) H93.12 Left subjective tinnitus. 10) Z12.11 Screening for colon cancer.

Tx: Orders Placed This Encounter: 1) Diabetic foot exam. 2) Hemoglobin A1c, diabetic monitoring. Referral Type: Referral Reason: Kaiser Permanente. Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. 3) Lipid panel. Standing Status: Future. Number of Occurrences: Standing Expiration Date: September 17, 2017. 4) Microalbumin, urine, quantitative. Standing Status: Future. Number of Occurrences: Standing Expiration Date: September 17, 2017. Electrolyte panel (NA, K, CL, CO2). Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. 5) Creatinine. Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. ALT. Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. 6) TSH. Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. 7) CBC - No differential. Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. PSA.

Standing Status: Future. Number of Occurrences: Standing Expiration Date: August 23, 2017. Referral audiology. Referral Priority: Routine. Referral type: Outpatient Service. Referral reason: Specialty Services Required. Referral Location: Orange county. Referral GI: Referral Priority: Routine. Referral Type: Outpatient Service. Referral Reason: Specialty Services Required. Referral Location: Orange county. PEG 3350 - Electrolytes (Colyte) 240-22.72-6.72 -5.84 gram Oral Recon Soln. Sig: Add tap water to fill line and shake until dissolved. Drink 240 ml (8 ounces) every 10 minutes until 4 liters are consumed the night before procedure. Dispense: 4000. Refill: 0. Order Specific Question: This medication is not for a workers' compensation condition.

December 27, 2016 Office Visit Note – Richard Kim, MD

CC: Sinus congestion x3 weeks. Neck pain x3 weeks. Cough x3 weeks.

Dx: 1) (J32.9) Sinusitis. 2) (R05) Cough.

Tx: Orders Placed This Encounter: Azithromycin (Zithromax) 250 mg oral tab. Ventolin HFA 90 mcg/actuation Inhl HFAA. Medication side effects, risks and benefits discussed, questions answered.

December 27, 2016 Office Visit Note – Alexander Berdy, MD

No medical information available on this document to summarize.

January 11, 2017 Allied Health / Nurse Visit Note – Loretta Lee, MD

CC: Hearing examination.

Tx: Return in about 3 years (around January 11, 2020) for audiological evaluation.

February 23, 2017 Procedure Notes – Gavin Jonas, MD

No medical information available on this document to summarize.

February 24, 2017 Message Note – Gavin Jonas, MD

No medical information available on this document to summarize.

April 20, 2017 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

July 10, 2017 Office Visit Note – Sandra Herman, MD

CC: Ankle pain.

Dx/Tx: Tendinitis of right ankle (primary encounter diagnosis). Note: Start Tylenol 1000 mg every 4-6 hours as needed. May continue turmeric. Follow up in 4 weeks if symptoms not improving, sooner if worse. Plan: XR right ankle or more views. Referral physical therapy / occupational therapy. Right ankle joint pain. Plan: XR right ankle or more views. Referral physical therapy / occupational therapy. Bilateral finger pain. Plan: Referral physical therapy / occupational therapy.

July 11, 2017 Message Note – Sandra Herman, MD

No medical information available on this document to summarize.

August 1, 2017 Office Visit Note – Alexander Berdy, MD

CC: Patient presents with lab results and forms.

Dx: 1) E11.22, N18.2 DM 2 W diabetic CKD stage 2 (GFR 60-89). 2) E66.9, Z68.32 obesity, BMI 32-32.9, adult. 3) E78.5 Hyperlipidemia. 4) I10 Essential hypertension. 5) G47.33 Adult obstructive sleep apnea. 6) E11.9, DM 2. 7) M79.1, T46.6X5D Myalgia due to statin, subseq.

Tx: Orders Placed This Encounter: 1) Lipid panel. Standing Status: Future. Number of Occurrences: Standing Expiration Date: November 28, 2017. 2) ALT. Standing Status: Future. Number of Occurrences: Standing Expiration Date: November 28, 2017. 3) Hemoglobin A1C, diabetic monitoring. Standing Status: Future. Number of Occurrences: Standing Expiration Date: April 8, 2018. 4) Lipid panel. Standing Status: Future. Number of Occurrences: Standing Expiration Date: April 8, 2018. 5) Microalbumin, urine, quantitative. Standing Status: Future. Number of Occurrences: Standing Expiration Date: April 8, 2018. 6) Electrolyte panel (NA, K, CL, CO2). Standing Status: Future. Number of Occurrences: Standing Expiration Date: April 8, 2018. 7) Creatinine. Standing Status: Future. Number of Occurrences: Standing Expiration Date: April 8, 2018. 8) ALT. Standing Status: Future. Number of Occurrences: Standing Expiration Date: April 8, 2018. Fenofibrate (Lofibra) 54 mg oral tab. Sig: Take 1 tab by mouth daily with food for high triglycerides. Dispense: 100. Refill: 3. Order Specific Question: This medication is not for a workers' compensation condition.

September 13, 2017 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

September 19, 2017 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

October 11, 2017 Office Visit Note – Dean Chan, MD

CC: Fever on and off x2 weeks. Sinus congestion on and off x2 weeks. Cough x2 weeks.

Dx/Tx: URI (upper respiratory infection) (primary encounter diagnosis). Note: Clinically Stable. Ongoing since late Sept when in the UK. Off work Oct 2-6. Suspect recurrent viral infections. Left elbow joint pain. Note: Started today, no trauma/strain; using Salonpas. Plan: Diclofenac Sodium (Voltaren) 1% top gel.

October 23, 2017 Office Visit Note – Albert Tran, MD

CC: Patient presents with chest cold x 5 weeks. Cough with phlegm x5 weeks. Initial fevers. No shortness of breath.

Dx: A49.9 Bacterial infection.

Tx: Rest, fluids. Patient prefers getting antibiotics instead of doing chest x-ray. Orders Placed This Encounter: Azithromycin (Zithromax) 250 mg Oral Tab. Sig: 2 tabs po on day 1, then 1 tab po daily on days 2 through 5. Dispense: 6. Refill: 0. Order Specific Question: This medication is not for a workers' compensation condition. Albuterol (Proair/Proventil/Ventolin) 90 mcg/actuation Inhl HFAA. Sig: Shake well and inhale 2 puffs po q4h prn sob or wheezing or cough. 100 days' supply for asthma is 1 canister (18 g). Use with spacer device if prescribed. Dispense: 18. Refill: 0. Order Specific Question: This medication is not for a workers' compensation condition. Beclomethasone Dipropionate (Qvar 80) 80 mcg/actuation Inhl Aero. Sig: Inhale 2 puffs by mouth two times a day rinse mouth well after use. Dispense: 21.9. Refill: 3. Order Specific Question: This medication is for a workers' compensation condition. Diagnoses and risks/benefits of treatment discussed. All questions fully answered. After Visit Summary given to patient. Patient verbalized understanding and agreed with the plan. Follow up if not better in 1 week, sooner if worse. Recheck blood pressure in 1 month.

November 13, 2017 Office Visit Note – Kevin Yuhan, MD

CC: Here for diabetic retinopathy screen. HgBA1c.

Dx/Tx: 1) Diabetes mellitus wo diabetic retinopathy bilaterally. 2) Intraocular pressure - ocular HTN. Recheck intraocular pressure - needs glaucoma workup. OCT RNFL and Humphrey visual field. Recheck intraocular pressure.

November 13, 2017 Telephone Encounter Note – Aparche Yang, MD

No medical information available on this document to summarize.

December 7, 2017 Office Visit Note – Kevin Yuhan, MD

CC: F/U for ocular HTN.

Dx/Tx: 1) Intraocular pressure 23 bilaterally. High eyelid squeezer. 2) OCT/FDT - within normal limits. Recheck in 6 months.

December 20, 2017 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

December 23, 2017 Office Visit Note – Seema Goyal, MD

CC: Cough x1 week, runny nose x1 week.

Dx: 1) J32.9 Sinusitis. 2) R09.3 ABNL sputum.

Tx: Orders Placed This Encounter: 1) Sodium Bicarbonate-Sodium Chloride (neilmed sinus rinse complete) Nasl Rinse Pkt. 2) Azithromycin (Zithromax) 250 mg oral tab. 3) Fluticasone (flonase allergy relief) 50 mcg/actuation Nasl SpSn. 4) Guaifenesin (mucus relief) 600 mg oral SR tab.

January 24, 2018 Office Visit Note – Aparche Yang, MD

No medical information available on this document to summarize.

March 10, 2018 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

March 14, 2018 Telephone Encounter Note – Alexander Berdy, MD

CC: Patient reports getting ready for trip of Japan. Wanted to review.

Dx: 1) I10 Essential hypertension. 2) E11.9 DM 2. 3) Z41.8 Travel medicine.

Tx: Phys TAV, EST PAT, 5-10 min of medical discussion. Azithromycin (Zithromax) 250 mg oral tab. Sig: 2 tabs by mouth on day 1, then 1 tab daily on days 2 through 5 days for upper respiratory infection that has not improved after 1 week while traveling (finish all pills). Dispense: 6. Refill: 0. Order Specific Question: This medication is not for a workers' compensation condition. Ciprofloxacin (Cipro) 500 mg oral tab. Sig: take 1 tablet orally 2 times daily for 3-7 days as needed for diarrhea or urinary symptoms while traveling - see a physician if symptoms persistent with no improvement. Dispense: 14. Refill: 0. Order Specific Question: This medication is not for a workers' compensation condition. Follow up in a few days if not better. Time spent with patient or guardian over the phone was 8 minutes.

March 22, 2018 Telephone Encounter Note – Alexander Berdy, MD

No medical information available on this document to summarize.

March 23, 2018 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

April 11, 2018 Office Visit Note – Daljeet Singh, MD

CC: Back pain, work slip, knee pain, diabetic foot exam.

Dx/Tx: Back pain. Note: Work note given. Rest, ice, heat. Declined medication for now. Screening for diabetic foot disease, category 0-normal diabetic foot. Plan: Diabetic foot exam.

June 13, 2018 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

June 19, 2018 Telephone Encounter Note – Aparche Yang, MD

No medical information available on this document to summarize.

June 21, 2018 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

June 22, 2018 Telephone Encounter Note – Aparche Yang, MD

No medical information available on this document to summarize.

June 29, 2018 Office Visit Note – Alexander Berdy, MD

No medical information available on this document to summarize.

July 13, 2018 Allied Health / Nurse Visit Note – Fabian Ruiz, LVN

No medical information available on this document to summarize.

July 18, 2018 Telephone Encounter Note – Alexander Berdy, MD

CC: Patient reports being under stress, had high blood pressure.

Dx: 1) F43.9 Chronic stress reaction. 2) I10 Essential hypertension.

Tx: Orders Placed This Encounter: Phys TAV, EST PAT, 5-10 min of medical discussion. Change amlodipine to 7.5 mg daily, blood pressure check in 3-4 weeks. Call for Behavioral Health or Psychiatry appointment: 714-667-6069. Follow up if not better.

July 19, 2018 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

July 20, 2018 Doctor's First Report of Occupational Injury or Illness - Keith Wresch, MD (DOI: 07-06-2018).

Hx of Injury: Walked off grounds of cim, July 6, stressed from embarrassment, humility, and open degradation in front of all dental staff; felt fatigued, depressed, loss of energy; unable to sleep and no desire to do anything; on 7/13, blood pressure was 180/96.

CC: Patient's complaint at this time is as follows: Stress at work. The primary presenting symptom is insomnia. He says it is moderately severe. He reports having symptoms for 14 days. The frequency is constant.

Dx: Stress at work Z56.6.

Causation: Chemical or toxic compounds involved? No.

Tx Rendered: Narcotics were not prescribed. The examiner will ask patient's employer to transfer him to a different facility to help alleviate this stress. RTC 2 weeks. A psychiatry evaluation has been ordered. The reason for consult is work place stress.

Work Status: Is patient able to perform usual work? Yes. Specify restrictions: Other restrictions: Pt is to avoid current work environment. It is requested to transfer to a different facility.

July 20, 2018 Work Status Report - Michael Fleming, PA.

Dx: Stress at work Z56.6.

Work Status: Patient is advised to return to work without restrictions. Expected MMI date, 09-07-2018. Other restrictions: Pt is to avoid current work environment. Please transfer toa different facility.

July 23, 2018 Telephone Encounter Note – Emily Cahill, MD

No medical information available on this document to summarize.

July 24, 2018 Telephone Encounter Note – Alexander Berdy, MD

CC: Patient reports wanted to discuss FMLA. Informed him of primary care policy and ROI recommendations. He will get another FMLA from Psychiatry if needed.

Dx: 1) F43.9 Chronic stress reaction. 2) I10 Essential hypertension. 3) E11.9 DM 2.

Tx: Phys TAV, EST PAT, 5-10 min of medical discussion. Follow up in a few days if not better.

July 24, 2018 Message Note – Emily Cahill, MD

No medical information available on this document to summarize.

July 25, 2018 Allied Health / Nurse Visit Note – Fabian Ruiz, LVN

No medical information available on this document to summarize.

July 26, 2018 Primary Care Attending Note - Kartik Shah, MD

CC: New patient visit.
Dx/Tx: 1) DM Type 2: Alc: 6.9, goal <7.0. Continue on Metformin XR 500mg PO BID. Patient states that he wants to follow-up with outside PCP for all ongoing care and for his diabetic eye check. 2. HLD: LDL: 83, goal <100. Triglycerides: 229. Continue on Fenofibrate 54mg PO Qdaily, Lovastatin 20mg PO Qdaily, and fish oil 1200mg PO Qdaily. Patient states that he wants to follow-up with outside PCP for all ongoing-care including monitoring LFTs. 3) HTN: Elevated today, patient states that he just had coffee. Home readings. Continue on Amlodipine 7.5mg PO Qdaily, Losartan/HCTZ 50/12.5mq PO Qdaily. 4) Elevated LFTs/Fatty Liver Disease: As per patient, he has been told in the past by his outside provider that he has fatty liver disease. ALT: 48, AST: 37. Patient states that he wants to follow-up with outside PCP for all ongoing care. Advised patient extensively on weight loss, low fat diet, and decreased caloric intake. Interaction of Lovastatin and Fenofibrate also is a risk factor, which needs to be monitored. Patient states that he wants to maintain regular check and monitoring on the outside by his PCP. 5) B/L Hearing Loss: Has hearing aids. This is service related. Will consult Audiology at VA for follow-up. 6.) Allergic Rhinitis: Stable. Continue on Loratadine 10mg PO Qdaiiy PRN. 7). Dermatitis: Stable. Continue on Clindamycin 1% topical BID, Triamcinolone 0.1% BID PRN and Hydrocortisone 2.5mg BID PRN 8) Chronic LBP/Lumbar DJD: This is service-connected condition. Continue on Diclofenac 1% topical BID PRN and Back Brace. Patient states that he wants to follow up with outside PCP for all ongoing care. 9) OSA: This was diagnosed post service in 2000-2001. On BiPAP. Patient state's that he wants to follow-up with outside PCP for all ongoing care and specialty care. 10) Depression: Offered patient MH services at LSVA, but patient refuses. He states that he has Psychiatrist scheduled on the outside. 11) Hx of Colon Polyps: Last C-scope in 02/23/2017 at Kaiser, which showed 3 Polyps, repeat surveillance in 02/2022. 12) Prevention: Last C-scope in 02/23/2017 at Kaiser, which showed 3 Polyps, repeat surveillance in 02/2022. UTD On Tdap, PCV 23, and Zostavax as per records brought by patient today. PSA: 1.11. On Plavix 75mg PO Qdaily (ASA Allergy). Benefits of daily exercise for 30min most days of the week was stressed. A diet low in sodium, calories, and saturated fat was also discussed. F/u 12 months w/labs or sooner prn.

July 27, 2018 Primary Treating Physician's Progress Report (PR-2) - Michael Fleming, PA.

CC: Anxiety continues.

Dx: Work stress (Z56.6).

Tx: Expected Maximum Medical Improvement (MMI) date 09-07-2018. Narcotics were not prescribed. Pt continues to be in his stressful work environment. He is here today to close out this claim as he has obtained an attorney and will be going through the attorney chosen QME and Psychiatrist instead of making a Workers' Comp claim. He will need a copy of all his medical records for his attorney.

Work status: Patient is advised to return to work without restrictions. Expected Maximum Medical Improvement (MMI) date 09-07-2018. Pt is to avoid current work environment. It is requested to transfer to a different facility.

August 8, 2018 External Source Documents - Kartik Shah, MD.

No medical information available on this document to summarize.

August 27, 2018 Doctor's First Report of Occupational Injury or Illness - Lynne DeBoskey, PhD (DOI: 07/06/2018).

CC: (illegible).

Dx: Adjustment disorder F43.2.

Causation: The findings and diagnosis are consistent with patient's account of injury or onset of illness.

Tx Rendered: (illegible)

Work Status: Modified work (illegible).

August 27, 2018 Psychological Consultation and Treatment Recommendations - Lynne DeBoskey, PhD.

CC: Denying suicidal or homicidal ideation, Dr. Soohoo complains of depression, crying spells, anxiety, worry, ruminating, concentration problems, guilt, anger, irritability, withdrawal, hopeless and helpless, reduced motivation. Dr. Soohoo receives 3-4 hours of interrupted sleep.

Dx: Axis I: F43.23 Adjustment Disorder with anxiety and depression, Z56.9 Occupational Problem, G47.0 Sleep Disorder, F54. Stress-Related Physiological Response and Psychological Factor/Coping Style Affecting Medical Condition on Axis III. Axis II: No Personality Disorder Indicated; exacerbation of personality traits negatively impacting Axis I. Axis III: Per the medical records. Axis IV Psychosocial and Environmental Problems: Problems with primary support group -mild; occupational problems -mild to moderate; Economic problems -minimal; Problems with access to health care services -minimal; Problems related to interaction with legal system/crime -minimal; Other psychosocial and environmental problems -minimal. Axis V: GAF = 65.

Tx: In compliance with the California's Medical Treatment Utilization Schedule (MIUS) and ACOEM Practice Guidelines, the examiner recommends six individual cognitive behavioral therapy sessions (CPT code 90837) with a re-evaluation (CPT code 90791) upon completion of the initial sessions) to assess treatment progress and modify goals accordingly. This treatment is necessary to stabilize Dr. Soohoo psychologically and assist in a successful return to work experience.

Work Status: Dr. Soohoo is temporarily partially disabled psychologically with the work restriction of no patient care and he is precluded to work at CIM for 60 days.

August 27, 2018 Work Status Report - Lynne DeBoskey, Ph.D.

Work Status: As of today and continuing through 60 days, Mr. Soohoo is psychologically able to perform his usual and customary duties as a supervising dentist for CA Dept. of Corrections & Rehabilitation with the restrictions of no patient care and not working at CIM facility.

August 29, 2018 Allied Health / Nurse Visit Note – Mary Leones, RN

No medical information available on this document to summarize.

September 5, 2018 Office Visit Note – Aparche Yang, MD

CC: Wants refills.

Dx/Tx: (low - 2 dx; mod - start new med, >2 dx, nub, hx mm, dx req lab). 1) Epidermal inclusion cyst. Note: Nape of neck. Plan: Referral HNS. 2) Seborrheic keratosis. Note: Benign appearing today. 3) Lentigo. Note: Benign appearing today. 4) Dermatitis. Note: With mild xerosis, good control per patient.

Plan: Hydrocortisone 2.5% top crea – face. Hydrocortisone 2.5% top oint – body. 5) Folliculitis. Note: Pseudofolliculitis. Plan: Clindamycin phosphate 1% top gel. Vaccination for influenza. Plan: VACC influenza 6 Mos-adult, quadrivalent, pres free, 0.5 ml IM. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

September 6, 2018 Telephone Encounter Note – Estela Rose, LVN

No medical information available on this document to summarize.

September 7, 2018 Audiology Note - Carol Zizz, Au.D.

Tx: Patient education: - Test results reviewed with patient; - Communication strategies for difficult listening situations; - Realistic expectations from hearing aid use; - Tinnitus etiology/management; causes & coping; - Eligibility: Veteran is a candidate for hearing aids. Follow-Up: - RTC if hearing changes; - Earmold impressions taken without incident by audiologist; Return to Clinic order submitted for hearing aid fitting appt.

September 13, 2018 History & Physical Report - Jack Kleid, MD.

Dx: Hypertension with industrial aggravation.

Tx: This patient has been under stress. He has had hypertension before, but it has never been this high. Today, in the examiner's office it was 160/98. He needs to have his medication adjusted, so he can normalize his blood pressure. In addition, he has numerous symptoms as I elucidated in the review of symptoms and needs a cardiovascular workup. He claims that he is having a QME exam in November and at that point in time, hopefully his physician refers him for a cardiovascular work up. But, again, the examiner is stating that the aggravation of hypertension is due to industrial factors. This patient is taking Clopidogrel, but has not had a TIA, stroke, bypass, and has not had a stent. He is allergic to Aspirin and his internist felt that he was a high risk, so he started him on clopidogrel.

September 25, 2018 Office Visit Note – Navyata Shah, DO

CC: Patient presents with sciatica x 3 weeks.

Dx/Tx: Sciatica, right side (primary encounter diagnosis). Chronic back pain > 3 months. Patient advised to take over the counter non-steroidal anti-inflammatory medications food as directed. Side effects of medications discussed. Advised to do stretching, apply heat to the area as needed and to do back exercises daily.

Avoid heavy lifting and activities that aggravate the pain. Followup if pain does not improve or if neurological symptoms such as bladder or bowel dysfunction, numbness, weakness of lower extremities occurs. Chiropractor care discussed and information given in after visit summary. Plan: XR lumbosacral spine 2 or 3 views. Essential hypertension: Patient advised that controlling blood pressure is important to reduce the risk of MI, CVA and kidney damage. Advised to take medications daily as directed. Recheck BP if headaches, dizziness, blurred vision chest pain or sob occurs. Return to clinic if symptoms persist or worsen, or if any new concerns.

September 26, 2018 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

September 28, 2018 Message Note – Phuong Ta, MD

No medical information available on this document to summarize.

October 3, 2018 Telephone Encounter Note – Alexander Berdy, MD

CC: Patient reports that having low back pain for a few weeks. Seen September 26, x-ray showed degenerative disc disease. Doing home physical therapy which is helping.

Dx: M54.31 Sciatica, right side.

Tx: Orders Placed This Encounter: Phys TAV, EST PAT, 5-10 min of medical discussion. Meloxicam (Mobic) 15 mg oral tab.

October 4, 2018 Allied Health / Nurse Visit Note – Fabian Ruiz, LVN

No medical information available on this document to summarize.

October 9, 2018 Audiology Note - Roberta Steward, Au.D.

CC: Hearing aid fitting.

Tx: Education provided during fitting; battery placement, wax guard replacement, care and maintenance, hearing aid controls, phone numbers for Walk-In clinic and DALC (supplies) provided. Upon further discussion, pt would like to try made for iPhone aids. Earmold impressions taken for new aids. Hearing aid fitting scheduled.

October 29, 2018 Office Visit Note – Kevin Yuhan, MD

No medical information available on this document to summarize.

October 29, 2018 Allied Health / Nurse Visit Note – Christian Garcia, MA

No medical information available on this document to summarize.

October 31, 2018 Progress Report - Unknown Provider.

CC: Post-traumatic stress syndrome.

November 7, 2018 Investigation Report - Unknown Provider.

No medical information available on this document to summarize.

November 8, 2018 Audiology Note - Roberta Steward, Au.D.

CC: Hearing aid fitting.

Tx: Education provided during fitting; battery placement, wax guard replacement, care and maintenance, hearing aid controls, phone numbers for Walk-In clinic and DALC (supplies) provided.

November 8, 2018 Mental Health Consult - Tara Nyasio, Psy.D.

CC: Veteran presented for an orientation session with Tara Nyasio, PsyD.

Tx: Veteran will be referred to PTSD treatment through the choice program. Provider was informed that there is a current wait time that is greater than 30 days as most Providers have full clinics. Veteran expressed understanding and agreed to the choice program.

November 9, 2018 Office Visit Note – Noubar Ouzounian, MD

No medical information available on this document to summarize.

November 14, 2018 Stewart Lonky, MD Panel Qualified Medical Evaluation in the Specialty of Internal Medicine (DOI: 07/06/2018).

Hx of Injury: George SooHoo, D.D.S., is a 64-year-old male who commenced employment with the California Department of Corrections & Rehabilitation as a dentist in January 1994. In 2010, he began working at the California Mens Institute in Chino, California as a supervising dentist, performing dentistry about 60% of the time, with a marked increase within the last six months. Dr. SooHoo relates that while assigned to Chino, there were substantial stressors, particularly within the last five years. The patient relates that once, at a luncheon, the CEO struck him in the face and chuckled about it The Chief Medical Officer spoke to the CEO who replied that he would not that again. Dr. SooHoo was very angry and frustrated by this physical assault and the CEO's response to having done it. Then, another CEO was hired, Louie Escobel. After 60 days, he gave the patient two "N's." for "Not satisfactory". He tried to talk to the CEO who "blew up." The patient noted that he just could not talk to him. On another occasion, he relates that the HPM3 was in his department to investigate whether a hygienist was changing a patient's treatment plan. He relates that the HPM3 lied to the CEO about whether another employee, George, had not made him aware of it. This caused him much angst. Apparently, that HPM3 was demoted after a two-year investigation and retired. When interviewing for a new HPM3, he made a comment about her and the CEO informed the new HPM3 of his comments. Also, the CEP hired someone without his input. Dr. SooHoo felt demeaned, unfairly judged by him and physically abused by the CEO. Finally, Dr. SooHoo described that two EEO complaints were filed against him, one by a hygienist who accused him of using abusive language and another by a dental assistant who filed in retaliation because he "tried to make her work" when he asked her to order supplies, and for training another employer for her position. On July 6, 2018, Dr. SooHoo relates that he was escorted off of the premises after the completion of the investigation and substantiation of the charges. He felt humiliated, demeaned, and degraded by this action, in front of all of his employees, as he felt that it could have been handled differently. He was moved to the Regional Facility in Rancho Cucamonga. He indicates that his blood pressure was 180/90. He had been diagnosed with hypertension previously, but it was controlled. He took Losartan-Hydrochlorothiazide and amlodipine 5 mg. On July 12, 2018, he was evaluated by Dr. Fleming at U.S. HealthWorks as referred by his employer, his systolic was elevated to 170. A psychiatric evolution was recommended.

CC: Dr. SooHoo is working currently at Rancho, performing audits. After July 6, 2018, his dose of amlodipine was increased to 7.5 mg. He took time off, began working with a physical trainer, and changed his lifestyle. Furthermore, after July 6, 2018, he had episodes of being short of breath. He requested a consultation with a physician. He was seen by Dr. Jack Kleid, a cardiologist who recommended a work-up that did not materialize. Subsequently, he presented to Dr. Debosky, a psychologist for consultation. He was informed that he could not work at CIM for

60 days. He selected another psychologist, Dr. Lawrence Woodward by whom he is to be evaluated on November 22, 2018. When climbing stairs, he becomes short of breath which is a relatively new occurrence. Occasionally, he feels palpitations. He has had a loss of appetite due to stress. For the last two months, he has had nightmares, trying to figure out what happened, what he might have done. He reiterates that accountability and integrity are important to him. He was diagnosed with sleep apnea in 2007 by a Kaiser physician. In 2000, he had undergone a sleep study at U.C. Irvine Medical Center. Currently, he uses a BiPap mask. He remains stressed and frustrated by the ongoing investigation and due to ruminating over why this is happening to him. He relates that he did his job, met the audits and was a responsible employee; also, he made his staff accountable.

Dx: 1) Severe emotional stress associated with marked embarrassment and "dressing down " in front of subordinates. 2) Depression and anxiety with emotional stress. 3) History of back injury with ongoing back pain. 4) History of well-controlled hypertension with loss of control subsequent to emotional stress from events at work as described in the history above. 5) Diabetes mellitus, pre-existing with reasonable control at this time. 6) Palpitations with no evidence of arrhythmia on Holter monitoring.

TTD/MMI: The examiner will defer any comments regarding any psychiatric impairments and disabilities, and any orthopedic impairments and disabilities to the appropriate specialist.

Impairment Ratings: From an internal medicine perspective, at this juncture, there is an impairment rating according to table 4-2 in the AMA Guides which would place Dr. SooHoo into a class 2 impairment level. However, without the results of a two-dimensional echocardiogram, the examiner will delay any final rating of impairment in this case except to say that it is at least a Class 2 level according to table 4-2.

Causation/Apportionment: As discussed above, with reasonable medical probability, this gentleman's emotional stress had occurred during the course of his employment as described, and particularly with the events of 07/20/2018, that these events contributed to his development of a significant worsening of his hypertension such that his blood pressure elevations are sustained at this time. While there would be a significant amount of apportionment to the event surrounding this employment and these events, he did have a previous history of hypertension and it is imperative that the examiner have the opportunity to review medical records that antedate the event of 07/20/2018. Furthermore, the examiner would need to see his recent medical records from treating physicians. who are taking care of him and it is his belief that the applicant would do well in a

structured environment to some degree at this time, particularly at work. Keeping him away from the previous place of employment is an extraordinarily important part of his overall management at this time. All efforts should be continued to diminish any time constraint or qualitative work overload at this juncture.

November 15, 2018 Message Note – Noubar Ouzounian, MD

No medical information available on this document to summarize.

November 20, 2018 Office Visit Note – Noubar Ouzounian, MD

CC: Keloid.

Dx: Aftercare for subcutaneous tissue surgery.

Tx: RTC prn.

November 21, 2018 Psychiatry Note - Kathleen McDermott, DNP, PMHNP, BC.

CC: "I filed with the VA for disability. I have PTSD and I need to establish care here at the VA since my psychologist retired 15 years ago. They walked me off my job on July 6th, so I filed a stress Claim. It's all in the notes I gave you."

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. adjustment disorder. DX: Adjustment d/o; r/o PTSD, r/o delusional d/o, r/o personality d/o. Plan: 1) Medications: None desired, none needed at this time.
Discussed benefits vs. side effects, including sedation. If any sedation or disorientation arises, pt. was advised to stop taking medications, to stop operating heavy machinery, and to stop driving. 2) Referred to BHIP for consult and ongoing care to be established. 3) Pt was informed that if pt feels unsafe towards self and/or others, pt can use the following resources: Long Beach VA Medical Center - Main Number (562) 826-8000; the Walk-In Mental Health Treatment Center (562) 286-5737 Monday-Friday, 8 am to 5 pm; Veterans Crisis Line (800) 273-8255 or (800) 273-TALK; VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org.

November 21, 2018 Mental Health Initial Assessment Note - Dora Kimbwala.

CC: Stress at work, PTSD, sleep apnea, nightmares.

Tx: Establish care and evaluation for PTSD. Provider supportive therapy and empathic listening. Perform intake assessment and VS. Order labs. Communicate w/MH provider. Refer Vet to provider for evaluation and continuation of care.

December 24, 2018 Psychiatry Note - Shaun Chung, MD.

CC: Seen in mhtc recently for eval of recent anxiety, frustration, and mood sx stemming from event, which occurred between he and his boss in April of 2017.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. Assessment and Plan: Adjustment d/o (tension from CEO and bilateral EEO Claims filed/harassment.); impaired coping; r/o PTSD attack sustained in military 1989. Chart and labs reviewed; meds reconciled; declines psychotropic treatment at this time; prefers mindfulness, medication, psychotherapy; disc benefit of possible psychotherapy, BHIP therapy placed, Vet exicted about this; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 3 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562-926-5503 for med refills. Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition.

January 4, 2019 Activities of Daily Living - Unknown Provider.

No medical information available on this document to summarize.

January 04, 2019 Alexander Caligiuri, DC Comprehensive Medical Legal Report From Primary Treating Physician (DOI: 07/06/18)

Hx of Injury: George SooHoo is a 65-year-old male, who has been employed with the California Department of Corrections as a dentist for approximately 25 years.

The applicant reports that during this long tenure of employment with this employer he has worked at multiple locations and facilities. The applicant reports that he has worked at the California Institute for Men (OM) Facility for approximately the last 10-11 years. The applicant reports that his usual and customary work activities require him to perform dentistry a minimum of 45% of the time, but in actuality he spent 60-70% of the time at work practicing dentistry. Along those lines, the applicant reports that his practice of dentistry includes prolonged standing and prolonged stooping while performing dental procedures. The applicant estimates that he stands 5-6 hours per day while doing dental procedures. The applicant estimates that he sits approximately 2 hours per day while performing dental procedures. The applicant reports that he performed dental procedures 5 days per week through 07/06/18. The applicant reports that he last performed dentistry with this employer on 07/06118. The applicant reports that he remains employed with the Department of Corrections, but he is currently doing audits and peer reviews for 6-7 different Department of Corrections facilities. The applicant reports the development and progressive intensification of musculoskeletal complaints relative to his neck, spine and bilateral upper extremities as a result of his practice of dentistry with the California Department of Corrections through 07/06/18. The applicant is also reporting additional complaints in relation to the claimed industrial injury, which arises out of and through the course of the applicant's employment with the California Department of Corrections. Many of these complaints are beyond the examiner's scope of expertise as a doctor of chiropractic. The additional complaints, which the applicant is claiming in relation to this industrial injury include injuries to the psyche, cardiovascular system, and ears (hearing loss). The examiner will not be addressing these other complaints, which are beyond the examiner's scope of expertise other than to request specialty evaluation with appropriate medical specialists as relates to these complaints. The applicant is also reporting a disruption of his normal sleep cycle as a result of chronic musculoskeletal pain. The examiner will be addressing causation of this complaint as this applicant's primary treating physician to the extent of his expertise, familiarity, and experience with respect to derivative sleep disturbance conditions resulting from chronic musculoskeletal pain.

CC: The applicant presented to the undersigned examiner on 01/04/19 with the following subjective complaints: Neck pain, headaches, pain and tingling throughout the bilateral upper extremities, tingling within both hands, low back pain, pain throughout the right lower extremity (sciatica), sleep disturbance resulting from chronic musculoskeletal pain.

Dx: S13.4XXA Cervical strain, M53.1 Cervical radiculitis, S33.5XXA Lumbar strain, M54.30 Sciatica-right lower extremity, G56.00 Probable bilateral carpal

tunnel syndrome, G44.1 Headaches, probable cervicogenic etiology, with probable other contributing factors, possibly hypertensive, possibly stress-related, possibly both. Sleep disturbance resulting from chronic musculoskeletal pain, superimposed upon preexisting sleep apnea, with a possible psychological/emotional contribution as well.

Causation: Forensic analysis of this interesting claim results in a supported conclusion that the applicant's musculoskeletal complaints are causally related to his long tenure of practice of dentistry with the California Department of Corrections. The applicant has practiced dentistry with the California Department of Corrections for approximately 25 years at multiple locations and multiple facilities. For approximately the last 10-11 years, the applicant has practiced dentistry at the California Institute for Men (CIM) facility. The applicant reports that 60-70% of his time is spent practicing dentistry. As relates to this time spent practicing dentistry, the applicant reports that he stands 5-6 hours per day and sits approximately 2 hours per day. The applicant performed dentistry with this employer 5 days a week, through 07/06/18. Clearly obvious, Dr. SooHoo could not have performed dentistry while standing with at erect posture. Dr. SooHoo would have had to bend forward at the waist in order to adopt a forward flexed, stooping posture which would be necessary to facilitate dentistry to a patient seated in a dental chair. This type of flexed forward posture would have subjected the viscoelastic structures of the neck and spine to prolonged static loading, resulting in fatigue and creep deformation, resulting in muscular straining and myofascial irritation. The human skull weighs 8-10 pounds. Muscular exertion is necessary to maintain the head in an erect posture. Bending the neck forward in order to shift the visual gaze down to the dental patient's mouth would have resulted in prolonged static loading upon the cervical spine from the weight of the skull which would have been coupled with overexertion of the paracervical musculature resulting from the prolonged forward flexed posture of the head and neck. Muscles cannot exert force indefinitely without incurring fatigue. Maintaining the head and neck in a forward flexed posture for a prolonged period of time while performing a dental procedure to a patient would have resulted in muscular fatigue from the sustained muscular exertion necessary to maintain this type of forward flexed static posture of the head and neck. The same would be true for the lumbar spine. The torso of the body is heavy. Maintaining the torso in a forward flexed erect posture requires muscular exertion from the paralumbar muscles in order to support and counter the weight of the heavy torso which is leaning forward ahead of the center of gravity in this type of position. The prolonged maintenance of this type of forward flexed static posture would require sustained muscular exertional output from the paralumbar musculature; this would have resulted in fatigue, creep deformation and muscular straining. The study, Working Postures of Dentists and Dental Hygienists, is perfectly on point with respect to the development of a

cumulative trauma injuries to the neck and low back resulting from Dr. SooHoo's practice of dentistry with the Department of Corrections. The study is consistent with the undersigned examiner's explanation of how the magnitude and duration of prolonged fixed/static postures contribute towards musculoskeletal disorders of the neck and low back. The practice of dentistry requires prolonged static flexed postures of the head and neck. These deviated joint postures, which dentist must adopt for hours on end and for up to 5.6 hours per workday, result in overloading upon the viscoelastic structures of the spine, resulting in muscular fatigue and straining, resulting in musculoskeletal injury. The performance of dentistry 5 days a week over the course of many years resulted in the development and progressive intensification of pain within the cervical and lumbar spinal regions for applicant George SooHoo. It is clearly evident that Dr. SooHoo has sustained an industrially compensable cumulative trauma injury to his neck and low back as a result of his practice of dentistry which he performed with the California Department of Corrections through 07/06/18. Dr. Soohoo is additionally demonstrating signs and symptoms which are consistent with carpal tunnel syndrome. The medical literature also well documents an association between carpal tunnel syndrome and the practice of dentistry. The article, "The Study of Work Behaviors and Risks for Occupational Overuse Syndrome" is on point. Once again, Dr. Soohoo would have engaged in in repetitive hand postures and motion as well as utilized contracted hand postures while gripping, utilizing and manipulating dental instruments which he used in the dental procedures which he performed for up to 5-6 hours per day, 5 days a week, over the course of many years, through 07/06/18. Clearly evident, the dental profession is a physically arduous profession which subjects the body to a multitude of neuromusculoskeletal injuries relative to the neck, spine, shoulders, and upper extremities. Considering the consistency between the biomechanics of the applicant's usual and customary work activities with his subjective complaints and objective findings, and also recognizing the association documented within the medical literature relative to these types of work activities inherent within the practice of dentistry in relation to the applicant's musculoskeletal symptoms and conditions, and being aware of the threshold and parameters relative to compensability/causation within the California Workers Compensation System, the undersigned examiner puts forth a supported conclusion to state with reasonable medical probability that the applicant's diagnosed conditions relative to his neck, low back, and bilateral upper extremities are causally related to the subject industrial injury which has been designated to occur on 07/06/18. Once again, the examiner finds no evidence of a specific industrial injury occurring on or about 07/06/18. Dr. SooHoo has sustained a cumulative trauma industrial injury through his practice of dentistry which he performed with the California Department of Corrections through 07/06/18. Applicant, George SooHoo, has a painful condition of the neck. The applicant demonstrates an asymmetric loss of cervical spine range of motion resulting from

cervical subluxation (misalignment) and muscular imbalance. The applicant additionally has objective findings, which include muscular guarding, hypertonicity and trigger points within the cervical spine. The cervical spinal nerve roots innervate the head. The applicant's headache complaint is cervicogenic in its etiology, at least in part. Inasmuch as the applicant's cervical spine condition results from industrial exposure from his usual and customary work activities, which he performed as a dentist with the California Department of Corrections through 07/06/18, and appreciating that a proximate causative factor relative to the applicant's headache complaint is the pain and dysfunction, which he has relative to his cervical spine, the applicant's headache complaint is causally related to the subject industrial injury of 07/06/18, which arises out of and through the course of the applicant's employment with the California Department of Corrections. Clearly evident, the applicant's reporting on the Oswestry and ND1 forms of 01/04/19 indicates that in addition to suffering with a preexisting, non-industrial sleep apnea condition, the applicant's chronic pain within his neck and low back adversely impact upon his normal sleep cycle, thus serving to illustrate an additional contributory causative factor relative to the applicant's disturbed sleep cycle. The medical literature well documents the association of chronic musculoskeletal pain and derivative 17°
sleep disturbance conditions.

Apportionment: Apportionment relates to causation of permanent disability. Inasmuch this applicant is not presently permanent and stationary, the examiner is currently unable to opine on the causation of this applicant's permanent disability. Apportionment will be comprehensively addressed upon this applicant attaining a permanent and stationary status.

Future Medical Treatment: The examiner is of the opinion that chiropractic care is currently contraindicated based on the applicant's current hypertensive state. Along those lines, regardless of whether or not the applicant's stress related hypertension becomes accepted as an industrially compensable condition, the applicant's hypertension is currently serving as an impediment towards treatment of his neuromusculoskeletal complaints. That being the case, treatment of the applicant's hypertension should be provided on an industrial basis such that the applicant's hypertensive state can be brought under control to a manageable level such that chiropractic care is no longer contraindicated. Clearly obvious, the applicant needs to be under the care of a cardiologist as relates to his hypertensive condition. Applicant's attorney, by way of his letter of 01/04/19, informs the examiner that the applicant is currently under the care of Jack Kleid, M.D., a cardiologist. This is certainly good news. Applicant's attorney, also by way of his 01/04/19 correspondence, requests that the undersigned examiner refer Mr. SooHoo to Isaac Bakst, M.D., a neurologist, who treats and evaluates headaches.

The examiner concurs with this recommendation and he will be attempting to refer Dr. SooHoo to Dr. Bakst as relates to his headache complaint, especially appreciating that the applicant's headaches appear to be of a multifactorial etiology, most likely resulting from the combination of cervical spine dysfunction, cardiovascular dysfunction (hypertension) and stress. Applicant's attorney, by way of his 01/04/19 correspondence, requests the undersigned examiner refer Dr. SooHoo to Philip I. Azer, M.D., an ENT specialist, to evaluate the applicant's hearing loss. Inasmuch as hearing loss is well beyond the examiner's scope of expertise, he will be happy to attempt to refer the applicant to Dr. Azer along these lines. The applicant requires electrodiagnostic studies for the upper extremities in order to more fully evaluate his carpal tunnel like symptoms. Based on the applicant's long tenure of practicing dentistry, it is probable that the applicant has carpal tunnel syndrome within both of his wrists; electrodiagnostic studies would confirm this probable diagnosis. The examiner would also recommend electrodiagnostic studies for the lower extremities to more fully evaluate the applicant's right-sided sciatic radiculopathy. Notwithstanding the fact that the applicant has been diagnosed with sleep apnea as far back as 2000 and is currently utilizing a BiPAP machine at night, the examiner would recommend an updated evaluation with a sleep medicine specialist in order to determine whether or not the applicant requires any type of modification with respect to his sleep apnea therapy as a result of additional provocation/aggravation of the applicant's sleep dysfunction as a result of chronic musculoskeletal pain resulting from the subject industrial injury which arises out of and through the course of the applicant's employment with the California Department of Corrections. The examiner would additionally recommend orthopedic evaluation relative to the applicant's bilateral wrists and hands.

Vocational Rehabilitation: This topic will be addressed upon the applicant attaining a permanent and stationary status.

January 7, 2019 Office Visit Note – Samuel Chung, MD

No medical information available on this document to summarize.

January 8, 2019 Message Note – Samuel Chung, MD

No medical information available on this document to summarize.

January 23, 2019 Office Visit Note – Aparche Yang, MD

No medical information available on this document to summarize.

January 23, 2019 Telephone Encounter Note – Erica Alvarez, RN

No medical information available on this document to summarize.

January 30, 2019 Telephone Encounter Note – Erica Alvarez, RN

No medical information available on this document to summarize.

January 31, 2019 Telephone Encounter Note – Nancy Vazquez, MA

No medical information available on this document to summarize.

February 1, 2019 BHIP Psychology Consult - Nicholas Brown, PsyD.

Tx: Veteran was triaged to the Unified Protocol group with Dr. Nick Brown. Veteran will roll into the group on 2/12/2019 at 830 AM. Given that the Trauma Skills group is the best fit for the Veteran's needs, therapist will explore the possibility of the Veteran rolling into this group in the near future.

February 4, 2019 Progress Notes – Alexander Berdy, MD

CC: Patient presents with lab results. Referral request. Ortho due to back pain.

Dx: Sciatica, right side (primary encounter diagnosis). Declines vaccination. Hyperlipidemia. Stable; on medical management. DM 2 W CKD stage 2 (GFR 60-89). Stable; on medical management. Obesity, BMI 32-32.9, adult. Stable; diet/exercise counseling. Adult obstructive sleep apnea. Stable; on medical management. DM 2 Stable; on medical management. Essential HTN. Stable; on medical management. DM 2 W microalbuminuria. Screening exam for prostate cancer. Vaccination for strep pneumonia W Prevnar 13. Screening for diabetic foot disease, category 0 - normal diabetic foot.

Tx: Orders Placed This Encounter: 1) Vacc pneumococcal conjugate, 13 valent [90670A]. 2) Hemoglobin A1c, diabetic monitoring. Standing Status: Future. Standing Expiration Date: July 24, 2019. 3) Lipid panel. Standing Status: Future. Standing Expiration Date: August 6, 2019. 4) Microalbumin, urine, quantitative. Standing Status: Future. Standing Expiration Date: July 24, 2019. 5) Electrolyte panel (NA, K, CL, CO2). Standing Status: Future. Standing Expiration Date: July 24, 2019. 6) Creatinine. Standing Status: Future. Standing Expiration Date: July 24, 2019. 7) ALT. Standing Status: Future. Standing Expiration Date: July 24, 2019. 8) CBC - no differential. Standing Status: Future. Standing Expiration Date: July 24, 2019. 9) TSH. Standing Status: Future. Standing Expiration Date:

July 24, 2019. 10) PSA. Standing Status: Future. Standing Expiration Date: July 24, 2019. Referral physical medicine. Referral Priority: Routine. Referral Type: Outpatient Service. Referral Reason: Specialty Services Required. Referral Location: Orange county. Metformin (Glucophage XR) 500 mg Oral 24hr SR Tab. Sig: Take 1 tablet by mouth 2 times a day for diabetes. Dispense: 200. Refill: 2. Order Specific Question: This medication is not for a workers' compensation condition.

February 6, 2019 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

February 12, 2019 Progress Notes – Ashmi Doshi, MD

CC: Dermatitis present for 30 years (as a child had eczema behind knees).

Dx/Tx: Dermatitis (primary encounter diagnosis). Note: Hx is most consistent with atopic derm. Discussed skin care. Recommend moisturizing bid. Patch test. NA-1000 North American 50. TP - Toothpaste 24. DS-1000 Dental Screening 34. Plan: Patch test, NA-1000 North America standard patch, application tests, specify number. Will discuss lab results via kp.org. Return for patch.

February 13, 2019 Allied Health / Nurse Visit Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

February 15, 2019 Progress Notes – Esther Cohen, MD

CC: George M SooHoo, DDS is a 65 year old male who presents with a chief complaint of reason: Right sciatica for over 6 months, not improved on prednisone.

Dx: 1) Chronic low back pain > 3 months, ICD-10-CM G89.29. 2) Lumbar radiculopathy, ICD-10-CM M54.16. 3) Lumbar spondylosis, ICD-10-CM M47.816. 4) Obesity, BMI 35-39.9, adult, ICD-10-CM E66.9. 5) Weight loss counseling, ICD-10-CM Z71.89.

Tx: L spine images reviewed. A referral has been placed for the patient to the Physical Therapy Department. Patient is to contact them at 855-881-0752 to schedule an appointment. Encouraged weight loss. Schedule the patient's MRI by calling Radiology Department at 714-223-3028. Dr. Cohen will review with the patient the results at his follow up visit. Patient declines pain medications.

Follow up with Dr. Kim Cohen in 1 week after MRI appointment. The patient is to call the Appointment line at 1-888-988-2800 to schedule his follow up appointment or follow up phone visit.

February 15, 2019 Allied Health / Nurse Visit Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

February 15, 2019 Telephone Encounter Note – Ashmi Doshi, MD

No medical information available on this document to summarize.

February 18, 2019 Allied Health / Nurse Visit Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

February 22, 2019 Allied Health / Nurse Visit Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

February 23, 2019 Message Note – Aparche Yang, MD

Dx/Tx: (low - 2 dx; mod - start new med, >2 dx, nub, hx mm, dx req lab). 1) Dermatitis. Note: Vs. mild xerosis? 2) Pruritus. Note: Rule out systemic etiology. Plan: Protein electrophoresis. Serum. Immunofixation. Urine. TSH. T4, free. Thyroperoxidase antibody. Creatinine. ALT. CBC - no differential. HIV screen (HIV AG, HIV 1, 2 AB), qualitative. Gamma interferon (TB). Hepatitis C virus antibody (HCVAB). Hepatitis B virus surface antigen (HBSAG) w reflex to viral load. Hepatitis B virus core antibody (HBCAB), total, W reflex to viral load. Pimecrolimus (Elidel) 1% top cream. Fluocinolone (Derma-smoothe/FS body oil) 0.01% top oil. Inflamed seborrheic keratosis. Note: x6 crown. Plan: Destruction benign lesions, other than skin tags or cutaneous vascular lesions up to 14 lesions. Procedure Note: Liquid Nitrogen. Risks, benefits, and alternatives of procedure discussed with patient/parent/guardian. Liquid nitrogen applied with a Qtip and/or cryogun X 6. Patient tolerated procedure well. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

February 27, 2019 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

March 5, 2019 Progress Notes – Esther Cohen, MD

CC: Results review. Patient continues to have low back pain with radiation to RLE & patient reports some radiation to L side but pain has improved, has been taking Turmeric.

Dx: 1) (G89.29, M54.5) Chronic low back pain > 3i months. 2) (M47.816) Lumbar spondylosis. 3) (M54.16) Lumbar radiculopathy. 4) (M48.061) Spinal stenosis of lumbar spine.

Tx: MRI L spine reviewed with patient in detail today. Patient to start P.T. as scheduled. Discussed with patient option of LESI trial and/or neuropathic meds, patient declines at this time. Follow up with Dr. Cohen as needed.

March 8, 2019 Progress Notes – Esther Cohen, MD

CC: Low back pain.

Dx: 1) (G89.29, M54.5) Chronic low back pain > 3 months. 2) (M47.816) Lumbar spondylosis. 3) (M54.16) Lumbar radiculopathy. 4) (M48.061) Spinal stenosis of lumbar spine.

Tx: Patient instructed to follow up with PCP for further work up of his kidney cysts seen incidentally on MRI. Patient to continue P.T. Follow up with Dr. Cohen as needed.

March 8, 2019 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

March 9, 2019 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

March 10, 2019 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

March 10, 2019 Message Note – Aparche Yang, MD

No medical information available on this document to summarize.

March 11, 2019 Telephone Encounter Note – Tiffany Kandler, LVN

No medical information available on this document to summarize.

March 13, 2019 Telephone Encounter Note – Alexander Berdy, MD

No medical information available on this document to summarize.

March 14, 2019 Office Visit Note – Ricardo Mendoza, MD

No medical information available on this document to summarize.

March 18, 2019 Message Note – Ricardo Mendoza, MD

No medical information available on this document to summarize.

March 22, 2019 Telephone Encounter Note – Yolanda Guzman, RN

No medical information available on this document to summarize.

March 25, 2019 Allied Health / Nurse Visit Note – Yolanda Guzman, RN

No medical information available on this document to summarize.

March 26, 2019 Progress Summary - Stevan Dweck, PhD.

Dx: F43.10, F99.

Tx: (Illegible).

March 27, 2019 Allied Health / Nurse Visit Note – Suzanne Torres, RN

No medical information available on this document to summarize.

March 28, 2019 Office Visit Note – Ashmi Doshi, MD

No medical information available on this document to summarize.

April 3, 2019 Mental Health Note - Michelle Briggs, RN.

Tx: At this visit, the health risks of obesity were reviewed and discussed with the patient, and the benefits of a weight management treatment program, such as

"MOVE!" was discussed and offered to the patient. Patient declines referral. After discussing the health risks of obesity and offering a referral to "MOVE" or another weight loss program. outside the VA, the patient declines referral to "MOVE" or other weight loss program at this time. Follow-Up Pos PTSD/Depression/SI: The examiner has reviewed the results of the Mental Health screens and has evaluated the patient.

April 3, 2019 Psychiatry Note - Shaun Chung, MD.

CC: George Mane Soohoo is a 65-year-old, SC less than 50% male, with a history of adjustment d/o, last seen Dec 24, 2018 at which time veteran was stable.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function, adjustment disorder. Assessment and Plan: Adjustment d/o (tension from CEO and bilateral EEO Claims filed/harassment.); impaired coping; r/o PTSD attack sustained in military 1989. Chart and labs reviewed; meds reconciled; cont to decline psychotropic treatment at this time; explained ssri mechanism and r/b/a if interested; Has ind therapist in community through Care consult; prefers mindfulness, medication, psychotherapy; cont with CBT group anxiety; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 3 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov; www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562- for med refills. /Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition.

April 5, 2019 Audiology Note - Roberta Steward, Au.D.

CC: Hearing aid repair required.

Tx: Both devices returned to Veteran in working order. Confirmed correct contact information on file. He may want some adjustments. he will go to LB if he decides to have some adjustments done. He will for that and/or as needed.

April 8, 2019 Message Note – Esther Cohen, MD

No medical information available on this document to summarize.

April 10, 2019 Psychiatry Note - Shaun Chung, MD.

Tx: Disc options including ssri, snri prn meds. Open to start Lexapro, low dose, and prn Hydroxyzine. Will f/u via phone in 1 week and check in for appt in 1 month. Vet grateful and appreciative.

April 11, 2019 Allied Health / Nurse Visit Note – Mehrnaz Karimi, AUD

No medical information available on this document to summarize.

April 15, 2019 Telephone Encounter Note - Timothy Hunt-Gibbon, LCSW.

CC: Offer individual therapy.

Tx: Initial appointment/assessment 4.18/19 @1600; -1:1 therapy for 8-12 sessions.

April 16, 2019 Primary Care Note - Kartik Shah, MD.

CC: Routine primary care f/u for lab results and med refills.

Dx/Tx: 1) DM Type 2: Alc: Increasing to 7.6 from 6.9, goal <7.0. Pt admits to not being compliant in taking Metformin XR 500mg PO BID on daily basis and often misses doses and skips doses. Patient states that he wants to follow-up with outside PCP for all ongoing care and for his diabetic eye check. 2) HLD: LDL: 80, goal <100. Triglycerides: 429. Pt admits to having a continuing poor diet and lifestyle with poor exercise. Advised patient that he would benefit from increasing Fenofibrate to 120mg Qdaily. Patient states that he wants to follow-up with outside PCP for all care and wants to discuss this with outside PCP. Continue on Fenofibrate 54mg Qdaily. Continue on Lovastatin 20mg PO Qdaily and FISH Oil 1200mg PO Qdaily. Patient states that he wants to follow-up with outside PCP for all ongoing care, including monitoring LFTs. 3) HTN: Elevated today. Home readings in 143/83. Goal <130-135/80. Advised patient that he would benefit from increasing Amlodipine to 10mg Qdaily. Patient states that he wants to

follow-up with outside PCP for all care and wants to discuss this with outside PCP. Continue on Amlodipine 7.5mg PO Qdaily, Losartan/HCTZ 50/12.5mg PO Qdaily. 4) Elevated LFTs/Fatty Liver Disease: As per patient, he has been told in the past by his outside provider that he has fatty liver disease. ALT: 46 AST: 38. Patient states that he wants to follow-up with outside PCP for all ongoing care. Advised patient extensively on weight loss, low-fat diet, and decrease caloric intake. Interaction of Lovastatin and Fenofibrate also is a risk factor, which needs to be monitored. Patient states that he wants to maintain regular check and monitoring on the outside by his PCP. 5) B/L Hearing Loss: Has hearing aids. This is service-related. Following with Audiology. 6) Allergic Rhinitis: Stable. Continue on Loratadine 10mg PO Qdaily PRN. 7) Dermatitis: Stable. Continue on Clindamycin 1% topical BID, Triamcinolone 0.1% BID PRN and Hydrocortisone 2.5mg BID PRN. 8) Chronic LBP/Lumbar DM: This is service-connected condition. Continue on Diclofenac 1% topical BID PRN and Back Brace. Patient states that he wants to follow-up with outside PCP for all ongoing care. 9) OSA: This was diagnosed post service in 2000-2001. On BiPAP. Patient states that he wants to follow-up with outside PCP for all ongoing care and specialty care. 10) Depression/Anxiety: Following with Mental Health. Continue on Hydroxyzine 10mg BID, and Escitalopram 5mg (Qdaily. 11) Hx of Colon Polyps: Last C-scope in 02/23/2017 at Kaiser which showed 3 Polyps, repeat surveillance in 02/2022. 12) Kidney Cyst: Following with outside PCP. Patient to undergo Ultrasound of Kidney at Kaiser. 13) Prevention: Last C-scope in 02/23/2017 at Kaiser, which showed 3 Polyps; repeat surveillance in 02/2022. UTD On Tdap, PCV 23, PCV 13 and Zostavax as per records brought by patient today. PSA: 0.94. On Plavix 75mg PO Qdaily (ASA Allergy). Benefits of daily exercise for 30min most days of the week was stressed. A diet low in sodium, calories, and saturates fat was also discussed. The patient was provided with a copy of an after-visit summary at the conclusion of the visit. The after-visit summary includes information pertaining to the patient's encounter, including diagnoses, vital signs, medications, and new orders, as well as a list of any upcoming appointments and information regarding the patient's ongoing care. The patient's medications were reviewed with the patient by the provider and were provided to the patient as an updated list of medications. The patient was instructed to inform the provider of any medication changes or discrepancies that were noted. Otherwise, the patient was instructed to continue the medications as prescribed.

April 23, 2019 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

April 24, 2019 Office Visit Note – Aparche Yang, MD

CC: Itchy skin.

Dx/Tx: (low - 2 dx; mod - start new med, >2 dx, nub, hx mm, dx req lab). Dermatitis. Note: Face and body. Plan: Fluocinolone 0.01% top oil - around mouth and body. Clindamycin phosphate 1% top gel twice daily as needed area around mouth. Hydrocortisone 2.5% top oint - cheeks and forehead. Verruca vulgaris. Note: x4 scalp R. Plan: Destruction benign lesions, other than skin tags or cutaneous vascular lesions up to 14 lesions. Procedure Note: Liquid Nitrogen. Risks, benefits, and alternatives of procedure discussed with patient/parent/guardian. Liquid nitrogen applied with a Qtip and/or cryogun X 4. Patient tolerated procedure well. Patient needs CT for renal issue -patient not sure if allergic to iodine. Will check with dr. Advice allergy re: testing, if no prick test or blood test then will advise ROAT Test. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

April 24, 2019 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

April 24, 2019 Message Note – Aparche Yang, MD

Dx/Tx: (low - 2 dx; mod - start new med, >2 dx, nub, hx mm, dx req lab). 1) Dermatitis. Note: Vs. Mild xerosis?. 2) Pruritus. Note: Rule out systemic etiology. Plan: Protein electrophoresis, serum immunofixation, urine. TSH. T4, free. Thyroperoxidase antibody. Creatinine. ALT. CBC - no differential. HIV screen (HIV AG, HIV 1, 2 AB), qualitative. Gamma interferon (TB). Hepatitis C virus antibody (HCVAB). Hepatitis b virus surface antigen (HBSAG) w reflex to viral load. Hepatitis b virus core antibody (HBCAB), total, W reflex to viral load. Pimecrolimus (ELIDEL) 1% top cream. Fluocinolone (Derma-Smoothe/FS body oil) 0.01% top oil. Inflamed seborrheic keratosis. Note: x6 crown. Plan: Destruction benign lesions, other than skin tags or cutaneous vascular lesions up to 14 lesions. Procedure Note: Liquid Nitrogen. Risks, benefits, and alternatives of procedure discussed with patient/parent/guardian. Liquid nitrogen applied with a Qtip and/or cryogun X 6. Patient tolerated procedure well. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

April 25, 2019 Telephone Encounter Note – Aparche Yang, MD

No medical information available on this document to summarize.

May 1, 2019 Message Note – Aparche Yang, MD

Dx/Tx: (low - 2 dx; mod - start new med, >2 dx, nub, hx mm, dx req lab). 1) Dermatitis. Note: Face and body. Plan: Fluoginolone 0.01% top oil - around mouth and body. 2) Clindamycin phosphate 1% top gel twice daily as needed area around mouth. Hydrocortisone 2.5% top oint - cheeks and forehead. 2) Verruca vulgaris. Note: x4 scalp R. Plan: Destruction benign lesions, other than skin tags or cutaneous vascular

lesions up to 14 lesions. Procedure Note: Liquid Nitrogen. Risks, benefits, and alternatives of procedure discussed with patient/parent/guardian. Liquid nitrogen applied with a Qtip and/or cryogun X 4. Patient tolerated procedure well. Patient needs CT for renal issue. Patient not sure if allergic to iodine. Will check with dr. Advice allergy re: testing, if no prick test or blood test then will advise ROAT Test. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

May 2, 2019 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

May 3, 2019 Telephone Encounter Note – Alexander Berdy, MD

CC: Patient reports that has been off diet and exercise. Now back to better American Diabetic Association diet and exercise.

Dx: 1) E11.29, R80.9 DM 2 W microalbuminuria. 2) E11.22, DM 2 W CKD stage 2 (GFR 60-89). N18.2. 3) E785 Hyperlipidemia. 4) E1.9 DM 2.

Tx: Orders Placed This Encounter: Phys TAV, EST PAT, 5-10 min of medical discussion. 1) Hemoglobin A1C, diabetic monitoring. Standing Status: Future. Standing Expiration Date: August 31, 2019. 2) Lipid panel. Standing Status: Future. Standing Expiration Date: August 31, 2019. 3) ALT. Standing Status: Future. Standing Expiration Date: August 31, 2019. 4) Creatinine. Standing Status: Future. Standing Expiration Date: August 31, 2019. Electrolyte panel (NA, K, CL, CO2). Standing Status: Future. Standing Expiration Date: August 31, 2019. Metformin (Glucophage XR) 500 mg oral 24hr SR tab. Sig: Take 2 tablet by mouth 2 times a day for diabetes (higher dose). Dispense: 400. Refill: 2. Order Specific Question: This medication is not for a workers' compensation condition. Increase metformin XR 1000 mg two times a day. Labs in 6-8 weeks. Followup if not better or if worse.

May 6, 2019 Message Note – Alexander Berdy, MD

No medical information available on this document to summarize.

May 9, 2019 Office Visit Note – Wesley Choi, MD

No medical information available on this document to summarize.

May 10, 2019 Message Note – Wesley Choi, MD

No medical information available on this document to summarize.

May 14, 2019 Message Note – Esther Cohen, MD

No medical information available on this document to summarize.

May 24, 2019 Audiology Note - David Nguyen, Au.D.

CC: HA adjustment following new audiogram.

Tx: 1) RTN PRN to Audiology. 2) ENT consult as planned by Dr. Andreaggi

May 24, 2019 Audiology Note - David Andreaggi, Au.D.

CC: Reduced hearing, both ears, onset >5years; Tinnitus, both ears, onset >5years; Vertigo, spinning, onset >5years; tinnitus AU worse AS.

Dx: Both ears, sensorineural hearing loss; asymmetry noted.

Tx: Referral, ENT -asymmetric HL worse AS + tinnitus worse AS + vertigo.

May 30, 2019 Office Visit Note – Wesley Choi, MD

Dx/Tx: Large right renal mass. Told patient this is renal cell carcinoma (RCC) until proven otherwise. Plan right laparoscopic nephrectomy. Risks of bleeding, infection, damage to surrounding organs discussed. Possible outpt procedure with discharge home same day. Patient advised to protect left kidney. They will need to monitor for recurrence in future. Patient on Plavix (unable to take aspirin), no history of CVA or MI. Patient to stop one week prior to lap nephrectomy. They discussed that although rare, there are catastrophic risks to surgery and anesthesia including: Death, bleeding, pulmonary embolism, stroke, DVT, sepsis. All questions answered; patient has a good understanding of the concomitant risks and

wishes to proceed. Patient states, is able to walk four blocks or a flight of stairs without chest pain or shortness of breath.

May 30, 2019 Patient Message – Wesley Choi, MD

No medical information available on this document to summarize.

June 4, 2019 Anesthesia Records – Tiffany Wetson, MD

No medical information available on this document to summarize.

June 6, 2019 Interval History and Physical – Wesley Choi, MD

Dx: Large right renal mass. Told patient this is renal cell carcinoma (RCC) until proven otherwise.

Tx: Plan right laparoscopic nephrectomy. Risks of bleeding, infection, damage to surrounding organs discussed. Possible output procedure with discharge home same day. Patient advised to protect left kidney. They will need to monitor for recurrence in future. Patient on Plavix (unable to take aspirin), no history of CVA or MI. Patient to stop one week prior to lap nephrectomy. They discussed that although rare, there are catastrophic risks to surgery and anesthesia including: Death, bleeding, pulmonary embolism, stroke, DVT, sepsis. All questions answered; patient has a good understanding of the concomitant risks and wishes to proceed. Patient states, is able to walk four blocks or a flight of stairs without chest pain or shortness of breath.

June 6, 2019 Anesthesia Records – Multiple Providers

No medical information available on this document to summarize.

June 7, 2019 Urology Progress Note – George Adel-Meier Abdelsayed, MD

Dx: George M Soohoo, DDS is a 65-year-old male with a right renal mass POD#1 s/p right laparoscopic radical nephrectomy.

Tx: Discharge home today.

June 7, 2019 Discharge Summary – George Adel-Meier Abdelsayed, MD

Dx: Renal mass [N28.89].

June 10, 2019 Stewart Lonky, MD Panel Qualified Medical Evaluator's Supplemental Report in the Specialty of Internal Medicine (DOI: 07/06/2018).

MMI/Impairment Ratings: It should be stated at this time, therefore, that it is the examiner's opinion that there is an impairment regarding his hypertension, which is not a Class 2 impairment as described previously in his initial report, but rather a Class 3 impairment, according to Table 4-2 in the AMA Guides. It is the examiner's opinion that there is a 30% whole-person impairment that is present with regard to Dr. Soohoo's hypertension. It is the examiner's opinion that this is at maximum medical improvement at this time, according to the blood pressure readings that he has seen in the medical records, although his blood pressure was modestly elevated at the time of his evaluation.

Causation: Given the history that the examiner obtained from this gentleman, there is reason to believe that his blood pressure did transiently elevate at that time requiring his physicians to increase his amlodipine from 5 mg to 7.5 mg. He is currently on this dose of medications or at least was when the examiner evaluated him in November 2018.

Overall, therefore, it is his opinion that there are some important factors to discuss regarding his hypertensive impairment and the disability associated with it.
Given these medical records, it is the examiner's opinion that the hypertension in Dr. Soohoo pre-existed the stressful events that occurred during the course of his employment. There has been a mild aggravation of his hypertension as a result of the emotional stress that he experienced as described in the history in his initial report. The aggravation of his hypertension, however, is a minor part of the overall contribution to his current disability. Therefore, given all of the information the examiner has and his experience as an internal medicine physician for over 35 years, that the contribution of the emotional stress during the course of his employment was a small part of his current disability.

Apportionment: Taking all of these facts into consideration, it is the examiner's opinion that with regard to apportionment, 85% of this gentleman's disability related to his hypertension should be attributed to pre-existing hypertension and considered not industrial. The remaining 15% of this gentleman's disability secondary to his hypertension should be considered industrial and secondary to the aggravation of his hypertension secondary to the intense emotional stress experienced as a result of the poor interpersonal relationships with his supervisor/CEO as well as specific events that occurred on 07/06/2018.

Future Medical Treatment: It is the examiner's opinion, given the industrial contribution to his hypertension, however, that future treatment for his hypertension be provided for on an industrial basis. This would include continued treatment with his medications, and monitoring renal function, as well as monitoring for cerebrovascular complications of his hypertension.

June 12, 2019 Patient Message – Alexander Berdy, MD

No medical information available on this document to summarize.

June 13, 2019 Telephone Encounter Note - Kartik Shah, MD.

Dx/Tx: 1) Right Renal Mass s/p Right Nephrectomy: Biopsy pending. Patient is now following extensively with Urology on the outside for ongoing evaluation and management. 2) Hx of Bilateral Pes Planus (Flat Feet): Patient's symptoms was worsened during service time. This is service-related injury.

June 17, 2019 Otolaryngology Consult - Jonathan Boyd, MD.

CC: Hearing loss.

Dx: 1) SNHL. 2) Asymmetric hearing loss. 3) Tinnitus. 4) Cerumen removed.

Tx: 1) Agree with hearing aid use. 2) MRI IAC with and without contrast; however, one remaining kidney from surgery last week. Patient has already had MRI for hearing loss though. He prefers not to repeat. Will bring results in. 3) More likely than not hearing loss a result of military exposure.
RTC PRN- if MRI available. Otherwise, will order.

June 18, 2019 Office Visit – Wesley Choi, MD

Tx: S/p right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell. Repeat computerized tomography (CT) scan 6 months. Staples removed in toto, and steris applied by LVN. Had some minor oozing from incision site; no oozing currently, but shirt stained with a bit of blood. Patient held Plavix; patient to resume Plavix once oozing stops. No heavy lifting x 6 weeks.

June 18, 2019 Allied Health/Nurse Visit – Monique Greek-Stroh, LVN

Dx: Hx of kidney cancer – primary, Z85.528.

June 19, 2019 External Source Documents - Unknown Provider.

No medical information available on this document to summarize.

June 25, 2019 Patient Message – Wesley Choi, MD

No medical information available on this document to summarize.

June 27, 2019 Patient Message – Wesley Choi, MD

No medical information available on this document to summarize.

June 28, 2019 Office Visit – Wesley Choi, MD

Tx: S/p right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell. Repeat computerized tomography (CT) scan 6 months. Ok to resume Plavix. No heavy lifting x 6 weeks. Caregiver note for patient's wife given.

June 28, 2019 Call Center Telephone Encounter – Wesley Choi, MD

No medical information available on this document to summarize.

July 8, 2019 Message – Wesley Choi, MD

No medical information available on this document to summarize.

July 22, 2019 Office Visit – Aparche Yang, MD

CC: Patient presents with skin screen.

Tx: (low – 2 dx; mod – start new med, >2 dx, nub, hx mm, dx req lab) Seborrheic keratosis, note: Macular, BLE. Guttate hypomelanosis, note: BLE, benign, reassured. Dermatitis, note: Upper lip, controlled, but not cured. Plan: Fluocinolone 0.01% top oil, clindamycin phosphate 1% top gel, hydrocortisone 2.5% top oint. Suggest trial of not shaving x4 weeks. Patient advised to return to clinic earlier if symptoms worsen or fail to improve.

July 24, 2019 Psychiatry Note - Shaun Chung, MD.

CC: Says overall doing well. Some anxiety with returning back to work, but tolerable with breathing exercises and feels therapy with LCSW is helpful.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. adjustment disorder, pes planus. Assessment and Plan: Adjustment d/o (tension from CEO and bilateral EEO claims filled/harassment). Chart and labs reviewed; meds reconciled; cont current meds; cont therapy; cont with CBT group anxiety; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 2 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562-926-5503 for med refills. Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition. The patient was given opportunity to have questions answered.

July 25, 2019 Telephone Appointment Visit – Alexander Berdy, MD

No medical information available on this document to summarize.

July 29, 2019 Patient Message – Alexander Berdy, MD

No medical information available on this document to summarize.

August 1, 2019 Allied Health/Nurse Visit – Christian Garcia, MA

Dx: DM 2 WO retinopathy – E11.9.

August 1, 2019 Office Visit – Kevin Ryan Yuhan, MD

CC: Patient presents with eye examination LV: December 7, 2017.

Tx: 1) Ocular HTN – OCT – within normal limits. No changes. 2) Recheck in 6 to 12 months. 3) Diabetes mellitus WO diabetic retinopathy bilaterally.

August 13, 2019 Call Center Telephone Encounter – Alexander Berdy, MD

No medical information available on this document to summarize.

August 14, 2019 Patient Message – Alexander Berdy, MD

No medical information available on this document to summarize.

August 21, 2019 Office Visit – Phi Quang Vo, MD

Tx: Right sacroiliitis. Note: Patient states he has appointment with physical therapy, and not interested to take oral med. Discussed with patient indication/benefit/risk/s-effs of EMLA cream. Patient understood and agreed to try med. Plan: Lidocaine-Prilocaine (EMLA) 2.5-2.5 % Top Crea. Declines influenza vaccination. Keep appointment with primary care physician, and return to clinic sooner as needed.

August 25, 2019 Patient Message – Alexander Berdy, MD

No medical information available on this document to summarize.

August 28, 2019 Patient Message – Alexander Berdy, MD

No medical information available on this document to summarize.

August 30, 2019 Call Center Telephone Encounter – Esther Kim Cohen, MD

No medical information available on this document to summarize.

September 2, 2019 Patient Message – Alexander Berdy, MD

No medical information available on this document to summarize.

September 6, 2019 Telephone Appointment Visit – Esther Kim Cohen, MD

No medical information available on this document to summarize.

September 7, 2019 Patient Message – Esther Kim Cohen, MD

No medical information available on this document to summarize.

September 11, 2019 Office Visit – Alexander Gregory Berdy, MD

Dx: 1) Essential HTN (primary encounter diagnosis). Stable; on medical management. 2) Vaccination for influenza. 3) Hyperlipidemia, stable; on medical management. 4) DM 2 W CKD STAGE 2 (GFR 60-89), stable; on medical management. 5) Adult obstructive sleep apnea, stable; on medical management. 6) Obesity, BMI 32-32.9, adult, stable; diet/exercise counseling. 7) Hx of transitional cell carcinoma, right kidney, stable and present; under active surveillance. 8) DM 2, stable; on medical management.

Tx: Orders Placed This Encounter: Vacc influenza 4 yrs-adult (Flucelvax) quadrivalent, Pres Free, 0.5 mL.

September 13, 2019 Patient Message – Esther Kim Cohen, MD

No medical information available on this document to summarize.

September 23, 2019 Allied Health/Nurse Visit – Fabian Ruiz, LVN

No medical information available on this document to summarize.

October 4, 2019 Patient Message – Esther Kim Cohen, MD

No medical information available on this document to summarize.

October 9, 2019 Psychiatry Note - Shaun Chung, MD.

CC: Overall stable, doing well.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. adjustment disorder, pes planus. Assessment and Plan: Adjustment d/o. Chart and labs reviewed; meds reconciled; cont current meds; cont therapy; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 3 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562-926-5503 for med refills. Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as

well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition. The patient was given opportunity to have questions answered.

November 5, 2019 Office Visit – Esther Kim Cohen, MD

Dx: 1) Chronic low back pain > 3 months G89.29, M54.5. 2) Spinal stenosis of lumbar spine M48.061. 3) Lumbar spondylosis M47.816. 4) Lumbar radiculopathy M54.16. 5) Right hip joint pain M25.551.

Tx: Repeat MRI L spine & R hip images reviewed with patient in detail. Continue P.T. A referral has been placed for Acupuncture. He is to wait 15 business days from today to get a courtesy letter from American Specialty Health. They will have to review the acupuncture referral from Kaiser Permanente. If he didn't get the letter after 15 business days, he is to call (ASH) American Specialty Health at 1-800-678-9133, select option #3. If he books an appointment with an acupuncturist without having his referral approved, he may be charged out of pockets fees. If he wants to check on an acupuncturist that is approved by American Specialty Health, he can go to their web site at www.ashcompanies.com. Acupuncture referral is valid for 1 year. The number of acupuncture sessions will be determined by American Specialty Health. His doctor can only enter a referral, number of approved sessions is up to American Specialty Health. PATIENT declines LESI trial. PATIENT declines pain medications, wants to avoid. Follow up with Dr. Kim Cohen as needed.

November 10, 2019 Patient Message – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

November 12, 2019 Call Center Telephone Encounter – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

November 14, 2019 Telephone Appointment Visit – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

November 15, 2019 Call Center Telephone Encounter – Ismael C Lopez, MD

No medical information available on this document to summarize.

November 18, 2019 Office Visit – Alexander Gregory Berdy, MD

CC: Patient presents with blood pressure problem.

Dx: 1) Essential HTN (primary encounter diagnosis), stable; on medical management. 2) Hyperlipidemia, stable; on medical management. 3) DM 2 W CKD STAGE 2 (GFR 60-89), stable; on medical management. 4) Obesity, BMI 32-32.9, adult, stable; diet/exercise counseling. 5) Adult obstructive sleep apnea, stable; on medical management. 6) DM 2, stable; on medical management. 7) Hx of transitional cell carcinoma, right kidney, stable and present; under active surveillance. 8) Screening for diabetic foot disease, category 0 – normal diabetic foot. 9) DM 2 W microalbuminuria. 10) Essential hypertension, stable; on medical management.

Tx: Orders Placed This Encounter: 1) Diabetic foot exam. 2) Lovastatin (Mevacor) 20 mg oral tab, Sig: Take 1 tablet by mouth daily with evening meal to lower cholesterol and keep arteries open (maximum tolerated dose). Dispense: 100. Refill: 3. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No. 3) Fenofibrate (Lofibra) 54 mg oral tab, sig: Take 1 tablet by mouth daily with food for high triglycerides. Dispense: 100. Refill: 1. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No. 4) Clopidogrel (Plavix) 75 mg oral tab, sig: Take 1 tablet by mouth daily to prevent stroke and heart attack (aspirin allergy). Dispense: 90. Refill: 1. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No. 5) Amlodipine (Norvasc) 5 mg oral tab, sig: Take 1 and one-half tablets by mouth daily for blood pressure. Dispense: 150. Refill: 2. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No. 6) Losartan-hydrochlorothiazide (Hyzaar) 50-12.5 mg oral tab, sig: Take 1 tablet by mouth daily for blood pressure. Dispense: 100. Refill: 1. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No.

November 20, 2019 Progress Notes – Emily Vanides, AUD

Dx: 1) Asymmetric bilat sensorineural hearing loss – primary H90.3. 2) Bilat subjective tinnitus H93.13. 3) Routine hearing exam W ABNL findings Z01.118.

Tx: Connecting HNS appointment pending this afternoon. Follow up per HNS or as needed. Continue hearing aid use (follow up care with VA). Ear protection

when exposed to loud noise levels. Copy of audiogram given to patient. Results and recommendations were reviewed with patient. They were thanked for allowing physician to participate in this member's care. Mr. Soohoo was a pleasure to test.

November 20, 2019 Office Visit – Syed Farrukh Ahsan, MD

CC: Recurrent vertigo.

Tx: No vertigo. Has no BPPV, possibly had that previously. No Meniere's related symptoms. Consider cardiac eval. History of left side vestibular dysfunction back about 10 years ago. Recent imbalance could be due to decompensation from recent nephrectomy due to malignancy. If balance does not improve with increasing activity, may benefit from Physical therapy. Has chronic sleep apnea. Should consider repeat sleep study if continues to have fatigue and dizziness even after increasing activity. Left ASNHL – unchanged. Continue with hearing aids.

December 11, 2019 Allied Health/Nurse Visit – Myra Mallari Siano, MD

Dx: Screening for cardiovascular condition, Z13.6.

December 16, 2019 Telephone Encounter – Valerie Contreras, LVN

No medical information available on this document to summarize.

December 16, 2019 Call Center Telephone Encounter – Aparche Beth Yang, MD

No medical information available on this document to summarize.

December 17, 2019 Telephone Appointment Visit – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

December 17, 2019 Patient Message – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

December 19, 2019 Office Visit – Wesley Won-Suk Choi, MD

Tx: S/p right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell. Await computerized tomography (CT) scan results. Will call/email with results. Will likely need repeat computerized tomography (CT) in six months. CREAT 1.48 June 7, 2019.

December 19, 2019 Allied Health/Nurse Visit – Christian Garcia, MD

Dx: Ocular HTN H40.059.

December 19, 2019 Office Visit – Kevin Ryan Yuhan, MD

CC: Patient presents with eye examination, LV August 1, 2019 diabetes mellitus WO diabetic retinopathy bilaterally.

Tx: 1) Diabetes mellitus WO diabetic retinopathy bilaterally. 2) Glaucoma screening – negative. HgbA1c 6.3 December 2, 2019. Recheck in.

December 20, 2019 Office Visit – Aparche Beth Yang, MD

CC: Med refills.

Dx: (low - 2 dx; mod - start new med, >2 dx, nub, hx mm, dx req lab) Dermatitis, note: Med refill per patient.

Tx: Fluocinolone 0.01% top oil. Clindamycin phosphate 1% top gel. Hydrocortisone 2.5% top oint. Triamcinolone acetonide 0.1% top crea. ABNL lung imaging.

December 20, 2019 Patient Message – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

December 20, 2019 Patient Message – Wesley Won-Suk Choi, MD

No medical information available on this document to summarize.

December 23, 2019 Telephone Encounter – Emily Frances Delfs, NP

No medical information available on this document to summarize.

December 24, 2019 Patient Message – Wesley Won-Suk Choi, MD

No medical information available on this document to summarize.

December 24, 2019 Patient Message – Aparche Beth Yang, MD

No medical information available on this document to summarize.

December 24, 2019 Patient Message – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

December 26, 2019 Call Center Telephone Encounter – Wesley Won-Suk Choi, MD

No medical information available on this document to summarize.

December 26, 2019 Call Center Telephone Encounter – Aparche Beth Yang, MD

No medical information available on this document to summarize.

December 30, 2019 Call Center Telephone Encounter – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

January 3, 2020 Patient Message – Wesley Won-Suk Choi, MD

No medical information available on this document to summarize.

January 3, 2020 Audiology Note - Francisco Romero/Amber Kasten, Au.D

CC: Pt took a hearing test with Kaiser and wants VA Au.D. to look at it.

Tx: Devices returned to Veteran in working order. RTC Same Day repair clinic as needed.

January 7, 2020 Office Visit – Alexander Gregory Berdy, MD

CC: Patient presents with health maintenance, handicap parking request.

Dx: 1) Hyperlipidemia, stable; on medical management. 2) Essential HTN, stable; on medical management. 3) DM 2 W CKD stage 2 (GFR 60-89), stable; on

medical management. 4) Obesity, BMI 32-32.9, adult, stable; diet/exercise counseling. 5) Adult obstructive sleep apnea, stable; on medical management. 6) DM 2, stable; on medical management. 7) Hx of transitional cell carcinoma, right kidney, stable and present; under active surveillance. 8) Essential hypertension, stable; on medical management.

Tx: Orders Placed This Encounter: Amlodipine (Norvasc) 10 mg oral tab, sig: 1 tab by mouth daily for blood pressure (higher dose). Dispense: 100. Refill: 3. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No. DMV disabled parking form completed for the patient. DMV Form: REG 195 (REV 1/2018). The following items have been noted on the form: 4, Comments: Arthritis, chronic pain,
permanent placard.

January 9, 2020 Psychiatry Note - Shaun Chung, MD.,

CC: Doing ok. Still with a lot of stress at work.

Dx/Tx: Problem list: Depression, diabetes mellitus type 2, HTN, hyperlipidemia, fatty liver, hearing loss, sleep apnea, low back pain, obesity, contact dermatitis, abnormal liver function. adjustment disorder, pes planus. Assessment and Plan: Adjustment d/o with anxiety and depression; PTSD per chart. Chart and labs reviewed; meds reconciled; cont current meds; cont therapy; no si/hi, no evidence for LPS hold; r/b/a discussed regarding current psychotropic regimen.; empathic listening; discussed relaxation and coping; goals reviewed; f/u 3 mo or sooner as needed; safety planning reviewed. - Pt was informed that if pt feels unsafe towards self and/or others, pt should: a) call 911; b) call MHTC during work hours, 562-826-5737; c) go to the nearest ER; d) go to Long Beach VA ER; e) VA Telecare 24 Hour Hotline (877) 252-4866; http://www.mentalhealth.va.gov, www.suicidepreventionlifeline.org; f) call Veterans Crisis Line at 1-800-273-9255, option 1; - Pt to call pharmacy 562-926-5503 for med refills. Reviewed with patient indications, expected benefits, possible risks, side effects, and alternatives to this medication. The discussion included, but was not limited to, the risks of sedation, dizziness and driving, as well as the risk of an allergic reaction. Patient was informed that there may be additional risks, which may be found in the prescribing information for this medication. Also discussed potential metabolic, neurologic, and cardiac risks. Also discussed potential consequences of not taking medication for this condition. The patient was given opportunity to have questions answered.

January 16, 2020 Office Visit – Wesley Won-Suk Choi, MD

Tx: S/p right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell. Computerized tomography (CT) chest surveillance in three months. CT chest/abd/pel six months. CREAT 1.48 June 7, 2019.

January 17, 2020 Telephone Encounter – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

February 2, 2020 Patient Message – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

February 3, 2020 Telephone Encounter – Adriana Aguilar, MA

No medical information available on this document to summarize.

February 4, 2020 Office Visit – Guillerno Juan Sturich, MD

CC: Patient presents with URI symptoms runny nose, cough, nasal drip, possible fever, chills in the beginning, x 4 weeks, OTC Tylenol.

Dx: J32.9 Sinusitis (primary encounter diagnosis). Note: Return if no improvement or worsening of symptoms.

Tx: Fluticasone (Flonase allergy relief) 50 mcg/actuation Nasl SpSn. Azithromycin (Zithromax) 250 mg oral tab.

February 5, 2020 Office Visit – David Yenbohr Lou, MD

Dx: 1) C64.1 Renal cell carcinoma, right kidney, primary. 2) Z85.528 Hx of kidney cancer. 3) E11.22, N18.2 DM 2 W CKD stage 2 (GFR 60-89). 4) M48.061 Spinal stenosis of lumbar spine. 5) R91.1 Solitary pulmonary nodule.

Tx: 1) RLL pulmonary nodule(s). Referral to pulmonary medicine for evaluation of lung nodule(s). Repeat CT chest in 3 months. Return to clinic in 3-4 months, after the CT scan. 2) H/O right RCC. Added LDH and Ca to labs drawn today. Next CT A/P in 6 months (may combine with CT chest at that time too, if applicable). No role for adjuvant therapy at this time for T1b disease; continue to monitor for recurrence. 3) DM2. Takes metformin. 4) HTN. Takes amlodipine, losartan/HCTZ. 5) CKD2. 6) HL. Takes lovastatin, fenofibrate. 7) CVRISK. Takes clopidogrel (ASA allergy). 8) LBP, lumbar spinal stenosis. Orders Placed This Encounter: Calcium, LDH, referral pulmonary.

February 7, 2020 Telephone Encounter – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

February 12, 2020 Patient Message – Amy Lee Wolfner, MD

No medical information available on this document to summarize.

February 21, 2020 Office Visit – Alexander Gregory Berdy, MD

CC: Patient presents with lab results.

Dx: 1) DM 2 W CKD stage 3 (GFR 30-59) W HTN (primary encounter diagnosis). 2) Vaccination for strep pneumonia W pneumovax. 3) Essential HTN, stable; on medical management. 4) Essential hypertension, stable; on medical management. 5) Hyperlipidemia, stable; on medical management. 6) Obesity, BMI 32-32.9, adult, stable; diet/exercise counseling. 7) Adult obstructive sleep apnea, stable; on medical management. 8) DM 2, stable; on medical management. 9) Hx of transitional cell carcinoma, right kidney, stable and present; under active surveillance.

Tx: Orders Placed This Encounter: VACC pneumococcal polysaccharide, 23 valent [90732B] Pneumovax 23 (Pneumococcal PPSV23) vaccine, 0.5 mL intramuscular (IM). For adults 19 yrs through 64 yrs with chronic or immunosuppressing medical conditions, including those who have asthma. Routine use recommended for adults 65 yrs and older. Creatinine. Sodium and potassium. BUN. Referral nephrology. Referral Priority: Routine. Referral Type: Outpatient Service. Referral Reason: Specialty Services Required. Referral Location: Orange County. Losartan-hydrochlorothiazide (Hyzaar) 100-12.5 mg oral tab, sig: 1 tab by mouth daily for blood pressure & kidneys (higher dose). Dispense: 100. Refill: 3. Order Specific Question: Is this medication for a workers' compensation condition? Answer: No.

February 27, 2020 Office Visit – George Yuen, MD

CC: Pulmonary nodule.

Tx: A 66-year-old man with history of renal cell carcinoma status post nephrectomy June 2019 – negative margins – stage 1 (pT1b, Nx). CT abdomen and pelvis December 18, 2019 noted right lower lobe nodule – lobulated and solid – 8 mm. Follow up chest CT December 30, 2019 with 8 mm right lower lobe

nodule but no other nodules. Referred by Dr. Lou in oncology for evaluation of lung nodule. Solitary pulmonary nodule. Renal cell carcinoma, right kidney. In context of underlying history of renal cell carcinoma, nodule could be metastatic lesion. Doubt infection or inflammatory. Discussed ddx of lung nodule at length with patient. Size and location would make biopsy difficult technically and pose higher risk of complications. At < 1 cm size, PET scan likely to be negative. Follow up CT imaging in 3 months from last scan (already ordered by Dr. Choi) is reasonable next step. If there is interval increase in the nodule then PET CT likely next step versus resection. Check inflammatory and fungal markers. All questions answered. Follow up to be determined after next CT.

March 3, 2020 Office Visit – William Chen, MD

Dx: Chronic kidney disease 3 with last Cr 1.29, GFR 57 mi/min s/p right nephrectomy June 2019 with h/o diabetes mellitus, hypertension. Hypertension, uncontrolled. Other: Diabetes mellitus x 10 years, HgbA1c – 6.1 February 5, 2020. Obstructive sleep apnea, on CPAP. Obesity, BMI 35. Right transitional cell carcinoma s/p nephrectomy June 2019.

Tx: Advised continue good blood sugar control. Advised target bp <130/80. Change losartan-HCTZ to losartan 100 mg daily and chlorthalidone 25 mg daily. Repeat labs and bp in 1 week. Work on weight loss. Avoid nephrotoxins. Re-evaluate if renal function stable for IV contrast before July imaging. RTC 3 months with labs prior. It was advised to the patient, the importance of blood pressure and blood sugar control to slow the progression of kidney disease. The patient was advised to avoid nephrotoxic medications including NSAIDS. Plan and labs discussed with patient. After visit summary given. All questions were answered.

March 6, 2020 Allied Health/Nurse Visit – Courtney Janae Garrett, LVN

No medical information available on this document to summarize.

March 23, 2020 Patient Message – William Chen, MD

No medical information available on this document to summarize.

March 24, 2020 Telephone Encounter – Stephen Howard Liu, MD

No medical information available on this document to summarize.

March 31, 2020 Allied Health/Nurse Visit – Elizabeth Areyley Esquivel, LVN

No medical information available on this document to summarize.

March 31, 2020 Call Center Telephone Encounter – Wesley Won-Suk Choi, MD

No medical information available on this document to summarize.

March 31, 2020 Call Center Telephone Encounter – William Chen, MD

No medical information available on this document to summarize.

March 31, 2020 Call Center Telephone Encounter – Gisela Hoke, RN

No medical information available on this document to summarize.

March 31, 2020 Call Center Telephone Encounter – Michelle P Le, RN

No medical information available on this document to summarize.

April 1, 2020 Patient Message – Alexander Gregory Berdy, MD

No medical information available on this document to summarize.

April 1, 2020 Patient Message – George Yuen, MD

No medical information available on this document to summarize.

April 3, 2020 Telephone Appointment Visit – David Bruce Richardson, MD

No medical information available on this document to summarize.

April 3, 2020 Call Center Telephone Encounter – George Yuen, MD

No medical information available on this document to summarize.

April 3, 2020 Patient Message – William Chen, MD

No medical information available on this document to summarize.

April 10, 2020 Patient Message – William Chen, MD

No medical information available on this document to summarize.

October 1, 2021 Doctor's First Report of Occupational Injury or Illness – Nelson Flores, PhD (DOI: January 1, 2015 – June 10, 2021, August 1 – 2015 – July 6 2018, June 11, 2020 – June 11, 2021)

Hx of Injury: The patient reports that, while working for the California Institution for Men/State of California Institution for Med, he was exposed to work overload, work pressure, work stress, incidents of harassment, and an incident of physical assault by one of his supervisors. Overtime, he developed pain in his neck, shoulders, hands, and back which he attributed to the heavy and repetitive nature of his work. As a result of his pain and work exposure, he developed symptoms of anxiety and depression. His pre-existing posttraumatic stress disorder further worsened.

Dx: AXIS I: Posttraumatic Stress Disorder, Chronic (F43.12). Major Depressive Disorder, Single Episode, Mild (F32.0). Anxiety Disorder Not Otherwise Specified (F41.9). Stress-Related Physiological Response Affecting Headaches (F54).

Causation: Findings and diagnosis consistent with patient's account of injury or onset of illness.

Tx Rendered: Cognitive Behavioral Group Psychotherapy (90853) 1 X/week for 8 weeks. Hypnotherapy/ Relaxation Training (90880) 1 X/week for 8 weeks. The patient should continue to participate in mental health services at the VA Hospital with his current mental health providers. Referral for an evaluation by Oncologist to determine whether the applicant's exposure to Asbestos while working for California Institution for Mer/State of California Institution for Med, from 1998 through 2011, may be a contributing factor to the patient s cancer condition. Referral for an evaluation by Internist to determine whether the patient s exposure to Asbestos for approximately 13 years while working for California Institution for Men/State of California Institution for Med may have contributed to his diabetes and hypertension conditions. Follow up in 45 days.

Work Status: To be determined when the patient reaches MMI status.

PT/OT/OTHER THERAPIES

December 18, 2009 Physical Therapy Shoulder Initial Evaluation – Ruth Millan, PT

HPI: Right shoulder just started hurting 3 to 4 months ago. Overall staying the same. Pain intensity: 6-8/10 with any activity, resting 0/10. Right hand dominant. Treatments: None. Decreased pain: With warm weather. Aggravated: With moving right arm. Occupation: Surgeon-facial surgery. Functional limitation: All activities of daily living are painful – doing surgery, driving, dressing-putting/removing shirt.

Dx: Impaired functional mobility due to pain, limited ROM, decreased strength, unfamiliar with proper exercise program, poor posture.

Tx: Medicare Certification Required? No. Goals: (Established with patient): STG (4 weeks): Independent with initial HEP; without increased pain. LTG (12 weeks): Independent in complete exercise program, alleviation of the above reported functional
limitation(s)/activity restriction(s) with 0/10 pain level (see above). Treatment Plan: Home exercise program, postural education, therapeutic exercises and modalities for pain. Education Plan: Home exercise program, posture and body mechanics education. Frequency and Duration: Every other/week for 12 weeks (patient states he may be deployed overseas as is in Reserve).

January 27, 2010 Ruth Millan, PT

Applicant participated in 2 physical therapy sessions from January 22, 2010 through January 27, 2010.

November 17, 2014 George C. Stablein, PT

Applicant participated in 16 physical therapy sessions from July 14, 2014 through November 17, 2014.

November 24, 2014 Steven Barrett, PT

Applicant participated in 1 physical therapy session on November 24, 2014.

January 5, 2015 George C. Stablein, PT

Applicant participated in 4 physical therapy sessions from December 1, 2014 through January 5, 2015.

August 10, 2017 Physical Therapy Initial Evaluation and DC Summary – Brian Kim, PT

HPI: George M Soohoo, DDS is a 63-year-old male who complains of bilateral ankle joint discomfort. Current level of function/ Reported functional deficit(s) and/or activity restriction(s): 1) Difficulty with prolonged walking. 2) Difficulty with stair negotiation.

Tx: Progress ankle mobility and strength, normalize proper gait mechanics as tolerated and follow up as needed (see plan of care above).

April 9, 2019 Dominique White, Ph.D./Nicholas Brown, Ph.D.

Applicant participated in 8 psychiatry group therapy sessions from February 1, 2019 to April 9,2019.

May 22, 2019 Nicholas Brown, Psy.D.

Applicant participated in behavioral therapy sessions from February 1, 2019 through May 22, 2019.

March 5, 2019 Physical Therapy Initial Evaluation Plan of Care – Linh N Ngo-Reyes, PT

Dx: 1) G89.29, M54.5 (ICD-10-CM) – Chronic low back pain > 3 months. 2) M54.16 (ICD-10-CM) – Lumbar radiculopathy. 3) M47.816 (ICD-10-CM) – Lumbar spondylosis.

Tx: See Plan of Care. Progress this visit: Improve knowledge of HEP and proper posture. Additional items to assess: N/A. Items to reassess: L/S AROM, SLR. Next Visit: March 20.

November 5, 2019 Timothy Hunt-Gibbon, LCSW

Applicant participated in 12 behavioral therapy sessions from April 15, 2019 through November 5, 2019.

July 17, 2019 Linh N Ngo-Reyes, PT

Applicant participated in 4 physical therapy sessions from April 17, 2019 through July 17, 2019.

May 2, 2019 Psychosocial Initial Evaluation Note - Timothy Hunt-Gibbon, LCSW.

CC: Request for individual therapy.

Dx: Normal grief, interpersonal interaction. Veteran does not meet criteria for a DSM-V condition at present.

Tx: Solution-focused supportive therapy 8-12 sessions. Veteran informed regarding discharge plan: Veteran is in agreement with short-term solution focused therapy lasting 8-12 sessions.

September 11, 2019 Physical Therapy Initial Evaluation Plan of Care – Linh N Ngo-Reyes, PT

Dx: 1) G89.29, M54.5 (ICD-10-CM) – Chronic low back pain > 3 months. 2) (G89.29, M54.2 (ICD-10-CM) – Chronic neck pain > 3 months. 3) M89.8X1 (ICD-10-CM) – Bilat scapulalgia.

Tx: See Plan of Care. Progress this visit: Improve knowledge of proper posture and HEP. Additional items to assess: N/A. Items to reassess: C/S and L/S AROM. Next Visit: September 25.

October 30, 2019 Linh N Ngo-Reyes, PT

Applicant participated in 3 physical therapy sessions from September 25, 2019 through October 30, 2019.

November 27, 2019 Physical Therapy Discharge Summary – Linh N Ngo-Reyes, PT

Dx: 1) G89.29, M54.5 (ICD-10-CM) – Chronic low back pain > 3 months. 2) (G89.29, M54.2 (ICD-10-CM) – Chronic neck pain > 3 months. 3) M89.8X1 (ICD-10-CM) – Bilat scapulalgia.

Tx: Patient discharged from therapy due to goals met.

November 27, 2019 Occupational Therapy Initial Evaluation – Kathleen M. Jefferies, OT

Dx: Right thumb pain, M79.644.

Tx: See plan of care above.

January 30, 2020 Tammy Heilemann, LCSW

Applicant participated in 7 behavioral therapy sessions from December 5, 2019 to January 30, 2020.

January 17, 2020 Kathleen M. Jefferies, OT

Applicant participated in 3 physical therapy sessions from December 19, 2019 through January 17, 2020.)

February 19, 2020 Occupational Therapy Discharge Summary – Kathleen M. Jefferies, OT

Tx: Discharge patient from Occupational Therapy, with continued carry-over of home
exercise program. Duration of each individual timed procedure: Therapeutic exercise for 15 minutes, Splinting for 10 minutes and Paraffin for 5 minutes.

ISSUE

Mr. George SooHoo has alleged an injury to his ears, multiple head injuries and multiple neck injuries, right hip, both hands, upper back and low back, heart, mental, and stress on July 6, 2018, while employed by California Institute for Men as a supervising dentist.

He was hired on January 24, 1994.

Mr. SooHoo also had an accepted claim for the low back with date of injury August 16, 2021.

This examiner is requested to address the denied continuous trauma claim for period of August 1, 2015 to July 6, 2018, and the accepted claim for the low back along with other orthopedic issues..

If Mr. SooHoo is not MMI, this examiner is requested to address MMI status and work restriction for the low back separate, and then the additional orthopaedic body parts.

OCCUPATIONAL HISTORY

The applicant was employed as a clinical dentist and a supervising dentist for California Institution for Men from 1994 to present.

The applicant is currently not working for the last six months. he was having been treated actively for his diagnosed renal cancer with metastasis.

The applicant was most recently working at the Rancho Cucamonga Facility, performing audit. He was seen by Dr. DeBoskey, a psychologist, who informed him that he could not work for the California Institution for Men at Chino for 60 days.

He worked in different locations. His schedule worked differently based on locations.

He had been working in the Department of Juvenile Justice in Norwalk. He worked there for 13 years, around 1998 to 2000. His job position was that of a chief dentist.

Before he joined the Department of Correction, he had a practice in Carlsbad as a dentist. He practiced there for approximately 13 years.

In 1994, he became employed by the Department of Correction. He worked at the Iron Wood State Prison. His job title was the chief dentist.

Lately, He has worked at the Regional IV in Rancho Cucamonga. His work was as a supervising dentist. His work is 100% administrative. He said that there were a lot of cubicles for telemedicine.

He had been working at the California Institution for Men at Chino for approximately 10 years, that a significant amount of job history and work circumstances involved in his Workers' Compensation claim occurred when he worked at Chino.

He stated he was working where there was no limitation due to an injury or symptoms. He has been given accommodation for the carpal tunnel for using the computer. He has carpal tunnel syndrome, that the right hand is worse than the left, and he was provided a special chair, special keyboard, and a screen that goes up and down as part of the accommodation in the earlier stage of her employment in California Institute for Men.

His duty, he stated there were meetings working with the other dentists on peer review, consulting, discussion with other dentists, dental assistants, and audit.

He said his work involved sitting at the desk or at the meeting table talking, being and on the phone, typing on the computer. He was a chief dentist for the Department of Justice approximately 1998 to 2010. He stated he had neck and back issues for about 13 years, when he worked there that he went out to get treatments by himself, but he did not report.

He attributed the soreness in the neck to spending too much time in a position in a patient's mouth without taking a break, that he had to bend over with the neck looking into the kids' mouths. He had a normal flow of patients and saw an average of about six to eight patients a day. He got massage therapy and go to a jacuzzi. He denies any formal medical treatment for his neck and back at that time.

He considers his back pain was related to occupation as he was bending and stooping all the time, that he could not get out of bed or wake up. He stated that driving from San Diego to Chino to work contributed to his low back complaint.

He reported having hand issues in this same time frame.

Mr. George SooHoo has an issue with Mr. Escobell, who is not a dentist but is his supervisor in the Chino location that he was treated by Psychiatrist and Psychologist.

Due to severe psychological issues, the applicant was determined to move to a Rancho Cucamonga location.

HISTORY OF PRESENT CONDITION

The applicant had a laparoscopic radical nephrectomy by Dr. Wesley Choi on June 6, 2019 for right renal mass.

From the medical records provided, October 1, 2009, he had a sudden hearing loss with vertigo.

In December 2009, he was seen by Dr. Roberto Cueva with diagnosis of a sudden sensorineural hearing loss. He was treated with high dose of prednisolone.

On June 17, 2014, the applicant was seen by Dr. Jeff Tracy with low back pain. He has diagnosis of trapezius strain and neck muscle sprain.

On June 24, 2014, he was seen by Dr. Jeff Tracy with muscle strain involving the neck and the back.

On July 8, 2014, he was seen by Dr. Mirfakhraie with back pain.

On December 27, 2016, he was seen by Dr. Richard Kim due to a motor vehicle accident. He had neck and back pain. He has sinus congestion. He was treated with Zithromax.

On July 10, 2017, he has ankle pain with tendinitis. He was treated with physical therapy.

On July 20, 2018, he was seen for the injury claim of July 6, 2018. He worked off-grounds of California Institution for Men Chino. He was stressed from embarrassment, humility, open degradation in front of all dental staff. He felt fatigued, depressed, loss of energy, unable to sleep, and no desire to do anything. He had the symptoms for 14 days. Diagnosis was stress at work. He was seen by Dr. Keith Wresch. He was requested to transfer to a different facility to help alleviate his stress. Psychiatric evaluation was ordered.

July 26, 2018, he was seen by Dr. Kartik Shah. The applicant stated he wanted to follow up with outside PCP for ongoing care for his diabetic eye check.

August 27, 2018, he was seen by Dr. Lynne Deboskey, a psychologist for the date of injury, July 6, 2018. His diagnosis was adjustment disorder. He was allowed to return to modified work. He complained of depression, crying spells, anxiety, worry, ruminating, concentration problems, acute anger, irritability, withdrawal, hopeless and helpless, reduced motivation. Diagnoses were 1) Adjustment disorder. 2) No personal disorder. 3) Applicant was recommended six individual cognitive behavior therapy sessions. He was partially temporarily disabled with work restriction of no patient care, and he is precluded to work at the at the CIM for 60 days.

September 25, 2018, the applicant was seen by Dr. Navyata Shah. His complaint was sciatica for three weeks. He has sciatica, low back pain for three months, and he was advised to take over-the-counter anti-inflammatory medications. Chiropractic care was discussed. X-ray of lumbar sacral spine was ordered.

October 3, 2018, he had a telephone conversation with Dr. Alexander Berdy. His complaint was low back pain for a few weeks. He had x-rays that showed degenerative disc disease. He was doing home physical therapy which helped.

On November 14, 2018, he was seen by Dr. Stewart Lonky, QME Internal Medicine, for date of injury on July 6, 2018. The applicant related the injury at the Chino facility. There were substantial stressors, that the CEO struck him in his face. Mr. SooHoo was very angry and frustrated by the physical assault.

He was seen by a psychiatrist, Dr. Shaun Chung on December 24, 2018. He was seen for the evaluation of anxiety, frustration, and mood.

On January 4, 2019, he was seen by the chiropractor, Dr. Alexander Caliguiri. The applicant reported the practice of dentistry including prolonged standing and prolonged stooping while performing dental procedures. The applicant estimates that he would stand five to six hours per day while performing procedures, sits approximately two hours per day, and that he performs dental procedures five days per week, through July 6, 2018. He reported he developed progressive musculoskeletal complaints related to the neck, back, and upper extremities as a result of his practice of dentistry while employed by the California Department of Corrections. He had the diagnoses of: 1) Cervical radiculitis. 2) Lumbar strain with sciatica, right lower extremity. 3) Bilateral carpal tunnel syndrome. 4) Headaches, probably cervicogenic etiology with probable other contributing factors, a possible psychological/emotional contribution. Causation: The applicant would have had to bend forward at the waist in order to adopt a forward-flexed, stooping posture which would be necessary to facilitate dentistry to a patient seated in a dental chair. Flexed forward posture with prolonged static loading, resulting in fatigue and creep deformation, resulting in muscular strain and myofascial irritation. The same would be true for the lumbar spine.

On March 5, 2019, he was seen by Dr. Esther Cohen. The applicant continued to have low back pain with radiation to the right lower extremity. He was diagnosed with chronic low back pain, lumbar spondylosis, lumbar radiculopathy, with spinal stenosis of lumbar spine. MRI of the lumbar spine was reviewed. The patient is to start physical therapy and discussed with options of epidural steroid injection trial.

On March 8, 2019, he was seen by Dr. Esther Cohen for low back pain and the patient was instructed to be seen by his PCP for work-up in regard to his kidney disease that was seen incidentally on MRI.

On June 6, 2019. The applicant had a large right renal mass removed by Dr. Wesley Chou.

June 10, 2019, at the QME of Internal Medicine, Dr. Stewart Lonky, he has 30% whole person impairment for hypertension, 85% pre-existing condition, 15%

industrially related.

July 24, 2019, he was seen by the psychiatrist, Dr. Chung. He has some anxiety. He was allowed to return back to work.

On November 5, 2019, he was seen by Dr. Esther Cohen with low back pain for three months with spinal stenosis, spinal spondylitis, lumbar radiculopathy, and right hip pain.

On January 9, 2020, he was seen by Dr. Chung, the psychiatrist, due to the stress at work.

On June 10, 2019, he was declared permanent and stationary with MMI rating for hypertension.

On June 17, 2019, he was seen by otolaryngology, Dr. Jonathan Boyd, for hearing loss, tinnitus. The opinion was more likely than not, hearing loss is a result of military exposure.

On November 27, 2020, he was seen by Dr. George Yuan due to pulmonary nodule. He has a history of renal cell carcinoma status post nephrectomy in June 2019.

On October 1, 2021, the applicant was seen by the psychologist, Dr. Nelson Flores, for the dates of injuries on January 1, 2015 to June 10, 2021; August 1, 2015 to July 6, 2018; and June 11, 2020 to June 11, 2021. The applicant was exposed to work overload, work pressure, stress, harassment, and physical assault. Over time, he developed pain in the neck, shoulders, hand, back, which he attributed to the heavy and repetitive nature of his work. As a result of his pain and work exposure, he developed symptoms of anxiety and depression. His pre-existing posttraumatic stress disorder further worsened.

On October 11, 2021, he was seen by a psychologist, Lawrence Ledesma, for the dates of injuries on August 1, 2015 to July 6, 2018, and January 1, 2015 to June 10, 2021. His diagnoses were major depressive disorder and posttraumatic stress disorders. He is currently experiencing symptom of moderate depression and posttraumatic stress disorder with disability. It was that examiner's opinion that the applicant became temporarily partially disabled beginning some time in August 2015. He continued to work full time; however, his last day of work was on September 20, 2021, and then he became temporarily totally disabled on September 20, 2021. He has continued to be temporarily totally disabled. The applicant's psychiatric condition has not reached permanent and stationary status.

CURRENT COMPLAINTS

The applicant has pain in the neck, back, shoulders, and leg. He has currently seen a psychologist and chiropractors.

He has pain in the neck, low back, and right hip.

He has numbness in the fingers of both hands. The pain would range from 6-9, 10 being the worst possible pain.

He is taking medication for Tylenol, meloxicam, hypertension medications and antidepressant medicine.

He has a history of diabetes and kidney problems.

In daily living activities. he requires assistance in cleaning, shopping and laundry. He has no difficulty in personal hygiene and self-care. He has stopped doing exercising, moving around and less energy.

PAST INJURY

He had recent injury. He was hit by a heavy door that made him fall backwards with injury to his back on the August 16, 2021 incident.

The applicant had no other Workers' Compensation claim. He has no reported auto accident injuries.

MEDICAL HISTORY

The applicant has history of diabetes, hypertension, hypercholesterolemia, renal cancer, which underwent surgery in June 2019 for removal of the kidney in the right side.

SOCIAL HISTORY

The applicant was born in San Diego. He is married. His education, he has two Master's Degrees.

DIAGNOSTIC STUDY

On October 21, 2009, MRI of the brain with no contrast, the impression was

unremarkable MRI of the internal auditory canals.

On February 5, 2019, EMG/NCV study was done at the North Valley Diagnostic. Report showed 1) Abnormal nerve conduction study, results suggest possible bilateral carpal tunnel syndrome, left greater than right; and a possible cubital tunnel syndrome, left greater than right. 2) Abnormal electromyography. The results indicated a possible C5/6 radiculopathy.

On August 22, 2019, ultrasound of kidney showed heterogeneous mass with cystic component visualized in the right kidney.

On May 2, 2019, CT urogram, abdomen and pelvis showed a large lobulated and a partially exophytic enhancing the right renal-sided mass suspicious for renal cell carcinoma.

September 27, 2019, x-ray of the lumbosacral spine, two to three views reviewed. No compression deformities. Minimal retrolisthesis of L2 on L3 and L3 on L4. Mild disc space narrowing at the L4-L5 and L5-S1. Similar multilevel osteophytes and lower lumbar facet arthropathy.

September 27, 2019, MRI of the lumbar spine revealed: 1) L3-L4: There is posterior annular fissure. There is mild central canal stenosis due to hypertrophy of the ligamentum flavum and prominent epidural fat. 2) L4-L5: There is posterior annular fissure and 4 mm posterior disc bulge. There is moderate to severe spinal stenosis and bilateral foraminal narrowing and moderate bilateral facet degenerative changes. 3). L5-S1: There is posterior disc bulge of 4 mm. No significant canal stenosis. Mild to moderate bilateral foraminal narrowing. Moderate bilateral facet hypertrophy.

PHYSICAL EXAMINATION

General: Revealed a 69-year-old male. He weighed 165 pounds, 5 feet 3 inches tall.

CERVICAL SPINE:

He is able to perform full range of motion of the cervical spine in flexion, extension, lateral bending, and rotation.

ACTIVE RANGE OF MOTION:	MAXIMUM	NORMAL
Flexion	50°	50°

Extension	60°	60°
Right Rotation	80°	80°
Left Rotation	80°	80°
Right Lateral Bend	45°	45°
Left Lateral Bend	45°	45°

SHOULDERS:

He is able to perform full range of motion of both shoulders.

ACTIVE RANGE OF MOTION (Degrees):	RIGHT	LEFT	NORMAL
Flexion	180°	180°	180°
Extension	50°	50°	50°
Abduction	180°	180°	180°
Adduction	50°	50°	50°
Internal Rotation	80°	80°	90°
External Rotation	80°	80°	90°

ELBOWS:

He has full range of motion of both elbows in flexion and extension.

ACTIVE RANGE OF MOTION (Degrees):	RIGHT	LEFT	NORMAL
Flexion	140°	140°	140°
Extension	0°	0°	0°

WRISTS:

Full range of motion of both wrists in flexion, extension, ulnar deviation, and radial deviation.

ACTIVE RANGE OF MOTION (Degrees):	RIGHT	LEFT	NORMAL
Dorsiflexion	60°	60°	60°
Palmar flexion	60°	60°	60°
Ulnar Deviation	20°	20°	20°
Radial Deviation	30°	30°	30°

NEUROLOGICAL EXAMINATION OF UPPER EXTREMITIES:

The applicant complains of numbness to all digits of the fingers of both hands.

SENSORY:	RIGHT	LEFT
Hypoesthesia/Hyperesthesia/Dysesthesia	Hypoesthesia	Hypoesthesia

LUMBAR SPINE:

He is able to perform range of motion of low back.

ACTIVE RANGE OF MOTION:	MAXIMUM	NORMAL
Flexion	80°	60°
Extension	30°	25°
Right Lateral Flexion	About 30°	25°
Left Lateral Flexion	About 30°	25°

He is able to walk without difficulty.

DIAGNOSES

1. **Bilateral carpal tunnel syndromes, left greater than right.**
2. **Cubital tunnel syndromes, left greater than right. NCS findings.**
3. **Cervical strain with possible C5-C6 radiculopathy, EMG findings.**
4. **Low back strain with discogenic disease of the lumbar spine, multiple levels, with right sciatic radiculopathy.**
5. **Status post right radical nephrectomy on June 6, 2019.**
6. **Psychological complaints, adjustment disorder, depression, anxiety, seen by a psychiatrist or psychologist.**
7. **Hearing loss.**

DISABILITY

The applicant last worked on September 20, 2021.

He was temporarily totally disabled and he had active treatment for his kidney cancer.

He was partially disabled from the beginning of August 2015. The applicant had been treated with chiropractors for his low back.

He had been treated for ergonomic chairs and computers in his early stage of employment .

He was also treated by steroid injection to the carpal tunnel syndromes with improvement.

The applicant has recently had an incident on August 16, 2021, a low back injury.

It is this examiner's opinion the applicant may return to work with restrictions, absence of his renal cancer issue.

The applicant would also require hand/ orthopedic evaluation for his hands and his low back complaints If the applicant does not need any surgical attention, then P&S can be declared. Therefore, he is not yet permanent and stationary.

CAUSATION

Based on the applicant's work as a dentist, practicing dentistry and performing administrative work since 1994 for 27 years, in considering the work requirement as a practicing dentist and administrator, it is reasonably probable the applicant's neck and back complaints were industrially related. The same is true to the applicant's carpal tunnel syndromes and cubital tunnel syndrome, that his work requires using the hands, using the instruments, and using the computers. It is reasonably probable the neurological complaints of the applicant of both upper extremities were industrially related. However, it would require apportionment when maximum medical improvement is reached since the applicant's diabetes will be an issue of apportionment.

In addition, the applicant's neck and shoulder complaints can be a result of carpal tunnel syndrome and/or cubital tunnel syndrome.

In regard to the applicant's low back, it is reasonably probable that applicant's August 16, 2021 injury was industrially related. He did have continuous trauma claim to his neck and back from 8/1/2015 to 7/6/2018

However, the applicant's low back and neck complaints going back to more than 20 years ago, that he had been going to the massage treatment, and it would take him more than 4 hours daily driving from San Diego to Chino back and forth to work.

In addition, the applicant's low back complaints could be contributing to psychiatric issues from his employment, the recently discovered renal cancer and also the applicant's x-ray and MRI findings of degenerative arthritis with spinal stenosis. Those would also require apportionment when maximum medical improvement is reached.

VOCATIONAL REHABILITATION

The applicant may return to work with modification as a practicing dentist. Vocational rehabilitation is not required.

FUTURE MEDICAL CARE

The applicant would need a hand surgeon and orthopaedic surgeon for orthopaedic referral and evaluation. The applicant may be declared permanent and stationary when he is discharged from the referring orthopaedic surgeon and hand surgeon.

SPECIAL COMMENTARY

The above responses and opinions are based on reasonable medical probabilities, as viewed from the perspective of available documentation and information submitted to this evaluator, including the applicant's direct anamnesis.

Thank you for the opportunity of serving as the qualified medical evaluator, in the specialty Psychiatry, for this most interesting case and condition.

Sincerely,

Steve Hwang, M.D., Q.M.E.
California Medical Evaluators
Orthopedic Surgery

Attachments:

1. Appendix A – Declaration
2. Appendix B – Declaration from AA
3. Appendix C – Cover Letter from AA
4. Appendix D – Declaration 1 from ADJ
5. Appendix E – Declaration 2 from ADJ
6. Appendix F – Declaration 3 from ADJ
7. Appendix G – Cover Letter from ADJ

APPENDIX A - DECLARATION

Pursuant to AB 1300, LC Sec. 5703, I have not violated Labor Code section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. All time spent and number of pages reviewed by me are correct and accurate to the best of my knowledge. This statement is made under penalty of perjury.

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.

DATE OF REPORT: March 10, 2022

Dated this 10th day of March 2022, at Los Angeles County, California.

Steve Hwang, M.D., Q.M.E.
California Medical Evaluators
Orthopedic Surgery

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RE: GEORGE SOOHOO vs CALIFORNIA INSTITUTION FOR MEN, SCIF
DOB: 11/28/1953
WCAB : ADJ14761987; ADJ14761989; ADJ11815610; ADJ15069801; ADJ15510614

Dated: 02/08/2022

Attestation Pursuant to Cal Code Regs., Title 8, § 9793(n)

I, Natalia Foley, hereby declare:

I am licensed to practice before all the courts in the state of California.

I am the attorney for Workers Defenders Law Group and attorney of record for the above applicant.

Pursuant to Cal Code Regs., Title 8, § 9793(n). I declare that the provider of the documents has complied with the provision of Labor Code §4062.3 before providing the documents to the physician.

I declare that the total page count of the documents provide to the physician per attached list of Exhibits is 1161 .

I declare under penalty of perjury under the laws of the States of California that the foregoing is true and correct to the best of my knowledge.

By Natalia Foley, Esq (SBN 295923)
attorney for Applicant

Attachment # 1

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20	Ex 20 - 2020-01-31 - DEPO V ol I - SOOHOO, GEORGE 01-31-2020_full	69
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22	Ex 22 - 2020-09-04 - DEPO vol III - SOOHOO, GEORGE 09-04-2020_full	331
23	Ex 23 - 2021-08-11 - PTP Daldalyan report	13
24	Ex 24 - 2021-09-13 - PTP Daldalyan report TELEHEALTH	6
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	Total number of pages:	1161
https://www.dropbox.com/sh/rcm9fef08nl176i/AABliopCd9aBB9SHU8fq_aHea?dl=0		

WORKERS DEFENDERS LAW GROUP

751 S Weir Canyon Rd Ste 157-455
ANAHEIM CA 92808
Tel: 714 948 5054
Fax: 310 626 9632
workerlegalinfo@gmail.com
www.workerlegal.com

Natalia Foley, Esq
Principal Attorney
Tel: 310 707 8098
nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: Dr. Steve Hwang, Md
11620 Wilshire Blvd
Ste 340
Los Angeles CA 90025-1769

Steven Taylor, Esq
State Compensation Insurance Fund
1615 Murray Canyon Road Ste 500
San Diego, CA 92108
Phone: 951-312-0794
Email: sptaylor@scif.com

RE: GEORGE SOOHOO vs CALIFORNIA INSTITUTION FOR MEN, SCIF
DOB: 11/28/1953
WCAB : ADJ14761987; ADJ14761989; ADJ11815610;' ADJ15069801
PANEL: 2732378 issued 08/10/2021

Dated: 02/08/2022

Proposed: 11/11/2021
Sent: 02/08/2022_____

APPLICANT ADVOCACY LETTER FOR INTERNAL MEDICINE (GASTROENTEROLOGY) PQME EXAMINATION

Dear Dr. Steve Hwang, Md:

Thank you for agreeing to examine the applicant, GEORGE SOOHOO, in your capacity as a Panel Qualified Medical Examiner in orthopedic specialty on 12/01/2021.

The parties appreciate your agreement to evaluate the above individual in your capacity as Panel QME. Pursuant to Labor Code§ 4062.3, the parties have decided not to issue a joint letter in this case. Rather each party will write you with its respective position.

Enclosed for your review please find copies of all pertinent Workers' Compensation claims forms, medical reports, deposition transcripts, and other available exhibits as reflected in the attached exhibit list. You are hereby authorized to order or perform any diagnostic tests which you feel to be reasonable and necessary and to re-examine Applicant and/or issue any necessary supplemental reports.

I. BRIEF HISTORY OF INJURY AND TREATMENT

Applicant GEORGE SOOHOO is a 67-year-old male who was employed by CALIFORNIA INSTITUTION FOR MEN as a dentist at the time of the injury.

Applicant filed the following claims against her/his employer:

ADJ	Date of Injury	Body Parts
ADJ11815610	08/01/2015 - 07/06/2018	100 HEAD 120 EAR 330 HAND 420 BACK 440 HIP(S) 801 CIRCULATORY SYSTEM 842 NERVOUS SYSTEM
ADJ15069801	08/16/2021	420 BACK 841 NERVOUS SYSTEM - STRESS 880 OTHER BODY SYSTEMS 999 UNCLASSIFIED
ADJ14761989	01/01/2015 - 06/10/2021	100 HEAD - NOT SPECIFIED 110 BRAIN 800 BODY SYSTEM - NOT SPECIFIC 841 NERVOUS SYSTEM – STRESS
ADJ14761987	06/11/2020 - 06/11/2021	145 TEETH 810 DIGESTIVE SYSTEM 820 EXCRETORY SYSTEM 842 NERVOUS SYSTEM 850 RESPIRATORY SYSTEM
ADJ15510614	12/06/2021	• shoulder • upper extremities

Please review the claimed body parts, systems and problems **within the scope of your specialty** and identify those problems that are specific problems, cumulative problems, a compensable consequence of the specific or cumulative problem, are problems as a result of the side effects of medication or are problems as to the applicant's functioning as a result of pain. If you detect any medical issues outside of your specialty, please refer Applicant to the appropriate specialty medical professional.

II. EVALUATION REPORT

Following your evaluation of the applicant and review of all pertinent material, please prepare a narrative report containing your findings on all issues you feel to be appropriate, including the following:

Please provide parties with your findings as they relate to the following:

1. A detailed medical history
2. Your diagnosis
3. Whether or not the medical findings are consistent with the original incident or injury(ies) claimed by the applicant.
4. Whether or not any further medical treatment is reasonably necessary to cure or relieve the effects of the injury(ies).
5. If disability exists, is it industrially caused or aggravated?

a) If disability exists, is it the result of a specific incident or incidents or is it the result of one or more periods of cumulative trauma. If disability is a result, either in whole or in part, of one or more periods of cumulative trauma, please state your opinion when each period commenced and ended.
b) If disability exists, was there a precipitating cause of all or part of this disability?

6. If the disability is industrially caused or aggravated, is it:
a) Temporary total?
b) Temporary partial? If so, give extent of ability to work.
c) When was applicant no longer temporarily disabled?

7. If permanent and stationary and ready for rating, describe:
a) Permanent disability factors resulting from the industrial causation or aggravation. If you believe the applicant should be restricted in job duties, please set forth with as much specificity as possible, those restrictions.
b) You must determine what approximate percentage of the permanent disability is industrial and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury.

Labor Code sections 4663 and 4664 addressing apportionment are as follows: Labor Code Section 4663 is added to the Labor Code to read:

(b) Any physician who prepares a report addressing the issue of permanent disability due to a claimed industrial injury shall in that report address the issue of causation of the permanent disability.
(c) In order for a physician's report to be considered complete on the issue of permanent disability, it must include an apportionment determination. A physician shall make an apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of the injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries. If the physician is unable to include an apportionment determination in his or her report, the physician shall state the specific reasons why the physician could not make a determination of the effect of that prior condition on the permanent disability arising from the injury. The physician shall then consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or evaluation in accordance with this division in order to make a final determination.
(d) An employee who claims an industrial injury shall, upon request, disclose all previous permanent disabilities or physical impairments.

If you are unable to make a determination as to apportionment to a prior condition, you must state the reasons why and then consult with other physicians or refer the applicant to another physician to make a final determination.

If an applicant has received a prior award of permanent disability, you must apportion to the prior disability which existed at the time of the current injury. The prior disability will be presumed to exist even where the applicant claims to have fully rehabilitated from a permanent disability for which a prior award was issued.

8. Please determine whether the applicant can return to his/her usual and customary occupation. Please take into account the job description and/or job analysis which has been provided (if available). If you believe the applicant is a Qualified Injured Worker, please state your reasons for that behalf. Based on the injury, describe specifically what job duties the applicant cannot perform if you believe the applicant is precluded from his/her usual activities.

9. Will the applicant require any medical treatment in the future to cure or relieve him/her from the effects of the industrial injury? If so, kindly provide a detailed explanation of the types and amounts you deem appropriate.

This letter constitutes your authority to perform all tests which you believe are necessary. However, if hospitalization is necessary, the parties would require that you first obtain consent. Please forward an original of your report to the Workers' Compensation Appeals Board, with copies to the attorneys for the parties.

If you feel that any of the body parts included on the application ARE OUTSIDE YOUR AREA OF SPECIALTY, it is requested that you include in your report at a request for a consultative report from a physician whose opinion is necessary to further develop the record.

Please transmit your final original report and billing statement to the workers' compensation appeals board. Please transmit copies of your report to both applicant and defense attorneys of record. Please transmit copies of your report, along with billing to:

Applicant Attorney:
Natalia Foley, Esq
Workers Defenders Law Group
751 S Weir Canyon Rd
Ste 157-455
ANAHEIM CA 92808

Defense Attorney:
Steven Taylor, Esq
State Compensation Insurance Fund
1615 Murray Canyon Road Ste 500
San Diego, CA 92108

Second Defense Attorney
Ashley Staudenmayer, Esq.
State Compensation Insurance Fund
PO Box 65005
Fresno, CA 93650-5005

Should you have any questions, please do not hesitate to contact me at your convenience.

Sincerely,

BY NATALIA FOLEY, ESQ
WORKERS DEFENDERS LAW GROUP

List of exhibits
GEORGE SOOHOO vs CALIFORNIA INSTITUTION FOR MEN, SCIF

01	Ex 01 - 2000-09-13 - nocturnal polysomnogram report	5
02	Ex 02 - 2018-07-20 - med narrative review	24
03	Ex 03 - 2018-07-20 - med rep 2	5
04	Ex 04 - 2018-07-25 Med First report by Dr Keith Wretch MD	6
05	Ex 05 - 2018-07-27 - med rep by M Fleming PA	11
06	Ex 06 - 2018-08-27 - Psych Med Rep by Lyne DeBoskey PhD	11
07	Ex 07 - 2018-11-27 - echocardiogram report	2
08	ex 08 - 2018-12-14 - PQME Dr Stewad Lonky MD report	98
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10	Ex 10 - 2018-12-19 - notice of denial	3
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12	Ex 12 - 2019-02-07 - PTP med legal report by Dr Caligiuri DC	32
13	Ex 13 - 2019-02-15 - Exercise stress test report	13
14	Ex 14 - 2019-03-04 - Med report by Dr Thomas Dosumu-Johnson MD	6
15	Ex 15 - 2019-04-10 - med records	93
16	Ex 16 - 2019-06-10 - PQME supplemental med rep dr Stewart Lonky MD	56
17	Ex 17 - 2019-10-07 - PTP Initial reprot Dr Danny K Song DC	7
18	Ex 18 - 2019-10-09 – Ltr from Veteran Administration	6
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PROOF OF SERVICE

State Of California
County of Los Angeles

I am employed in the county of Los Angeles, State of California.
I am over the age of 18 years and not a party to the within action; my business address is:
751 S Weir Canyon Rd Ste 157-455
Anaheim CA 92808

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing as listed.

On 2/8/22 I served the foregoing documents described as:

AA COVER LETTER FOR PQME EVALUATION

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

WCAB (AHM)
1065 N PACIFIC CENTER DR STE 170
ANAHEIM CA 92806

Ashley Staudenmayer, Esq.
State Compensation Insurance Fund
PO Box 65005
Fresno, CA 93650-5005

Steve Hwang, Md
11620 Wilshire Blvd
Ste 340
Los Angeles CA 90025-1769

Steven Taylor, Esq
State Compensation Insurance Fund
1615 Murray Canyon Road Ste 500
San Diego, CA 92108

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

Executed on: 2/8/22 at Los Angeles, CA

By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq

residuals and or if requires future medical care. Please complete the "Physician's Return-to-Work & Voucher Report" (DWC-AD Form 10133.36). If not yet considered at maximum medical improvement, please provide an estimate of when his MMI status can be expected.

11. For permanent disability evaluations performed pursuant to the 2005 Permanent Disability Rating Schedule, your report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition. Your narrative permanent impairment evaluation report must include the following:

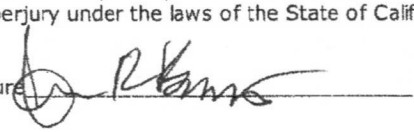
    - Narrative history
    - Current clinical status
    - Diagnostic study results
    - Medical basis for determining Maximum Medical Improvement
    - Diagnoses, impairments
    - Impairment rating criteria, prognosis, residual function, and limitations

    When listing your medical findings, please use the applicable reporting forms found in the AMA Guides to the Evaluation of Permanent Impairment, Fifth edition:

    - Cervical range of motion - page 422
    - Thoracic range of motion- page 416
    - Lumbar range of motion - page 410
    - Upper extremity - page 436
    - Lower extremity - page 561

12. I am informed and believe State Fund has complied with Labor Code section 4062.3. I further attest that a good faith estimate of the total number of pages provided on 06/29/21 is 3264 pages. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
    Date 11/16/2021 Signature Robert Bull

    State Fund has complied with Labor Code section 4062.3. I further attest the total number of pages provided herein is 492 pages. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

    Date 1-6-22 Signature 

13. In your interview if you determine that there are additional outside records that are necessary to address the issues of the claim, please provide detailed information so that we may obtain the records and forward to you for your review and comment.

You have the authority to conduct diagnostic tests that are necessary to complete your evaluation.

Please submit your bill and the original of your report to State Compensation Insurance Fund, PO BOX 65005 Fresno CA 93650-5005. Also, send a copy of the report to the applicant's attorney, Natalia Foley, at the address listed below.

Per Labor Code 139.2(j)(1), you are required to submit your report within 30 days of the exam date.

Your bill will be paid in accordance with the Medical/Legal Fee Schedule set forth in

2 5635961 003000001 003 492 06380832
2 5695031 000000001 182 190 06380832

Proof of Service

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

GEORGE M SOOHOO VS STATE OF CALIFORNIA INSTITUTION FOR MEN

ADJ11815610, 06380832

I, the undersigned, am employed in the County of Riverside, State of California. I am over the age of eighteen years and not a party to the within action. My business address is: 27450 Ynez Rd Ste 300, Temecula, CA 92591.

On 1/6/2022 I shipped records and/or films in the above case matter to the parties below:

Medical Examiner
LONKY, STEWART MD, 11620 WILSHIRE BLVD #340, LOS ANGELES, CA 90025

I am readily familiar with this business' practice of collection and processing correspondence for shipping. Under that practice it would be deposited with the FedEx/USPS service on that same day postage thereon fully prepaid at Temecula, California, in the ordinary course of business.

LABOR CODE SECTION 4062.3

As it pertains to copies of documents provided to the AME, Agreed panel QME or QME:
I am informed and believe our client has complied with Labor Code section 4062.3. I further attest the total number of pages provided herein is _229__ pages. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true.

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

Jeannie Gosiengfiao
Deposition Officer(s)

Recv'd Date: 20220310 Bill ID: 101864123

SCIF RECD DATE :03/10/2022

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8631

Proof of Service

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

GEORGE M SOOHOO VS STATE OF CALIFORNIA INSTITUTION FOR MEN

ADJ11815610, 06380832

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LABOR CODE SECTION 4062.3

As it pertains to copies of documents provided to the AME, Agreed panel QME or QME:
I am informed and believe our client has complied with Labor Code section 4062.3. I further attest the total number of pages provided herein is _1834__ pages. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true.

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

Jeannie Gosiengfiao
Deposition Officer(s)

January 6, 2022

Steve Hwang, Md
11620 Wilshire Blvd
Ste 340
Los Angeles CA 90025-1769

Claim Number: 06380832
Employee: George Soohoo
Date of Injury: 07/06/2018

Dear Steve Hwang, Md,

Thank you for agreeing to examine George Soohoo on February 9, 2022 at 9:00AM as the Qualified Medical Evaluator. Please determine if an industrial injury or illness has occurred as described in the background section.

You are being asked to examine George Soohoo because there exists a dispute over the compensability of the reported injury.

BACKGROUND:

George Soohoo has alleged an injury to his ears (both), multiple head injury, multiple neck injury, hip (right), hands (both), upper back area, lower back area, heart, mental/mental on July 6, 2018 while employed by Ca Institution For Men Attn: Return To Work Office as a supervising dentist, cf hired on January 24, 1994.

Mr. Soohoo also has an accepted claim for the low back with date of injury 08/16/21 with claim number 06643946. Please address the denied CT claim for period 08/01/15 - 07/06/18 and the accepted claim for the low back on claim 06643946 in your report. In your report, if Mr Soohoo not MMI then please address MMI status and work restrictions for the low back separate then the additional orthopedic body parts

MEDICAL RECORDS:

Medical record(s) enclosed for your review..

Also enclosed for your review are Claim forms
applications
Essential functions of dentist
Additional records to be provided by Ontellus from Kaiser and Va Long Beach

Please list all medical and non-medical records that you review in preparing your report pursuant to Section 10682(b)(4) of the California Code of Regulations (CCR). Please dispose of the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

PLEASE ADDRESS THE FOLLOWING IN YOUR REPORT:

1. A detailed medical and employment history, including any outside activities.
2. What is the diagnosis? Please describe the medical basis for your opinion.
3. Are your medical findings consistent with the mechanism of injury alleged by

Mailing Address: PO Box 65005, Fresno CA 93650

George Soohoo?

4. Please comment on the disputed findings of the treating physician. Do you agree or disagree with the treating physician's findings? Please be specific regarding the basis of your findings.

5. Is this a new injury or a continuation of a previous injury or illness?

6. What future medical treatment is reasonably necessary to cure or relieve the effects of the injury? In accordance with Labor Code §4604.5, the Medical Treatment Utilization Schedule is to be utilized and shall be presumptively correct on the issue of extent and scope of medical treatment. Please use the Medical Treatment Utilization Schedule or other evidence-based criteria to substantiate your medical opinion and to describe the scope, frequency, and duration of such treatment.

7. Are there any periods of temporary total (TTD) or temporary partial disability (TPD) as a result of the industrially caused or aggravated injury? Please indicate these periods and the basis of your opinion.

8. Is George Soohoo capable of returning to work with temporary modifications to his position during recovery from the injury? If so, please describe in detail the type and duration of the modifications. If not, when would you expect him to be able to return to modified work?

9. Pursuant to recent changes to Labor Code Section 4663, apportionment of permanent disability shall be based on causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury, and what portion was caused by other factors, including prior industrial injuries or other non-industrial factors.

   Pursuant to recent changes to Labor Code Section 4664, if an injured worker has received a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury. Based on the foregoing, please indicate what the approximate percentage of the applicant's current disability is due to the industrial injuries alleged in this case and which percentage is due to a) any previous industrial injuries; b) any subsequent industrial injuries; c) and any non-industrial injuries including asymptomatic prior conditions, retroactive prophylactic work preclusions, illnesses or pathology.

   If the percentage of disability set forth in the prior Award or Compromise and Release was determined pursuant to a pre-2005 rating schedule, please review all settlement papers and medical reports and provide an opinion as to the appropriate rating for the percentage of disability pursuant to the 2013 rating schedule that is attributable to the prior award.If the injured worker has received a prior Award or Compromise and Release, please review the medical reports regarding the prior injury or illness and indicate percentage of disability, if any, that reasonably medically caused by the prior injury.If reasonably medically indicated, please include the percentage of disability that is attributable to heredity or genetic factors and not the industrial injury. Please determine the medically probably percentage of each causal factor of permanent disability including industrial, non-industrial, and prior injuries and advise what percentage of permanent disability is directly caused by the current industrial injury.

   Please provide a basis for any apportionment you give in your report. To be substantial evidence on the issue of apportionment, "a medical report must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and must set forth reasoning in support of its conclusions." [WCAB En Banc Decision Escobedo v. Marshalls]

   Although this case may apply a presumption statute, we still require your opinion as to all causative factors.

10. Has George Soohoo's disability reached maximum medical improvement (MMI) and considered permanent and stationary? If yes, please note as of what date and list all factors of permanent

residuals and or if requires future medical care. Please complete the "Physician's Return-to-Work & Voucher Report" (DWC-AD Form 10133.36). If not yet considered at maximum medical improvement, please provide an estimate of when his MMI status can be expected.

11. For permanent disability evaluations performed pursuant to the 2005 Permanent Disability Rating Schedule, your report concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition. Your narrative permanent impairment evaluation report must include the following:

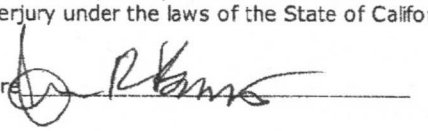
    - Narrative history
    - Current clinical status
    - Diagnostic study results
    - Medical basis for determining Maximum Medical Improvement
    - Diagnoses, impairments
    - Impairment rating criteria, prognosis, residual function, and limitations

    When listing your medical findings, please use the applicable reporting forms found in the AMA Guides to the Evaluation of Permanent Impairment, Fifth edition:

    - Cervical range of motion - page 422
    - Thoracic range of motion- page 416
    - Lumbar range of motion - page 410
    - Upper extremity - page 436
    - Lower extremity - page 561

12. I am informed and believe State Fund has complied with Labor Code section 4062.3. I further attest that a good faith estimate of the total number of pages provided on 06/29/21 is 3264 pages. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
    Date 11/16/2021 Signature Robert Bull

    State Fund has complied with Labor Code section 4062.3. I further attest the total number of pages provided herein is 492 pages. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

    Date 1-6-22 Signature 

13. In your interview if you determine that there are additional outside records that are necessary to address the issues of the claim, please provide detailed information so that we may obtain the records and forward to you for your review and comment.

You have the authority to conduct diagnostic tests that are necessary to complete your evaluation.

Please submit your bill and the original of your report to State Compensation Insurance Fund, PO BOX 65005 Fresno CA 93650-5005. Also, send a copy of the report to the applicant's attorney, Natalia Foley, at the address listed below.

Per Labor Code 139.2(j)(1), you are required to submit your report within 30 days of the exam date.

Your bill will be paid in accordance with the Medical/Legal Fee Schedule set forth in

Section 9795 of the Division of Workers' Compensation Administrative Director Rules.

California Senate Bill 863 established California Labor Code §139.32, effective January 1, 2013, which requires interested parties to disclose financial interests in other entities in the administration of workers' compensation claims. State Fund utilizes medical cost containment conventions for services provided by outside vendors as permitted by law including, but not limited to, utilization review, interpretation, transportation, bill review, photocopy, and pharmacological services. State Fund is not in violation of Labor Code §139.32 in the payment or provision of any of these services.

Except as otherwise permitted by law, Labor Code §139.32 prohibits any interested party other than a claims administrator or a network service provider from referring a person for services relating to workers' compensation provided by another entity, if the interested party has a financial interest in the other entity.

PLEASE NOTE THE ABOVE CLAIM NUMBER ON ALL CORRESPONDENCE AND BILLING.

Sincerely

Robert E. Bull

Robert E. Bull
Claims Adjuster
(951) 697-6317

Natalia Foley
751 S Weir Canyon Rd, Ste 157-455 Anaheim CA 92808-9280

Enc: Physician's Return-to-Work & Voucher Report (DWC-AD form 10133.36 - Eff. 1/1/14)
Application For Adjudication of 01/09/2019
Application For Adjudication of 01/03/2019
George Soohoo of 07/16/2018
Ca Institution For Men Attn: Return To Work Office of 12/23/2016
Claim Form 06380832 of 10/22/0221
List of Medical Reports

cc: Natalia Foley, 751 S Weir Canyon Rd, Ste 157-455, Anaheim, CA 92808-9280

1302

8631

2 5635961 000000001 004 492 06380832
2 5695031 000000001 189 190 06380832

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