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March 24, 2022

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Attention: Natalia Foley, Esq.

State Compensation Insurance Fund
1615 Murray Canyon Road, Suite 500
San Diego, CA 92108

Attention: Ashley Staudenmayer, Esq.

PANEL QUALIFIED MEDICAL EVALUATION

RE: George Soohoo
EMPLOYER: California Institution for Men
DATE OF INJURY: CT: 01/01/15-06/10/2021
CLAIM NUMBER: 06626694
PANEL NUMBER: 7448595

To Whom It May Concern:

Thank you for referring Dr. Soohoo to this office. I have interviewed and examined him at the Downey office on 03/24/2022 for the purpose of a Panel Qualified Medical Evaluation in Internal Medicine.

I spent 1 hour in face-to-face contact with Mr. Soohoo and obtained the history directly from him.

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I have been asked to address the following:

This is a 67-year-old man who was employed by the California Institution for Men as a dentist at the time of injury.

There are 5 claims involving many different body parts.

The first claim involves a continuous trauma period between 2015 and 2018. The second claim is a specific injury on 08/16/2021. The third claim is a continuous trauma period between January 2015 to June 2021. The fourth claim is a continuous trauma period between 06/11/2020 and 06/11/2021.

The fifth claim is a specific injury on 12/06/2021. The body parts that involve internal medicine pertain to 3 out of the 5 and I am asked to address the systemic problems within the scope of my specialty.

I am requested after obtaining a medical history to state a diagnosis and the basis for that diagnosis.

Whether or not the medical findings are consistent with the original incident as claimed by the applicant, Whether or not any further medical treatment is reasonably necessary to cure or relieve the effect of injury. If disability exists if it is industrially caused or aggravated, try to discern the periods of cumulative trauma or the incidents that resulted in injury

If there is any permanent disability or impairment and address using *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition, criteria.

Address the issue of apportionment taking into consider the causation of disability,

Determine whether the applicant can return to his usual and customary occupation.

JOB DESCRIPTION:

Dr. Soohoo is a 68-year-old dentist who works for the California Department of Corrections. He works at the California Institute of Men which is a facility in Chino. He has been working in this facility since 2010. He has been working for the Department of Corrections since 1994.

He works as dentist, working 8 hours a day, 5 days a week, between 7 in the morning and 3 in the afternoon. He usually stays at the dental clinic but occasionally he has to go to different yards and different cells. There are 5

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different yards in this facility. Sometimes he has to examine the inmates for infection and assess whether they need to be hospitalized.

When he is in the clinic, he sees between 2 and 8 patients a day. He also has several administrative duties. He works as a supervisor and at times he has been made chief of the department.

He estimates he spends 45% in clinical duties, seeing between 2 and 8 patients a day. He does extractions, cleanings, fillings, and artificial teeth. He spends time in administration.

He wears a disposable gown. He wears regular shoes with shoe covers. During the pandemic he work a mask with a face shield.

HISTORY OF INJURY:

Dr. Soohoo has many medical problems. He has been known to have hypertension for the past 20 years and he has also been diagnosed with diabetes mellitus for the past 20 years. He has been taking metformin and continues to take it at the present time, although at this time he takes the additional medication of Jardiance. His latest hemoglobin A1C was 6.5.

With regard to renal involvement, he has never been known to have renal involvement for diabetes but he was diagnosed with having renal cell carcinoma at the end of 2019 and required a right total kidney nephrectomy in 2019. For this issue, he spent 4 months off work. This was done at Kaiser. Since that time, he has been having diminished renal function. He usually runs his glomerular filtration rate (GFR) in the 40s which places him as chronic kidney disease class 3.

Subsequently, he had a CT scan of the chest where he was found to have as many as 12 nodules bilaterally and in 2020 he had percutaneous needle biopsy which proved to be positive for clear cell carcinoma, so he has been found to have metastatic disease.

When I asked him about time off, he says he has accumulated a lot of time throughout the years and he used his own time and all of these procedures and treatments were done on a nonindustrial basis.

He did have a claim in 2015 when he developed back pain issues. He was treated with physical therapy and he lost approximately 6 months of work at the time.

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He did put in a claim regarding hypertension and this is still open. He does not recall exactly when he had an echocardiogram but he believes he was told of having cardiac enlargement.

He also was diagnosed with obstructive sleep apnea and this was done in 2000 when he had an in-lab sleep study. He was told of having severe sleep apnea and he was given a BiPAP with 2 pressures. He has been monitored for the data of the machine at the VA Hospital.

He had an incident in December 2020 where he got hit with the office door and he fell on his back. He was treated at Concentra industrial clinic and this is an issue that has been addressed by different orthopedic physicians.

With regard to the cancer, he has been working with several substances as a dentist including creosol. This has been to do root canals. He also has been using zinc oxide to do plate impressions and amalgam and he states for 4 years he has been working in buildings that he knows have asbestos.

He also states that he was exposed to pepper spray which contains capsaicin. This pepper spray has been applied to the inmates and when he interacts with the inmates he would smell this all the time.

It is only recently that he started chemotherapy in December 2021. He started with biological agents, nivolumab and ipilimumab, and he had a followup CAT scan which showed that 6 of the nodules stayed the same size but 6 of them grew so one of the chemotherapeutic agents was changed to cabozantinib. He still is on the protocol but he stopped it 7 days ago because he developed protein in the urine. He was told this is one of the possible complications of chemotherapy.

Another complication is that a month ago while he was getting chemotherapy, he developed COVID-19. He has been off work since December when he started chemotherapy, so the COVID happened outside of work. He lives in a house with his wife who is 58 years old and a nurse at Kaiser. She also became positive. The oncologist did not stop the chemotherapy at the time.

PRESENT TREATMENT:

His primary care physician at Kaiser is Dr. Sing.

He has a pulmonologist, Dr. Chen.

He sees a urologist by the name of Dr. Wesley Shoi.

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He sees an oncologist, Dr. Lou.

He sees an endocrinologist, Dr. Park.

He sees a psychologist, Dr. Shawn Chung.

He has been assigned a primary treating physician under Workers' Compensation, Dr. Baldoyan.

He takes the following medications:

Lexapro 20 mg once a day, Lorazepam 0.5 mg once a day, Hydroxyzine 10 mg once a day for pruritis, Mirtazapine sedative psychotropic medication 30 mg once a day, Amlodipine 10 mg once a day for hypertension, Losartan 100 mg once a day for hypertension, Gemfibrozil 600 mg twice a day for elevated cholesterol, Jardiance 12.5 mg once a day for diabetes, Lovastatin 40 mg once a day for cholesterol, Metformin 500 mg twice a day. Clopidogrel 75 mg once a day for an unclear reason. He stopped it a week ago when he had the protein in the urine.

PRESENT COMPLAINTS:

1. He has pain in the right groin area radiating to the back. It is worse when he bends. This has been present since the injury he had in December 2020.
2. He has symptoms consistent with posttraumatic stress disorder. There were 2 events that are responsible. One is service related when he was in the military and this has been accepted as a service-related condition. He had another incident in 2015 when he got hit by the boss. This is part of a claim. He also has frequent headaches associated with PTSD and frequent nightmares.
3. With regard to the pain in the back, he has been under treatment with a chiropractor who recently released him from his care. He used to have problems eating. He is able to eat now. He has problems ambulating and problems bending down.
4. His sleep is still interrupted. He uses the BiPAP and the data from the machine is being monitored at the VA but he still awakens with anxiety and nightmares.
5. He has stiffness in his hands. He cannot extend them. He received an injection in 2005 which made matters worse and he could not tolerate it.
6. He does not have any symptoms attributable to the renal cancer. He has abnormal renal function. He also has a positive family history of colon

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- cancer and he is scheduled to have a colonoscopy on 04/22/2022. He gets colonoscopies every 5 years.
7. Regarding the shortness of breath, he does not have shortness of breath at rest. He does not wake up in the middle of the night because of shortness of breath. He does not perform structured exercise. He does not go for walks because of his back. He is able to make the bed and able to take a shower and able to take out the trash without limitations like shortness of breath. He does get short of breath if he has prolonged exertion. The last time he had a pulmonary function test was in 2018. At that time he was evaluated by the pulmonologist, Dr. Lonky. He also had a stress test but he does not know the results. He is currently not taking any inhalers or bronchodilators or inhaled steroids.

PAST MEDICAL HISTORY:

He has posttraumatic stress disorder from his experience in the military and from an incident that occurred in 2015. He has been seen by a psychologist.

He has hearing loss. This is also part of a claim. He has diabetes mellitus.

He has hypertension.

He has been diagnosed with obstructive sleep apnea.

He has been diagnosed with renal carcinoma and has undergone nephrectomy.

Besides this claim, there are 4 other claims that I mentioned before.

PATIENT PROFILE:

He is originally from California. He is of Chinese origin.

He does not have any children.

He has completed dental school. He was in the military service for 20 years in the armed forces both as a soldier and as a dentist and the rest he worked for the Department of Corrections.

PERSONAL HABITS:

He was never a cigarette smoker or an alcohol drinker.

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He drinks 2 cups of coffee a day.

ALLERGIES:

Aspirin causes asthma. Lisinopril causes throat tightness.

REVIEW OF SYSTEMS:

HEENT: He has poor hearing. He wears glasses. No difficulty swallowing. No difficulty breathing through the nose.

Respiratory: He has the respiratory symptoms as described previously. No shortness of breath at rest. No shortness of breath when performing activities of daily living. He has shortness of breath with prolonged exertion.

Cardiac: No chest pain or palpitations. No paroxysmal nocturnal dyspnea while he wears the BiPAP.

Gastrointestinal: No nausea, vomiting, diarrhea, or constipation.

Genitourinary: No dysuria, hematuria, hesitancy, or frequency.

PHYSICAL EXAMINATION:

On physical exam he is well developed and well oriented and wide awake throughout this interview. He was able to complete sentences without stopping to breathe. He is not in acute distress. His blood pressure is 152/84. His heart rate is 81 and regular. His temperature is 97 degrees. His oxygen saturation on room air is 96%. His height is 67 inches and his weight is 172 pounds for a body mass index of 27.

HEENT exam: Normocephalic. No facial asymmetry. Pupils are equal and reactive to light. Conjunctivae are not injected or pale. Pharynx is not injected. Patent posterior nasopharyngeal space. The neck is supple. The neck diameter is 15 inches.

CHEST exam: He has clear breath sounds to auscultation. No wheezing or rhonchi.

HEART exam: S1, S2. No gallops, no murmurs, no irregular beats.

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ABDOMEN: Abdomen is soft. He has a scar in the lower abdomen from the nephrectomy.

TESTING

A comprehensive laboratory panel was obtained from Quest laboratories and the claimant has normal cholesterol and triglycerides, elevated glucose at 212, normal Hg A1C of 5.8, abnormal renal functions with the creatinine 1.63 and the GFR at 43 ml, normal hepatic and thyroid function. High sed rate at 51 indicating that there is an active inflammatory process. Mildly anemic with a hemoglobin of 11.4 and normal white blood cell count.

ACTIVITIES OF DAILY LIVING:

He filled out an Activities of Daily Living Inventory

With regard to self-care, he wrote with some difficulty is take a shower, take a bath, wash and dry body, getting on and off the toilet, dress himself, put on shoes and socks, and make a meal. This is all because of pain.

With regard to physical activity, mostly unable to do is lift 30 pounds and with much difficulty is lift anything about 10 pounds. The rest of the activities are with some activity including standing, sitting, reclining, rising from a chair, getting in and out of bed, climb 10 stairs, work outdoors, light housework, engage in hobbies. He wrote cheek biting and stress related.

With regard to communication, with some difficulty is type a message on the computer and with much difficulty is hearing clearly. The difficulty on the computer is because of his hands.

With regard to sensory function, with some difficulty is feel and taste.

With regard to travel, with some difficulty is getting in and out of a car, drive a car, ride in a car, and ride a bicycle.

With regard to sleep, he wrote with much difficulty is go to sleep and have a restful sleep and with some difficulty is sleep through the night and feel refreshed after sleep.

He filled out an Epworth Sleepiness Scale and he scored 13/24 which is positive for excessive daytime somnolence.

REVIEW OF RECORDS:

30.50 hours were spent reviewing medical records totaling 4,791 pages, 23.37- inches-thick, including DWC forms and applicant questionnaires. These were reviewed and summarized below. Included were miscellaneous unremarkable records, duplicate records, and/or previously reviewed records. All of these materials were thoroughly reviewed to ensure that no relevant information was overlooked.

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09/13/00 Nocturnal Polysomnogram Report by Peter A. Fotinakes, M.D. (Neurology and Sleep Medicine), University of California, Irvine Sleep Disorders Center

09/07/07 Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

01/04/08 Laboratory Report by Kaiser Permanente

01/10/08 Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

02/28/08 Progress Note by Khang Nguyen, M.D. (Family Medicine), Kaiser Permanente

03/05/08 Laboratory Report by Kaiser Permanente

03/31/08 Progress Note by Khang Nguyen, M.D. (Family Medicine), Kaiser Permanente

08/26/08 Progress Note by Rana Rofagha Sajiadian, M.D. (Dermatology), Kaiser Permanente

10/21/08 Progress Note by Rana Rofagha Sajiadian, M.D. (Dermatology), Kaiser Permanente

10/23/08 Surgical Pathology Report by Sajjad Parvez Syed, M.D. (Pathology), Kaiser Permanente

11/04/08 Blood Pressure Check Visit by Beny Luz Tadina-Himes, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

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12/11/08 Progress Note by Khang Nguyen, M.D. (Family Medicine), Kaiser Permanente

03/24/09 Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

03/24/09 X-ray of the Bilateral Hands by Alfonso Nghlem Pham, M.D. (Radiology), Kaiser Permanente

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10/01/09 Audiology Report by Debra Ann Motz, Au.D. (Audiologist), Kaiser Permanente

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10/22/09 MRI of the Brain and Internal Auditory Canals by Peter Sami Abdel-Sayed, M.D. (Radiology), Kaiser Permanente

10/29/09 Progress Note by Annette Marie Luetzow, M.D. (Head and Neck Surgery), Kaiser Permanente

11/18/09 Audiology Report by Mehrnaz Karimi, A.U.D. (Audiology), Kaiser Permanente

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12/07/09 X-ray of the Right Shoulder by Yung Ho Cho, M.D. (Radiology), Kaiser Permanente

12/11/09 Progress Note by Roberto Alejandro Cueva, M.D. (Head and Neck Surgery), Kaiser Permanente

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08/16/13 Sleep Apnea Clinic Note by Janice Kay Roby, (Sleep Technician), Kaiser Permanente

12/19/13 Laboratory Report by Kaiser Permanente

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03/31/14 Emergency Department Provider Note by Ali Ghobadi, M.D. (Emergency Medicine), Kaiser Permanente

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07/08/14 Progress Note by Sepideh Mirfakhraie, M.D. (Family Medicine), Kaiser Permanente

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12/16/15 Ultrasound Left Axilla Non-vascular by Alfonso Pham, M.D. (Radiology), Kaiser Permanente

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01/11/16 MRI of the Left Axilla by Michael Kabiri, M.D. (Radiology), Kaiser Permanente

03/01/16 Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

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01/11/17 Audiological Evaluation by Loretta Y. Lee, A.U.D. (Audiology), Kaiser Permanente

02/23/17 Colonoscopy by Gavin Mark Jonas, M.D. (Gastroenterology), Kaiser Permanente

02/23/17 Surgical Pathology Report by Albert K. Huang, M.D. (Pathology), Kaiser Permanente

07/10/17 Progress Note by Sandra Sue Herman, M.D. (Family Medicine), Kaiser Permanente

07/11/17 X-ray of the Right Ankle by Anthony Caldarone, M.D. (Radiology), Kaiser Permanente

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01/23/19, Laboratory Report by Kaiser Permanente

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02/25/19 Progress Note by Tiffany Castaneda Kandler, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

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03/14/19 Rheumatology Consult Note by Ricardo Bardales Mendoza, M.D. (Rheumatology), Kaiser Permanente

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09/27/19 X-ray of the Lumbosacral Spine by Oneil Lee, M.D. (Radiology), Kaiser Permanente

09/27/19 X-ray of the Right Hip by Oneil Lee, M.D. (Radiology), Kaiser Permanente

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11/20/19 Progress Note by Syed Farrukh Ahsan, M.D. (Otolaryngology/Head and Neck Surgery), Kaiser Permanente

11/20/19 Audiology Report by Emily Vanides, A.U.D. (Audiology), Kaiser Permanente

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12/16/19 Transthoracic Echo Rest and Stress, Exercise Test by Babak Kasravi, M.D. (Cardiology), Kaiser Permanente

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12/20/19 CT of the Abdomen and Pelvis by Sung Pak, M.D. (Radiology), Kaiser Permanente

12/24/19 CT of the Thorax by Pankaj Mowji, M.D. (Radiology), Kaiser Permanente

01/03/20 Audiology Note by Amber Lynn Kadolph Kasten, Au.D. (Audiologist), Long Beach VAMC

01/07/20 Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

01/09/20 Psychiatry Note by Shaun C. Chung, M.D. (Psychiatrist), Long Beach VAMC

01/15/20 Progress Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

02/04/20 Progress Note by Guillermo Juan Sturich, M.D. (Family Medicine), Kaiser Permanente

02/05/20 Hematology/Oncology Consultation by David Yenbohr Lou, M.D. (Hematology/Oncology), Kaiser Permanente

02/05/20 Laboratory Report by Kaiser Permanente

02/21/20 Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

02/27/20 Pulmonary Consultation Note by George Yuen, M.D. (Pulmonology), Kaiser Permanente

02/27/20 Laboratory Report by Kaiser Permanente

03/03/20 Nephrology Outpatient Consultation Note by William Chen, M.D. (Nephrology), Kaiser Permanente

03/06/20 Blood Pressure Check Visit by Mayra Gutierrez, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

03/20/20 Laboratory Report by Kaiser Permanente

03/31/20 Blood Pressure Check Visit by Elizabeth Areyley Esquivel, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

04/03/20 Telephone Appointment Visit by David Bruce Richardson, M.D. (Family Medicine), Kaiser Permanente

10/01/21 Evaluation and Management of New Patient Report by Nelson J. Flores, Ph.D. (Psychologist), Psychological Assessment Services

10/04/21 Psychological Testing Report by Nelson J. Flores, Ph.D. (Psychologist), Psychological Assessment Services

10/11/21 Psychological Panel Qualified Medical Evaluation by Lawrence Ledesma, Ph.D. (Psychologist)

01/11/22 Panel Qualified Medical Examiner's Supplemental Report in Psychology by Lawrence Ledesma, Ph.D. (Psychologist)

NON- MEDICAL RECORDS

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01/31/20, Deposition of George Soohoo, Volume I

Case #: ADJ11815610

George Soohoo, applicant, versus State of California, Dept. Corrs-Inst Men, Legally Uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agency, Defendants.

Examination by Mr. Taylor:

Pages 8-15: The applicant stated that he currently took HCTZ for blood pressure, Amlodipine for blood pressure, Fenofibrate for controlling lipids, Metformin for diabetes, and Lovastatin for controlling cholesterol. He was also given medications by a psychiatrist for depression, sleep and anxiety but did not remember the names. The rules of the deposition were discussed.

Pages 16-18: The applicant stated his medications were prescribed by Dr. Alexander Berdy, his primary physician. He discussed his wife and being on her medical insurance, which is Kaiser, and which he has had for approximately 15-20 years.

Pages 20-23: The applicant stated he served in the Army from approximately 1994 to 2013 in the Army Reserves while working for the California Department of Corrections. He served as a dentist in the reserves. His duties included setting up field units with medical units. He served in the reserves every weekend doing drills. He retired from the reserves in 2013.

Pages 24-27: The applicant stated he went to a medical clinic when he was at Fort Riley, Kansas for back and knee issues in approximately 1998. He stated in 1996 an explosive blew up in front of him and he had some hearing issues. It did not knock him unconscious. He was unsure whether his hearing issues started with that incident or if it started before that.

Pages 28-29: The applicant stated he also had been treating at the VA facility in Long Beach for approximately 3-4 years, seeing a psychiatrist or psychologist. He also had a primary care doctor, Dr. Shah, who was in Santa Ana. The psychiatrist he had been seeing was Shawn Chung but he did not remember the name of the psychologist. He had seen Dr. Chung for a couple of years.

Pages 30-32: The applicant stated that Dr. Berdy was an internist and he had been treating with him for 4-5 years. He also saw another Kaiser doctor, Dr. Tracy in approximately 2005. He was treating with Dr. Berdy for diabetes, hypertension, hyperlipidemia, and he was referring him to physical therapy for his back, as well as a specialist because he had kidney cancer. He stated he had also now been diagnosed with a lung nodule, which is possibly cancer so he needs to go back in for a second CT scan. He had type 2 diabetes and was first diagnosed with

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prediabetes in approximately 1998. He saw a urologist, Dr. Wesley Choi through Kaiser, for his kidney cancer.

Pages 33-34: The applicant stated he was diagnosed with kidney cancer in 2018. He just had his whole right kidney removed and was diagnosed with adenocarcinoma. The kidney was removed in approximately June of 2019. He stated it was biopsied and it was a large cancer growth so they could not do a partial because it was too big. He did not know yet whether it had metastasized to anywhere else in his body. He stated that the psychologist he was seeing was Laurence Woodburn.

Pages 35-37: The applicant stated he had seen a different psychologist, Dr. Deboski, but she retired, so he started seeing Dr. Woodburn. He stated his lung nodule had been discovered approximately 2 months ago during a chest CT scan that Dr. Choi ordered after removing his kidney. He smoked when he was a kid. He was scheduled to see an oncologist in 2 weeks through Kaiser.

Pages 38-40: The applicant stated he was diagnosed with sleep apnea in 1994. He was 5'3" and his current weight was 185 pounds, which had been steady for approximately 3-4 years. When he was diagnosed with sleep apnea in 1994 his weight was approximately 150-160 pounds. He had a BiPAP machine that was prescribed after he did a sleep test at the sleep center in Orange, California. He spent the night there. He had a deviated septum and had surgery, but the surgery did not cure it. His sleep apnea situation had basically stayed the same since 1994 and he had used the BiPAP since then every night.

Pages 41-42: The applicant discussed his living situation and his current marriage, and his first marriage.

Pages 43-45: The applicant stated he worked for the Department of Juvenile Justice for 13 years, starting in approximately 1998 – 2000 as a Chief Dentist. He did both administrative work and hands-on dentistry. The Department of Juvenile Justice was a division of the Department of Corrections, and he first started working for the Department of Corrections in 1994.

Pages 47-51: The applicant stated that before the Department of Corrections in 1994, he was in private practice in Carlsbad, California as a dentist for approximately 13 years. He decided to stop private practice because he was deployed through the army reserves for a year in Tacoma Washington and when he came back his practice "was in shambles." He discussed his decision to seek employment at the Department of Corrections. He was first hired as a chief dentist.

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Pages 52-54: The applicant stated he did both clinical and administrative work at Ironwood State Prison for approximately 4-5 years. He did not have any physical problems or injuries during that time.

02/21/20, Deposition of George Soohooo, Volume II

Case #: ADJ11815610

George Soohooo, applicant, versus State of California, Dept. Corrs-Inst Men, Legally Uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agency, Defendants.

Examination by Mr. Taylor:

Pages 68-69: The applicant stated his current medications included Metformin for diabetes, Losartan-Hydrochlorothiazide for blood pressure, Amlodipine for blood pressure, Lovastatin for cholesterol, Fenofibrate for elevated triglycerides, and clopidogrel to prevent strokes and heart attack. They were all prescribed by Dr. Berdy. He had two psychiatric medications, which he did not remember the names of, prescribed by Shaun Chung at the Long Beach VA for anxiety and depression. He had been taking the psych meds for approximately 2 years.

Pages 70-72: The applicant stated he was currently working at Regional 4 in Rancho Cucamonga for the Department of corrections in Healthcare services as a supervising dentist. The job is 100% administrative.

Pages 75-76: The applicant stated he worked at the California Institution for Men at Chino for approximately 10 years, starting from 2010. He transferred to Rancho Cucamonga on 07/13/18. He currently worked full duty but they gave him accommodation for his bilateral carpal tunnel, worse on the right. He had a special chair, a special keyboard, and a screen that went up and down.

Pages 77-79: The applicant stated his typical day consistent of meetings, working with the other dentists on peer review, consulting, etc. He had no problems with anyone at work. He stated that his supervisor, Dr. Lissy, had asked about some of the ongoing things that occurred at Chino before he was transferred, but they have a good relationship.

Pages 80-81: The applicant stated he enjoyed clinical dentistry and had no plans to retire. He stated any psychiatric effects he was talking about with his treating psychologist or psychiatrist had to do with things that happened before he went to Rancho Cucamonga.

Pages 82-86: The applicant stated he was assigned back to Region 4 in approximately 2010 for maybe 3-4 months and he was doing audits of all the

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institutions. He describes the details of doing the audits. He stated that it would be fair to say that the 3-4 months he worked at Region 4 the first time was in 2008 or 2009. Before that he was chief dentist for department of juvenile services from approximately 1998 to 2010. While there, he never had neck or back issues that he reported but he did have them. He was having neck soreness from “spending too much time in a patient’s mouth” and not taking a break.

Pages 87-88: The applicant stated he would see 6-8 patients per day on average. He never took any time off Workers’ comp for neck soreness during those 13 years; he just got massage therapy and went to the jacuzzi.

Pages 89-90: The applicant stated that during that time there were times he couldn’t get out of bed due to pulling his back muscles or having back pain. He believed it was caused by having to bend and stoop all the time at work. He stated he might have seen a chiropractor. He also believed he had seen a doctor at Kaiser because he couldn’t move his back. There was no particular reason he didn’t report his back problems to work.

Pages 91-93: The applicant stated he didn’t have any medical problems or Workers’ Comp injuries or complaints before his 13 years at the department of Juvenile Justice. He stated his supervisor at Juvenile Justice was Dr. Hung Do.

Pages 94-95: The applicant stated that when the Department of Juvenile Justice was closed in approximately 2010, that was when he was transferred to Regional for 3-4 months. He had no problems during that time.

Pages 97-99: The applicant stated after that, he was transferred to Chino as a supervising dentist in 2010. The transfer had nothing to do with Workers’ Comp claims or medical problems, or workplace-related problems, or any kind of discipline. He agreed he had made claims regarding blood pressure and his cardiovascular system. He believed the issues were caused by the culture of the staff and the supervisors all being gone on Workers’ Comp, and therefore his own workload was greater.

Pages 100-101: The applicant stated the time he was there was approximately 2010 through 07/06/18.

Pages 104-107: The applicant stated he was given an Individual Development Plan by the CEO, Mr. Louie Escobell on 11/30/15 and after that, he and Dr. Lissy were his direct supervisors. He had some disagreements with Dr. Lissy about timelines and work demands, but other than that, they had a pretty good relationship. None of his psychological or psychiatric claims related to Dr. Lissy.

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Pages 108-114: The applicant stated he had a problem with Mr. Escobell right off the bat because he gave him an individual development plan and given him a couple of NS, meaning needs improvement, and that was wrong because Mr. Escobell hadn't even been there for a year. The applicant stated he tried to talk to him and "he blew up." The applicant went to a high level with it and brought the medical ERO in and wrote a long letter to the Regional. He discusses the letter and his problems with Mr. Escobell's independent development plan. He stated a new plan was "cleaned up" and he was satisfied with the result.

Pages 116-121: The applicant stated there was an incident with Mr. Escobell in early 2016 when they were doing interviews for new personnel and there was poor communication. Mr. Escobell "blew up" at him again and told the applicant he was the hiring authority, and eventually the applicant walked out..

Pages 122-126: The applicant stated there was another incident with Mr. Escobell on 04/21/17 that made the applicant extremely stressed when he took several people out to lunch including Mr. Escobell. During the lunch, "suddenly, he just really hard hit me in the face, really hard." He stated Mr. Escobell backhanded him with his hand. They were not drinking alcohol. He stated he and Mr. Escobell had not had any blowups, disagreements or problems the morning before they went to lunch. He did not recall what they had been talking about at the lunch or what caused the incident. One of the people at the lunch asked why he hit him. The applicant looked at Mr. Escobell, "and I moved away like this and he just snickered."

Pages 127-131: The applicant stated Dr. Farooq who was at the lunch looked shocked. The applicant got up and took some deep breaths to relax. He didn't speak to anyone, paid and left. He stated the slap was to his cheek on his right hand side. There were not cuts or bruises on his face. Dr. Farooq came and talked to him the after and was concerned the applicant would file assault charges against Mr. Escobell. He stated he had so much respect for Dr. Farooq and he said, "just let it go." He avoided Mr. Escobell after the incident.

Pages 132-134: The applicant stated he had heard through gossip that Mr. Escobell had chewed out another employee and they got in a big argument and the employee retired. He stated Mr. Escobell was very egotistical and liked power. He stated he eventually filed a police report maybe 5 or 6 months later but nothing came of it. He spoke to someone about suing Mr. Escobell for damages in a personal injury civil lawsuit and he was waiting to see if there were any charges from the internal affairs investigation that was ongoing.

Pages 135-136: The applicant stated he filed a report with internal affairs in December of 2018 approximately. Mr. Escobell was still in his position. Nobody talked to him at work about the incident. He stated Mr. Escobell was a major part of his psychological claims.

Pages 138-145: The applicant stated there was another incident in 2017 when his supervising dental assistant was gone and it took a tremendous amount of stress for him to supervise everyone by himself. They put an “acting” person in for the time being but they didn’t know what to do, but when he brought it up, they told him it was the best they could do. He discusses the regular staffing shortage problems.

Pages 146-156: The applicant stated there was a meeting on 06/18/18 “the month before I got walked off that involved Mr. Escobell and Jason Bishop the head of EEO. There were issues filed by some staff that were supposed to be dealt with individually, but they had a meeting with the whole staff in public. It stressed the applicant out because “staff came and talked to me, said, hey, it was about you. They gave us blank pieces of paper to fill out on you.” He stated Mr. Escobell had a meeting without him with the staff who were very supportive of the applicant. He felt like he couldn’t file a grievance because he would literally be seeking relief from the very people that did the bad things to him. He discussed his fears and stress. He was still waiting for all these things to be resolved with internal affairs.

Pages 157-170: The applicant stated on July 6 he was seeing patients and was called to Mr. Escobell’s office. There was a sergeant from internal affairs there and Mr. Escobell asked him to turn in his phone, keys and ID. He would not tell the applicant what the allegation was but that it had been approved by the regional administrator. He mentioned he was starting an investigation on the applicant. He was later exonerated from the charges and he came back to work in December of 2019 when he was told there were additional charges filed. There were charges made that the applicant was yelling at the staff. He discussed how the hygienists were supposed to do scaling and root planing and how it was being done incorrectly. He discussed various similar charges made against him by dental assistants. He again stated he was eventually absolved of these charges.

Pages 172-176: The applicant stated that on the day he was walked out he was told he could go get his personal stuff and the officer escorted him off in front of all the workers but nobody said anything to him, they just smiled. He was placed on Administrative time off for one week. He was then told he had been reassigned to Regional.

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Case #: ADJ11815610

George Soohooo, applicant, versus State of California, Dept. Corrs-Inst Men, Legally Uninsured; State Compensation Insurance Fund/State Contract Services, Adjusting Agency, Defendants.

Examination by Mr. Taylor:

Pages 195-215: The applicant stated that he had received and answered questions that were sent to him regarding one of the internal investigations and discussed the packages he received. He stated the questions and answers were related to the EEO filing against Mr. Escobell and Mr. Jason Bishop. He discussed how many pages he had, and noted that there were witness statements mixed in with a lot of other stuff.

Pages 216-219: The applicant discussed his living situation. He stated that since the last deposition he was no longer working in the same place but had been redirected back to CIM, the California Institute for Men in Chino, as approximately the end of May 2020. This happened after he got the investigation closure on 05/05/20 and was told via letter to report back to work in about 2 weeks.

Pages 220-224: The applicant stated he requested to answer to a different supervisor than Mr. Escobell at CIM but they never answered back. He stated he had a history of being treated unfairly by him and from battery and assault.

Pages 225-229: The applicant stated he had been going into the office ever since approximately the 18th of May. The drive was 100-110 miles. His current title was Supervising Dentist and Mr. Escobell is his supervisor. He was also again supervised by Dr. Lissy. He had had frequent contact with Mr. Escobell via email, at meetings, and calls approximately twice a week.

Pages 230-231: The applicant stated Mr. Escobell gave him a Letter of Instruction on the second day he returned to work, dated 06/10/20.

Pages 233-240: The applicant stated he disagreed with the LOI and he sent Mr. Escobell a rebuttal. The letter had to do with the dentists on call. He anticipated that the LOI would be removed from his file.

Pages 241-247: The applicant stated Mr. Escobell was treating him the same as he had previously but they were on a modified program at the moment so they had less interaction. He stated Mr. Escobell was moody and unpredictable. He noted other staff members that might feel the same way about Mr. Escobell.

Pages 241-248: The applicant stated Mr. Escobell was treating him the same as he had previously but they were on a modified program at the moment so they had less interaction. He stated Mr. Escobell was moody and unpredictable. He noted other staff members that might feel the same way about Mr. Escobell.

Pages 250-257: The applicant discussed his job duties and noted he was doing office work at a desk and on a computer and phone and worked in the clinic as well, including some dental work. The last time he worked on a patient as a clinical dentist was approximately a month ago. He planned to do more clinical dentistry in the future and not just do administrative work.

Pages 257-260: The applicant stated since his last deposition he had been undergoing treatment with psychiatrist Shawn Cheung at the VA. He had seen Dr. Cheung for approximately 2 years. Dr. Cheung prescribed him Hydroxyzine HDL for anxiety, which he took twice a day. He believed it was helping him with headaches, stress and grinding his teeth, which he did during the night and the daytime.

Pages 261-264: The applicant stated he tried to avoid meetings with Mr. Escobell and other staff members as it caused him stress because he didn't know what to expect and didn't want to deal with Dr. Escobell's behavior. He discussed other staff members that caused him stress.

Pages 266-269: The applicant stated that since he'd been back at Chino, he hadn't actually had any problems or difficulties with coworkers. He stated he didn't remember if he'd more than one meeting with Dr. Cheung since the last deposition. When they meet, he discussed his stress and his headaches, but mostly about preparing himself to go back to CIM.

Pages 270-271: The applicant stated he also discussed his health and his blood pressure with Dr. Cheung. He had been having sleep problems and nightmares.

Pages 273-274: The applicant stated he had last seen the psychologist in approximately 2019. He was also attending group sessions for anxiety.

Pages 275-276: The applicant stated since the last deposition he had seen a urologist and a nephrologist for his kidneys. He had been going back because renal failure tends to go to the other organs so he was being monitored every 6 months. He believed his kidney problems were related to work stress and also it drove up his blood pressure.

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Pages 277-279: The applicant stated he had an MRI about a month ago of his abdomen, chest and pelvis area, looking for areas where his kidney cancer might have metastasized to. Nobody had told him the cancer had metastasized.

Pages 280-281: The applicant stated the pulmonologist wanted to take a chest x-ray to see if it had moved up to his lungs and they had seen an increased in the size of his lung nodule of 3 mm.

Pages 282-283: The applicant stated his oncologist was George Yuen with Kaiser and he had been seeing him since the previous year. He told the patient he needed to do surgery to remove the nodule not just a biopsy, because it was right on top of his liver. He was told he would have a CT scan every 3-6 months.

Pages 284-286: The applicant stated it was his belief that part of the problems with his kidney cancer and the nodule on his lung are related to his blood pressure and part to being a diabetic. He was treating for high blood pressure with his primary care physician, Dr. Berdy, and Dr. Chen. He stated he was making sure he ate right, exercised, monitored his blood pressure, and got his sleep. He had not gone off his blood pressure medication for any reason in the last 10 years.

Pages 288-289: The applicant stated in the last 6 months he had not had any difficulties with activities of daily living, or doing his work duties. He stated that dentistry was very stressful but he thought he would be able to manage it better going forward. He stated his hands tended to lock up in the morning when he woke up. Some months his right hand was worse than his left and he had been getting treatment with physical therapy.

Pages 291-294: The applicant stated physical therapy had helped his hands. He had hand problems for approximately 15 years and believed it was due to the type of work he did. "A long time ago," he had a shot of steroids to his right hand and it helped. He had another shot in his hand at Kaiser but it was so painful he never went back. He wore hearing aids in both ears.

Pages 295-296: The applicant stated he had worn his hearing aids for approximately 3 years and he was treated by an audiologist at Kaiser and at the VA for 2-3 years. He believed he first started having hearing problems in his 30's.

Pages 297-299: The applicant stated he thought working with high-friction hand drills at work might have something to do with his hearing problems. He also had an ordinance go off near his head in the army reserves and he was around a lot of noise during weapons qualifications. His hearing has gotten worse over the last year or two.

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Pages 301-302: The applicant stated investigations on the allegation against him as described in previous depositions, are over but a decision has not been rendered.

11/09/20, Telephonic Recorded Statement of Mr. Louie Escobell in Regard to the Work Injury Claim of George Soohooo.

The interviewee stated he knows George Soohooo through work only. He was Dr. Soohooo's supervisor at California Institute for Men – Chino, currently for 6 years. He was not an eyewitness to Dr. Soohooo sustaining injuries to his head, ear, hands, backs or hips and he never made a report to him of work-related injury to any body part, psyche or emotion. He stated he had knowledge of an incident occurring on 04/21/17 at Mariscos Las Brisas restaurant in which Dr. Soohooo might have sustained an injury in a physical assault and it was a lunch gathering. Dr. Muhammad Farooq and his wife were present also. He stated Dr. Soohooo said he was not feeling well and might have had a mild temperature, and he reached over with his right hand and placed it on his forehead to check his temperature and told him he didn't think he was running a temperature. He stated they all walked out joking and laughing after finishing the meal. They drove in the same car and everybody returned to work. He stated he talked with Dr. Soohooo during the rest of the week, business as usual, joking and kidding around. He stated there were other issues that came up having to do with the department and Dr. Soohooo's issue at the restaurant surfaced at that time, in approximately June or July of 2017. It was regarding staff EEO complaints regarding Dr. Soohooo and he was redirected to the regional office until the investigation was completed, which took close to 18 months. He had no conversations with Dr. Soohooo regarding the restaurant during that time. He heard from Dr. Farooq that he was claiming an assault, approximately a week or so after the incident but was not aware he had filed anything officially. He was never given an official outcome report but he was told the findings were unfounded. He stated he had cordial conversations with Dr. Soohooo that very week. He stated he knew Dr. Soohooo's mother passed away and he had been very close to her and he had his kidney removed due to kidney cancer and that was all probably very stressful. He stated he had been directly involved in disciplinary actions directed toward Dr. Soohooo. He discussed the duties of a dental supervisor. He stated Dr. Soohooo filed a claim within the last 4 months noting he had walked into a car or truck mirror and hit his forehead in the parking lot. He stated Dr. Soohooo had mentioned he had high blood pressure. He thought the Workers' Comp claim for injuries was an attempt at retaliation for the general complaints against him by the staff.

11/18/20, Telephonic Recorded Statement of Dr. Muhammed Farooq in Regard to the Work Injury Claim of George Soohooo.

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The interviewee stated he was not aware of any injuries to Dr. Soohooo regarding a cumulative trauma. He recalled being at the lunch on 04/21/17 where the alleged slapping incident occurred. He stated Dr. Soohooo said he thought he had a fever and wasn't feeling good at the restaurant. He stated Mr. Escobell gently placed his hand on Dr. Soohooo's forehead and said in a joking way that he didn't feel any fever. He stated that even when they came back from lunch they were joking and laughing and resumed work. Dr. Soohooo made no request for medical treatment that day. He and Dr. Soohooo were peers. He was unaware of Dr. Soohooo having any injuries. He stated he was aware that multiple people filed complaints against Dr. Soohooo. He stated Dr. Soohooo left him multiple messages the night of the lunch incident stating he was assaulted and would file a police report and that he was a witness, but he's not sure if he went forward with the police report.

06/11/21, Workers' Compensation Claim Form

The patient was involved in a cumulative injury dated 01/01/15 – 06/11/21. The patient suffered stress due to hostile work environment. He suffered stress, depression, anxiety, PTSD, panic attacks due to hostile work environment, discrimination based on age, nation of origin, retaliation for complaints of violation of policies.

06/12/21, Application For Adjudication Of Claim

The patient was involved in a cumulative injury dated 01/01/15 – 06/10/21. The patient sustained injuries including stress, depression, anxiety, PTSD, panic attacks due to ongoing exposure at work to a hostile work environment, discrimination based on age, nation of origin, retaliation for complaints of violation of policies.

MEDICAL RECORDS

09/13/00, Nocturnal Polysomnogram Report by Peter A. Fotinakes, M.D. (Neurology and Sleep Medicine), University of California, Irvine Sleep Disorders Center

Impression: 1) Severe obstructive sleep apnea.

Discussion: The patient exhibited snorts, gasps, and loud snoring while asleep. During his 1.8 hours of diagnostic sleep time, he experienced 135 scorable apneas and 0 minor respiratory events that resulted in arousals. 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 less than or equal to 5/hour). The severity of the patient's sleep apnea prompted the technician to initiate a nasal CPAP titration but he was switched to BiPAP to increase treatment

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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 the patient'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.

09/07/07, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents requiring blood work and Menactra vaccine. He has a history of metabolic syndrome and is attempting diet and exercise, but has fallen off.

Medications: Not noted.

Examination: Blood pressure is 119/65. Pulse is 65. Temp is 98. Height is 5'3". Weight is 198 pounds.

Diagnosis: 1) Essential hypertension. 2) Hyperlipidemia. 3) Obesity (BMI 30-39.9). 4) Elevated transaminase measurement. 5) Health checkup, adult.

Plan: The patient is referred for labs and VACC meningococcal conj, A, C, Y, W-135 and Zostavax 19,400 unit.

Work Status: Not noted.

01/04/08, Laboratory Report by Kaiser Permanente

Microalbumin/creatinine is high at 179.5. Triglycerides are high at 310. HDL is low at 38. ALT is high at 48.

01/10/08, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for lab review. He complains of recent worsening in weight and cholesterol and admits to falling off of diet and exercise program. He complains of bilateral hand pain with intermittent trigger, left 4th digit.

Medications: Not noted.

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Examination: Blood pressure is 117/68. Pulse is 67. Temp is 98.2. Height is 5'3". Weight is 196 pounds. Positive Tinel's bilaterally.

Diagnosis: 1) Essential hypertension. 2) Hyperlipidemia. 3) Obesity (BMI 30-39.9). 4) Elevated transaminase measurement. 5) Prediabetes. 6) Trigger finger, acquired.

Plan: The patient is referred for labs. He is prescribed Vytarin 10 mg-20 mg, K-tab 10 meq, Amlodipine 10 mg, Hydrochlorothiazide 25 mg, Triamcinolone acetonide 0.025% topical ointment and 0.1% topical cream.

Work Status: Not noted.

02/28/08, Progress Note by Khang Nguyen, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of bilateral hand/finger clicking/locking of the left 4th ring finger. He complains of hyperlipidemia.

Medications: Not noted.

Examination: Blood pressure is 126/75. Pulse is 77. Temp is 98. Height is 5'3". Weight is 196 pounds. Left ring finger nodule at A1 pulley.

Diagnosis: 1) Essential hypertension. 2) Prediabetes. 3) Obesity (30-39.9). 4) Hyperlipidemia. 5) Sleep disorder, sleep apnea.

Plan: The patient is prescribed Lisinopril-Hydrochlorothiazide 10-12.5 mg. Labs are ordered. He will have a trial without hyperlipidemia medications. He uses BiPAP. TAC is refilled for chronic dermatitis.

Work Status: Not noted.

03/05/08, Laboratory Report by Kaiser Permanente

Glucose, fasting is high at 114.

03/31/08, Progress Note by Khang Nguyen, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for a left middle trigger finger injection with chronic pain and now catching.

Medications: Not noted.

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Examination: Blood pressure is 126/68. Pulse is 82. Temp is 98.8. Height is 5'3". Weight is 196 pounds. Clicking to left middle finger at A1 pulley.

Diagnosis: 1) Essential hypertension. 2) Hyperlipidemia.

Plan: The patient is administered a trigger finger injection to the left middle finger palmar side at A1 pulley. Labs are ordered.

Work Status: Not noted.

08/26/08, Progress Note by Rana Rofagha Sajiadian, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient complains of facial rash, worse over the past 2 weeks since he has used a new facial cream. He complains of skin burns.

Medications: Not noted.

Examination: Blood pressure is 129/72. Pulse is 69. Red, dry and edematous skin at the face and eyelids

Diagnosis: 1) Contact dermatitis. 2) Dermatitis, allergic.

Plan: The patient is prescribed Desonide 0.05% topical cream, Elidel 1% topical cream, and Derma-Smothe/FS scalp oil 0.01% topical oil.

Work Status: Not noted.

10/21/08, Progress Note by Rana Rofagha Sajiadian, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient presents for removal of 2 irritated lesions at scalp and left forearm.

10/23/08, Surgical Pathology Report by Sajjad Parvez Syed, M.D. (Pathology), Kaiser Permanente

Final Pathologic Diagnosis: 1) Skin, scalp, shave biopsy: Seborrheic keratosis. 2) Skin, left forearm, shave biopsy: Seborrheic keratosis.

11/04/08, Blood Pressure Check Visit by Beny Luz Tadina-Himes, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

The patient's blood pressure is 140/70.

11/04/08, Laboratory Report by Kaiser Permanente

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There are no abnormal results.

12/11/08, Progress Note by Khang Nguyen, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of left upper abdominal pain after strenuous exercise for military training, getting better. His microalbuminuria is improved at 103.1 on 12/10/08. He complains of left sided chest pressure x 2 weeks, 1 week after strenuous activity. It is not exertional now with heaviness lasting 10-15 minutes.

Medications: Not noted.

Examination: Blood pressure is 126/69. Pulse is 65. Temp is 98.8. Weight is 195 pounds. Positive for chest pain. EKG: Normal sinus rhythm, normal ECG.

Diagnosis: 1) Chest pain, atypical. 2) Abdominal pain. 3) Allergic rhinitis. 4) Essential hypertension.

Plan: The patient is referred for an electrocardiogram. He is prescribed Fluticasone 50 mcg/actuation nasal suspension and Cozaar 100 mg. Labs are ordered.

Work Status: Not noted.

03/24/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of an ingrown nail on the right big toe. He complains of hyperlipidemia and high triglycerides. His hypertension is well controlled. He complains of obesity with a gradual increase in weight. He complains of bilateral hand pain for one year and mostly stiffness bilaterally at the 3rd proximal IP joints.

Medications: Cozaar 100 mg. Amlodipine 5 mg. Gemfibrozil 600 mg. K-tab 10 meq. Hydrochlorothiazide 25 mg.

Examination: Blood pressure is 121/77. Pulse is 65. Temp is 97.9. Weight is 199 pounds. Bilateral hands stiff bilateral 3rd digits with lack of full extension proximal IP joints.

Diagnosis: 1) Essential hypertension. 2) Hyperlipidemia. 3) Prediabetes. 4) Obesity (BMI 30-39.9). 5) Elevated transaminase measurement. 6) Osteoarthritis of hand.

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Plan: The patient is referred for labs and x-rays of the bilateral hands. He is prescribed Simvastatin 20 mg.

Work Status: Not noted.

03/24/09, X-ray of the Bilateral Hands by Alfonso Nghlem Pham, M.D. (Radiology), Kaiser Permanente

Impression: 1) Unremarkable study of the bilateral hands.

05/15/09, Laboratory Report by Kaiser Permanente

Uric acid is high at 7.5. Triglycerides are high at 199. HDL is low at 31. Cholesterol/high density lipoprotein is high at 5.1. Glucose, fasting is high at 127. ALT is high at 76.

07/28/09, Progress Note by Saeed Torabzadeh, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of two episodes of cold sweats and nausea, one last week and one today.

Medications: Not noted.

Examination: Blood pressure is 120/73. Pulse is 65. Respirations are 6. Temp is 98.6. Weight is 190 pounds. Labs: WBC's auto is high at 12.0. Lymphocytes %, automated count is low at 17.6.

Diagnosis: 1) DM 2 uncontrolled. 2) Essential hypertension. 3) Hyperlipidemia. 4) Obesity (BMI 30-39.9). 5) Sleep disorder, sleep apnea.

Plan: Labs and an electrocardiogram are ordered.

Work Status: Not noted.

07/30/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of sweating excessively and nausea for one week. It started with diarrhea a day prior. He is bloating and gassy.

Medications: Cozaar 100 mg. Amlodipine 5 mg. Gemfibrozil 600 mg. K-tab 10 meq. Hydrochlorothiazide 25 mg.

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Examination: Blood pressure is 131/75. Pulse is 64. Temp is 98.1. Weight is 195 pounds. Labs: ALT is high at 45. Urinalysis: Glucose is abnormal at 50 (trace).

Diagnosis: 1) Dyspepsia.

Plan: Labs and a urinalysis are ordered, and the patient is prescribed Famotidine 40 mg. He will start Pepcid and add antacids.

Work Status: Not noted.

08/26/09, Emergency Department Provider Note by Bradley Steven de Marquette, M.D. (Emergency Medicine), Kaiser Permanente

Subjective: The patient complains of sudden onset of vertigo this AM with nausea and vomiting. He had some tinnitus last evening but denies it now. He has a history of vertigo in the past but much milder than today's experience. It is worse when he moves his head or opens his eyes.

Medications: K-tab 10 meq. Hydrochlorothiazide 25 mg. simvastatin 20 mg. Cozaar 100 mg. Amlodipine 5 mg. Gemfibrozil 600 mg. Desonide 0.05% topical cream. Elidel 1% topical cream. Derma-Smoothe/FS scalp oil 0.01% topical oil. Triamcinolone Acetonide 0.025% topical ointment.

Examination: Blood pressure is 148/83. Pulse is 65. Temp is 97.4. Respirations are 23. Weight is 192 pounds. SpO2 is 92%. Labs: Glucose, Random is high at 177.

Diagnosis: 1) Vertigo, peripheral.

Plan: Labs are ordered. He is administered sodium chloride 0.9% bolus IV, Ondansetron HCL (PF) 4 mg/2 ml injection solution, Lorazepam 2 mg/mL, and he is prescribed Meclizine 25 mg.

Work Status: Not noted.

08/27/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of an ER visit the previous day for vertigo. His symptoms are consistent with BPV.

Medications: Cozaar 100 mg. Amlodipine 5 mg. Gemfibrozil 600 mg. K-tab 10 meq. Hydrochlorothiazide 25 mg.

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Examination: Not noted.

Diagnosis: 1) Vertigo, benign paroxysmal positional.

Plan: The patient is educated about BPV and will follow up early next week if his symptoms continue.

Work Status: Off work.

09/04/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for a recheck of vertigo. He complains of a decrease in hearing with benign positional vertigo symptoms improving, especially in the AM. He continues with disequilibrium but it is improving. He complains of tinnitus, not ringing but a whooshing sound.

Medications: Cozaar 100 mg. Amlodipine 5 mg. Gemfibrozil 600 mg. K-tab 10 meq. Hydrochlorothiazide 25 mg.

Examination: Blood pressure is 125/73. Pulse is 58. Temp is 97.3. Weight is 194 pounds.

Diagnosis: 1) Otitis media. 2) Vertigo, benign paroxysmal positional. 3) Cerumen impaction.

Plan: The patient is prescribed Amoxicillin 500 mg.

Work Status: Not noted.

09/14/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of continued fullness and muffled hearing in the left ear without tinnitus. His vertigo is slightly better and he is done with his antibiotics.

Medications: Cozaar 100 mg. Amlodipine 5 mg. Gemfibrozil 600 mg. K-tab 10 meq. Hydrochlorothiazide 25 mg.

Examination: Blood pressure is 120/73. Pulse is 67. Temp is 97.5. Weight is 199 pounds. Left ear: small amount of cerumen mid canal.

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Diagnosis: 1) Vertigo, benign paroxysmal positional. 2) Hearing loss.

Plan: The patient is referred for a head and neck surgery consultation with an audiogram. He will attempt Sudafed as needed for congestion along with intermittent Valsalva.

Work Status: Not noted.

10/01/09, Progress Note by Annette Marie Luetzow, M.D. (Head and Neck Surgery), Kaiser Permanente

Subjective: The patient complains of sudden hearing loss and onset of vertigo. Meclizine made him worse and exercises have not been that helpful. His vertigo is gradually improved and he is able to work and drive, but he still feels off balance.

Medications: Not noted.

Examination: Blood pressure is 117/68. Pulse is 72. Weight is 192 pounds.

Diagnosis: 1) Hearing loss, sudden.

Plan: The patient is referred for a middle ear procedure and an MRI of the brain with internal auditory canals. He is injected with Dexamethasone 10 mg and is prescribed a Prednisone taper.

Work Status: Not noted.

10/01/09, Audiology Report by Debra Ann Motz, Au.D. (Audiologist), Kaiser Permanente

Results: 1) Right ear: Mild HF sensorineural hearing loss. 2) Left ear: Mild-severe sensorineural hearing loss.

10/21/09, Progress Note by Annette Marie Luetzow, M.D. (Head and Neck Surgery), Kaiser Permanente

Subjective: The patient complains of sudden hearing loss and onset of vertigo. He presents for a second Dexamethasone injection. He is able to work and drive but still feels off balance.

Medications: Not noted.

Examination: Blood pressure is 121/66. Pulse is 91. Weight is 197 pounds.

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Diagnosis: 1) Hearing loss, sudden.

Plan: The patient is referred for a middle ear procedure and he is injected with Dexamethasone 10 mg. He will have an audiogram.

Work Status: Not noted.

10/22/09, MRI of the Brain and Internal Auditory Canals by Peter Sami Abdel-Sayed, M.D. (Radiology), Kaiser Permanente

Impression: 1) Unremarkable MRI of the internal auditory canals.

10/29/09, Progress Note by Annette Marie Luetzow, M.D. (Head and Neck Surgery), Kaiser Permanente

Subjective: The patient complains of sudden hearing loss and onset of vertigo 7 weeks ago. He presents for a third Dexamethasone injection. He thinks his tinnitus is less. He stopped oral steroids on his own, and didn't like the way they made him feel. He still feels off balance.

Medications: Not noted.

Examination: Blood pressure is 121/66. Pulse is 91. Weight is 197 pounds. BMI is 34.90.

Diagnosis: 1) Hearing loss, sudden.

Plan: The patient is referred for a middle ear procedure and he is injected with Dexamethasone 10 mg. He will have an audiogram.

Work Status: Not noted.

11/18/09, Audiology Report by Mehrnaz Karimi, A.U.D. (Audiology), Kaiser Permanente

Results: 1) Almost same hearing thresholds on both ears since 10/01/09. 2) Word discrimination score has improved from 40% to 80% in the left ear since 10/01/09 in the left ear.

11/18/09, Progress Note by Annette Marie Luetzow, M.D. (Head and Neck Surgery), Kaiser Permanente

Subjective: The patient complains of sudden hearing loss and onset of vertigo 10 weeks ago. He thinks his tinnitus is less but still present. His discrimination ability in the left ear is better. He still has occasional brief vertigo.

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Medications: Not noted.

Examination: Blood pressure is 96/54. Pulse is 90. Weight is 200 pounds. BMI is 35.43.

Diagnosis: 1) Hearing loss, sudden. 2) Hearing loss, sensorineural, high frequency.

Plan: The patient will have an audiogram in 4-6 weeks and will do vestibular exercises. He is medically clear for a hearing aid in the left ear.

Work Status: Not noted.

12/01/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient desires to see a nerve specialist and desires a 2nd opinion. His vertigo continues, positional, worse with movement. He complains of constant tinnitus.

Medications: Not noted.

Examination: Blood pressure is 117/70. Pulse is 70. Temp is 98.7. Weight is 196 pounds.

Diagnosis: 1) Hearing loss, sudden.

Plan: The patient is referred to head and neck surgery in SD, Dr. Cueva.

Work Status: Not noted.

12/04/09, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of right shoulder pain for 2-3 months, without specific trauma. He notes increases in vertigo and tinnitus with loud, high speed drill and handpiece while practicing as a dentist.

Medications: Not noted.

Examination: Blood pressure is 112/67. Pulse is 63. Temp is 98.1. Weight is 198 pounds. Right shoulder decreased range of motion and mild crepitus.

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Diagnosis: 1) Impingement syndrome of shoulder. 2) Hearing loss. 3) Tinnitus. 4) Dizziness. 5) Essential hypertension.

Plan: The patient is referred for an x-ray of the right shoulder and he is prescribed Losartan 25 mg.

Work Status: Not noted.

12/07/09, X-ray of the Right Shoulder by Yung Ho Cho, M.D. (Radiology), Kaiser Permanente

Impression: 1) Mild inferior glenohumeral joint arthropathy with associated osteophyte formation. 2) No fracture or dislocation. 3) Mild AC joint arthropathy with associated osteophyte formation. No evidence for a calcific tendinitis.

12/11/09, Progress Note by Roberto Alejandro Cueva, M.D. (Head and Neck Surgery), Kaiser Permanente

Subjective: The patient complains of left sudden hearing loss that began with onset of vertigo symptoms and left sided tinnitus.

Medications: Cozaar 25 mg. Gemfibrozil 600 mg. K-Tab 10 meq. Hydrochlorothiazide 25 mg. Simvastatin 20 mg. Amlodipine 5 mg.

Examination: Blood pressure is 145/80. Pulse is 68.

Diagnosis: 1) DM 2, controlled. 2) Hearing loss, sensorineural. 3) Hearing loss, sudden.

Plan: The patient is recommended for a hearing aid and better management of his HTN, Type II DM, and hyperlipidemia.

Work Status: Not noted.

12/18/09, Physical Therapy Report by Kaiser Permanente

This is a physical therapy report noting treatment for the right shoulder.

01/12/10, Audiological Evaluation by Rosalia Aiello, A.U.D. (Audiology), Kaiser Permanente

Impression: 1) AD: Moderate sensorineural hearing loss of highest tones. 2) AS: Severe high-frequency sensorineural hearing loss.

01/13/10, Progress Note by Annette Marie Luetzow, M.D. (Head and Neck Surgery), Kaiser Permanente

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Subjective: The patient is without much change in his hearing but his tinnitus is less and his discrimination score is significantly improved.

Medications: Not noted.

Examination: Blood pressure is 96/54. Pulse is 90. Weight is 200 pounds. BMI is 35.43.

Diagnosis: 1) Hearing loss, sudden. 2) Hearing loss, sensorineural, high frequency.

Plan: The patient has an appointment at HeaRX today and he is medically clear for a hearing aid of the left ear if desired.

Work Status: Not noted.

02/11/10, Laboratory Report by Kaiser Permanente

Glucose, fasting is high at 118. HGBA1C% is high at 6.7. ALT is high at 58. Triglycerides are high at 218. HDL is low at 39. Microalbumin is high at 44.4. Microalbumin/creatinine is high at 47.7.

09/07/10, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient continues to complain of left sided hearing loss and tinnitus. His diabetes is well controlled.

Medications: Amlodipine 5 mg. Triderm 0.1% topical cream. Cozaar 25 mg. Lopid 600 mg. Cozaar 100 mg. K-tab 10 mEq. Hydrochlorothiazide 25 mg. Zocor 20 mg. Triamcinolone Acetonide 0.025% topical ointment.

Examination: Blood pressure is 126/73. Pulse is 78. Temp is 98.9. Weight is 200 pounds.

Diagnosis: 1) DM 2, controlled. 2) Exam, foot, diabetic. 3) Hearing loss, sensorineural. 4) Essential hypertension. 5) Hyperlipidemia. 6) Sleep disorder, sleep apnea. 7) DM 2 with diabetic microalbuminuria.

Plan: The patient is recommended for VACC pneumococcal polysaccharide, 23 Valent and Tdap. He is prescribed Amlodipine 5 mg, Hydrochlorothiazide 25 mg, Simvastatin 20 mg, and Losartan 100 mg.

Work Status: Not noted.

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01/11/11, Laboratory Report by Kaiser Permanente

HGBA1C% is high at 6.7. Triglycerides are high at 189. HDL is low at 31. ALT is high at 60. Glucose, fasting is high at 107. Microalbumin is high at 72.6. Microalbumin/creatinine is high at 54.6.

01/13/11, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of productive cough for 3 weeks, slowly improving. He has had some sweats but no fever.

Medications: Amlodipine 5 mg. Hydrochlorothiazide 25 mg. Zocor 20 mg. Cozaar 100 mg. Lopid 600 mg. K-tab 10 mEq.

Examination: Blood pressure is 132/75. Pulse is 89. Temp is 98.7. Weight is 200 pounds.

Diagnosis: 1) Screening, diabetic retinopathy. 2) DM 2, controlled. 3) Essential hypertension. 4) Hyperlipidemia. 5) DM 2 with diabetic microalbuminuria. 6) Hearing loss, sensorineural.

Plan: The patient is recommended for a diabetic eye exam. He is prescribed Metformin 500 mg. He is dispensed One Touch strips, misc kit, lancets, and INVT solution.

Work Status: Not noted.

02/14/11, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents to follow up on labs.

Medications: Metformin 500 mg. Amlodipine 5 mg. Hydrochlorothiazide 25 mg. Zocor 20 mg. Cozaar 100 mg. Lopid 600 mg. K-tab 10 mEq.

Examination: Blood pressure is 109/67. Pulse is 82. Temp is 98. Weight is 200 pounds.

Diagnosis: 1) DM 2, controlled. 2) Essential hypertension. 3) Hyperlipidemia. 4) DM 2 with diabetic microalbuminuria. 5) Obesity (BMI 30-39.9). 6) Elevated transaminase measurement.

Plan: The patient is recommended to become more active.

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Work Status: Not noted.

07/30/11, Laboratory Report by Kaiser Permanente

Triglycerides are high at 206. HDL is low at 35. ALT is high at 50. HGBA1C% is high at 6.4. Glucose, fasting is high at 103.

10/17/11, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for a 6-month check and admits to a decrease in diet and exercise due to increased demands of his job.

Medications: Metformin 500 mg. Amlodipine 5 mg. Hydrochlorothiazide 25 mg. Zocor 20 mg. Cozaar 100 mg. Lopid 600 mg. K-tab 10 mEq.

Examination: Blood pressure is 134/76. Pulse is 82. Temp is 97. Weight is 195 pounds.

Diagnosis: 1) DM 2 with diabetic microalbuminuria. 2) Exam, foot, diabetic. 3) Prophylactic vaccine for influenza. 4) Essential hypertension. 5) Hyperlipidemia. 6) DM 2 controlled.

Plan: The patient is recommended for a diabetic foot exam and an influenza vaccination. He is prescribed Fenofibrate 160 mg and Metformin 500 mg.

Work Status: Not noted.

05/25/12, Progress Note by Hege Grande Sarpa, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient complains of eczema on the face and back.

Medications: Desonide 0.05% topical cream. Triderm 0.1% topical cream. Hydrochlorothiazide 25 mg. Metformin 500 mg. Amlodipine 5 mg. Simvastatin 20 mg. Losartan 100 mg.

Examination: Blood pressure is 109/56. Pulse is 89. Temp is 98.1.

Diagnosis: 1) Eczema. 2) Epidermal cyst.

Plan: The patient is prescribed Desonide 0.05% topical cream, and Triderm 0.1% topical cream.

RE: GEORGE SOOHOOO

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Work Status: Not noted.

01/22/13, Progress Note by Diane Kim, M.D. (Family medicine), Kaiser Permanente

Subjective: The patient complains of intermittent cough with clear or yellow sputum for 6 weeks and occasional sneezing. He tried an antihistamine with partial relief and Nyquil without relief. He had subjective fever and chills yesterday but is better today.

Medications: Metformin 500 mg. Hydrochlorothiazide 25 mg. Fenofibrate 160 mg. Amlodipine 5 mg. Simvastatin 20 mg. Losartan 100 mg. K-tab 10 mEq.

Examination: Blood pressure is 116/77. Pulse is 98. Temp is 99. SpO2 is 95%. Weight is 193 pounds.

Diagnosis: 1) URI (upper respiratory infection). 2) Exam, foot, diabetic. 3) Essential hypertension.

Plan: The patient is referred for a diabetic foot exam. He is prescribed Guaifenesin AC 10-100 mg/5 mL. He is referred for oximetry.

Work Status: Not noted.

02/10/13, Laboratory Report by Kaiser Permanente

Triglycerides are high at 164. HDL is low at 38. Glucose, fasting is high at 104. Microalbumin is high at 27.9.

02/26/13, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of a non-productive cough for 6-7 weeks. It is mostly dry, occasionally productive, with slight postnasal drip.

Medications: Metformin 500 mg. Amlodipine 5 mg. Hydrochlorothiazide 25 mg. Fenofibrate 160 mg. Zocor 20 mg. Cozaar 100 mg. K-tab 10 mEq.

Examination: Blood pressure is 115/66. Pulse is 81. Temp is 98.1. Weight is 193 pounds. BMI is 34.19.

Diagnosis: 1) Essential hypertension. 2) Hyperlipidemia. 3) DM 2 with diabetic microalbuminuria. 4) Cough.

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Plan: The patient is prescribed Vibra-Tabs 100 mg. He is okay to decrease his Metformin 500 mg to two times per day.

Work Status: Not noted.

06/27/13, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for diabetes care management.

Medications: Metformin 500 mg. Hydrochlorothiazide 25 mg. Zocor 20 mg. Cozaar 50 mg. K-tab 10 mEq. Amlodipine 5 mg. Fenofibrate 160 mg.

Examination: Blood pressure is 130/68. Pulse is 83. Temp is 98.1. Weight is 195 pounds. BMI is 34.54.

Diagnosis: 1) DM 2, controlled. 2) Hyperlipidemia. 3) Essential hypertension. 4) Obstructive sleep apnea.

Plan: The patient is referred for labs and is prescribed Losartan-Hydrochlorothiazide 50-12.5 mg.

Work Status: Not noted.

06/27/13, Laboratory Report by Kaiser Permanente

Triglycerides are high at 231. HDL is low at 39.

08/16/13, Sleep Apnea Clinic Note by Janice Kay Roby, (Sleep Technician), Kaiser Permanente

Subjective: The patient complains of obstructive sleep apnea. AHI of >5. He has done CPAP treatment for +10 years. He complains of machine noise and pressure not being as strong as it first was; machine was checked and it is delivering 12/9 cm H2O as set.

Medications: Not noted.

Examination: BMI is 34.55. Weight is 195 pounds. Current CPAP pressure: Bilevel 12/9 cm H2O. Current mask: Comfort Gel. Humidifier: Yes. Filter inspection: Yes. Number of hours used on CPAP machine: 7856.9. Reported CPAP use: 5-6 hours per night, 5-7 nights per week. Current Epworth Sleepiness Score: 2. Airway Mallampati: 4. Neck circumference: 17".

Diagnosis: No diagnosis found.

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Plan: The patient will continue CPAP use at 12/9 cm H₂O, sleep hygiene and weight loss.

Work Status: Not noted.

12/19/13, Laboratory Report by Kaiser Permanente

BUN is high at 20. Triglycerides are high at 229. HDL is low at 39.

12/20/13, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of postnasal drip and productive cough x 3 weeks. He complains his hearing loss is worse with increase in tinnitus.

Medications: Losartan-Hydrochlorothiazide 50-12.5 mg. Metformin 500 mg. Zocor 20 mg. Triamcinolone Acetonide 0.025% topical ointment. Amlodipine 5 mg.

Examination: Blood pressure is 123/77. Pulse is 98. Temp is 98.7. Weight is 197 pounds. BMI is 34.91. SpO₂% is 96%.

Diagnosis: 1) DM 2 with diabetic microalbuminuria. 2) Essential hypertension. 3) Hyperlipidemia. 4) Bilateral hearing loss. 5) Obstructive sleep apnea. 6) Obesity, BMI 30-34.9, adult. 7) Routine adult health check up exam. 8) Cough.

Plan: The patient is referred for a diabetic foot exam and is prescribed Metformin 500 mg.

Work Status: Not noted.

03/31/14, Emergency Department Provider Note by Ali Ghobadi, M.D. (Emergency Medicine), Kaiser Permanente

Subjective: The patient complains of sudden left rib pain after a severe cough attack about one hour ago. He complains of postnasal drip and cough with yellow sputum for about 5 days, getting worse tonight, frequent bursts of cough attacks, and he had a sudden episode and coughed very hard and felt a sudden severe pain to the left rib (located just lateral to the left nipple near the axillary area) and since then he gets a spasm every time he coughs or moves in a certain way.

Medications: Not noted.

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Examination: Blood pressure is 153/89. Pulse is 73. Temp is 97.2. Respirations are 18. Weight is 195 pounds. BMI is 34.55. SpO2 is 96%. He appears distressed (frequent wet cough, after a hard cough gets sudden pain to left rib and spasms over).

Diagnosis: 1) Cough. 2) Rib contusion.

Plan: The patient is referred for x-rays of the left ribs and chest. He is prescribed Albuterol 2.5 mg/0.5 mL nebulizer 2.5 mg, Norco 5-325 mg, Azithromycin 250 mg, Albuterol 90 mcg/actuation inhaler HFAA, and Hydromet 5-1.5 mg/5 mL oral syrup.

Work Status: Not noted.

03/31/14, X-ray of the Left Rib by Alfonso Nghiem Pham, M.D. (Radiology), Kaiser Permanente

Impression: 1) A single view of the chest and multiple views of the ribs were obtained. No fracture identified. Bony structures are within normal limits. 2) Poor inspiration film noted, which might explain exaggeration of mild bihilar lung markings.

04/24/14, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for an emergency room follow up, complaining of abdominal pain.

Medications: Metformin 500 mg. Zocor 20 mg. Amlodipine 5 mg. Fenofibrate 160 mg.

Examination: Blood pressure is 114/69. Pulse is 76. Temp is 98.3. Weight is 198 pounds. BMI is 35.08. Minimal left lower chest wall tender to palpation, but very slight. Pink, scaly maculo papular rash left upper back, 2x3 cm diameter.

Diagnosis: 1) DM 2 with diabetic microalbuminuria. 2) Chest wall muscle strain. 3) Atopic dermatitis.

Plan: The patient is prescribed Temovate 0.05% topical cream.

Work Status: Not noted.

06/17/14 – 06/24/14, Progress Notes by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

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Subjective: The patient complains of low back pain status post an MVA and recalls right hip and right anterior chest pain at the scene, slowly improving. On 06/24/14, the patient's symptoms are improving.

Medications: Metformin 500 mg. Hyzaar 50-12.5 mg. Zocor 20 mg. Amlodipine 5 mg. Fenofibrate 160 mg.

Examination: Blood pressure is 123/68. Pulse is 69. Temp is 98.2. Weight is 197 pounds. BMI is 34.35. Slight decrease in lumbar range of motion and slight tenderness to palpation.

Diagnosis: 1) Left trapezius strain. 2) DM 2 with diabetic microalbuminuria. 3) Essential hypertension. 4) Hyperlipidemia. 5) Chest wall contusion. 6) Lumbosacral joint sprain. 7) Neck muscle strain.

Plan: The patient is referred to physical/occupational therapy. On 06/24/14, the patient is expected to make a full recovery.

Work Status: Not noted.

07/07/14 – 01/05/15, Physical Therapy Reports by Kaiser Permanente

This is a series of physical therapy reports noting treatment for the lumbar spine, trapezius, and the neck.

07/08/14, Progress Note by Sepideh Mirfakhraie, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of back pain. He is taking Ibuprofen for pain.

Medications: Temovate 0.05% topical cream. Metformin 500 mg. Hyzaar 50-12.5 mg. Zocor 20 mg. Amlodipine 5 mg. Fenofibrate 160 mg.

Examination: Blood pressure is 132/68. Pulse is 76. Temp is 98.3. Weight is 196 pounds. BMI is 34.46. Back very stiff, DROM, unable to move due to pain.

Diagnosis: 1) Cause of injury, MVA, car driver injured in collision with car, non-traffic accident. 2) Back pain.

Plan: The patient refused muscle relaxant.

Work Status: Off work.

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09/08/14, Progress Note by Robert Andrew Langer, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents to follow up for atopic dermatitis facial upper extremity. Triamcinolone Acetonide did not help better with Clobetasol.

Medications: Kenalog 0.025% topical cream. Albuterol 90 mcg/actuation inhaler HFAA. Metformin 500 mg. Hyzaar 50-12.5 mg. Zocor 20 mg. Amlodipine 5 mg. Desonide 0.05% topical cream. Fenofibrate 160 mg.

Examination: Blood pressure is 134/83. Pulse is 70. Weight is 190 pounds. BMI is 33.67. Eczematous lesions facial upper extremity and trunk.

Diagnosis: 1) Atopic dermatitis. 2) Epidermal cyst.

Plan: The patient is referred to HNS. He is prescribed Temovate 0.05% topical cream, Desonide 0.05% topical ointment, and Atarax 10 mg.

Work Status: Not noted.

01/03/15, Laboratory Report by Kaiser Permanente

Triglycerides are high at 241. HGBA1C% is high at 6.9. Microalbumin is high at 178.3. Microalbumin/creatinine is high at 86.6.

03/12/15, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for diabetes mellitus follow up and diabetic foot exam. He complains of intermittent low back pain.

Medications: Hyzaar 50-12.5 mg. Metformin 500 mg. Zocor 20 mg. Amlodipine 5 mg. Fenofibrate 160 mg.

Examination: Blood pressure is 133/53. Pulse is 83. Temp is 98. Weight is 201 pounds. BMI is 35.66.

Diagnosis: 1) Severe obesity equivalent, BMI 35-35.9, adult with co-morbidity. 2) DM 2 with diabetic microalbuminuria. 3) Essential hypertension. 4) Hyperlipidemia. 5) DM 2 with diabetic CKD stage 2 (GFR 60-89). 6) FHX of colon cancer < 50 years. 7) Low back pain.

Plan: The patient's diabetic foot exam is normal. He is prescribed Hyzaar 50-12.5 mg, Metformin 500 mg, and Zocor 20 mg. Weight loss and exercise is emphasized.

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Work Status: Not noted.

05/23/15, Laboratory Report by Kaiser Permanente

Ferritin is high at 506. BUN is high at 20.

05/29/15, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents for blood test results review. He has had a slight decrease in blood pressure and has increased exercise. He is asymptomatic.

Medications: Hyzaar 50-12.5 mg. Metformin 500 mg. Zocor 20 mg. Amlodipine 5 mg. Fenofibrate 160 mg.

Examination: Blood pressure is 128/73. Pulse is 76. Temp is 98. Weight is 196 pounds. BMI is 34.88.

Diagnosis: 1) DM 2 with diabetic microalbuminuria. 2) Essential hypertension. 3) Hyperlipidemia. 4) DM 2 with diabetic CKD stage 2 (GFR 60-89).

Plan: The patient is recommended to continue his current medications but is recommended to stop the Fenofibrate indefinitely. If he has no improvement in muscle aches, and fatigue after 3 weeks or so, then he will stop the Simvastatin as well. He will have routine labs in 6 months.

Work Status: Not noted.

06/29/15, Laboratory Report by Kaiser Permanente

Cholesterol is high at 209. Triglycerides are high at 378. HDL is low at 39. Cholesterol/high density lipoprotein is high at 5.4.

07/02/15, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient presents to follow upon lipids off of both Fenofibrate and Simvastatin for 4-5 weeks. A lump is noted on the left axilla for about a month without obvious change, but is feels smaller now.

Medications: Hyzaar 50-12.5 mg. Metformin 500 mg. Amlodipine 5 mg.

Examination: Blood pressure is 138/72. Pulse is 66. Temp is 98. Weight is 196 pounds. BMI is 34.84. Left anterior chest wall in anterior axillary line, about 5

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mm sized superficial subcutaneous mass, mobile, slightly red skin consistent with simple epidermal inclusion or dermoid cyst.

Diagnosis: 1) Hyperlipidemia. 2) Myalgia. 3) DM 2 with diabetic microalbuminuria. 4) DM 2 with diabetic CKD stage 2 (GFR 60-89). 5) Seborrheic dermatitis.

Plan: The patient is prescribed Hyzaar 50-12.5 mg, Metformin 500 mg, and Triamcinolone Acetonide 0.025% topical ointment. He may try ½ tab of Simvastatin 20 mg every night to see if it is tolerated, and if it is, then it is fine to repeat labs on the 10 mg dose in 2-3 months.

Work Status: Not noted.

10/05/15, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of flu-like symptoms for approximately 10 days, with productive cough.

Medications: Hyzaar 50-12.5 mg. Metformin 500 mg. Amlodipine 5 mg. Zocor 20 mg.

Examination: Blood pressure is 124/53. Pulse is 75. Temp is 98.1. Weight is 195 pounds. BMI is 34.57. SpO2 94%. Diffuse rhonchi and wheezing. Pink, scaly rash lower back, neck and ears.

Diagnosis: 1) Bronchitis. 2) Atopic dermatitis. 3) Reactive airway disease. 4) Eczema. 5) Abnormal sputum.

Plan: The patient is prescribed Albuterol 90 mcg/actuation inhaler HFAA, Beclomethasone Dipropionate (QVAR) 80 mcg/actuation inhaler aero, Zithromax 250 mg, and Desonide 0.05% topical cream.

Work Status: Not noted.

12/11/15 – 01/20/16, Dermatology Progress Notes by Aparche Beth Yang, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient complains of a lump in the right armpit for 5 years or more, progressively enlarging with intermittent tenderness. He complains of bumps on his scalp, occasionally itchy, ongoing, and an itchy rash on his face, and dry, itchy skin on back right for many years. On 01/20/16, the patient complains

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of intermittent tenderness and testing revealed a strong reaction to disperse blue dye 106 and gold.

Medications: Hydrocortisone 2.5% topical cream. Clindamycin Phosphate 1% topical gel. Losartan-Hydrochlorothiazide 50-12.5 mg. Metformin 500 mg. Amlodipine 5 mg. Simvastatin 20 mg.

Examination: Temp is 97.1. Weight is 195 pounds. BMI is 34.55.

Diagnosis: 1) Dermatitis. 2) Folliculitis. 3) Seborrheic keratosis. 4) Neoplasm of uncertain behavior, soft tissue.

Plan: The patient is prescribed Hydrocortisone 2.5% topical ointment, will change clothing color pallet and discontinue gold chain. He will consider general surgery in the future.

Work Status: Not noted.

12/16/15, Ultrasound Left Axilla Non-vascular by Alfonso Pham, M.D. (Radiology), Kaiser Permanente

Impression: 1) Lymph node(s) visualized. 2) If concern for soft tissue mass, may suggest MRI study.

12/30/15, Laboratory Report by Kaiser Permanente

There are no abnormal results.

01/11/16, MRI of the Left Axilla by Michael Kabiri, M.D. (Radiology), Kaiser Permanente

Impression: 1) No significant abnormality.

03/01/16, Progress Note by Jeff David Tracy, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of right trigger finger, 2nd digit. He complains of stress.

Medications: Hyzaar 50-12.5 mg. Metformin 500 mg. Amlodipine 5 mg. Zocor 20 mg.

Examination: Blood pressure is 124/53. Pulse is 75. Temp is 98.1. Weight is 195 pounds. BMI is 34.57. SpO2 94%.

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Diagnosis: 1) Paresthesia. 2) Eye exam, fundus photography screening. 3) Hyperlipidemia. 4) DM 2 with diabetic microalbuminuria. 4) DM 2 with diabetic CKD stage 2 (GFR 60-89). 5) Essential hypertension. 6) Screening for diabetic foot disease, Category 0 – Normal diabetic foot. 7) Grief reaction. 8) Caregiver stress.

Plan: The patient is recommended for a diabetic foot exam and fundus photography for diabetic retinal screening. He declines injection.

Work Status: Not noted.

04/14/16, Progress Note by Alan David Evans, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient wants to change PCP. He stopped Simvastatin since a pharmacist told him it was dangerous and wants to stop all medicine.

Medications: Clindamycin Phosphate 1% topical gel. Hydrocortisone 2.5% topical ointment and topical cream. Albuterol 90 mcg/actuation inhaler HFAA. Beclomethasone Dipropionate (QVAR) 80 mcg/actuation inhaler aero. Hyzaar 50-12.5 mg. Metformin 500 mg. Amlodipine 5 mg. Clobetasol 0.05% topical cream.

Examination: Weight is 184 pounds.

Diagnosis: 1) DM 2 with diabetic microalbuminuria. 2) DM 2 with diabetic CKD stage 2 (GFR 60-89). 3) Obesity, BMI 32-32.9, adult.

Plan: Labs are ordered. The patient is prescribed Lovastatin 20 mg.

Work Status: Not noted.

05/13/16, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient presents to establish as new patient and is generally feeling well. He is trying to lose weight.

Medications: Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Lovastatin 20 mg. Amlodipine 5 mg.

Examination: Blood pressure is 142/81. Pulse is 74. Temp is 97.7. Weight is 182 pounds. HGBA1c is 6.2.

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Diagnosis: Not noted.

Plan: Labs are ordered.

Work Status: Not noted.

05/15/16, Laboratory Report by Kaiser Permanente

Triglycerides are high at 265. Microalbumin is high at 163.4. Microalbumin/creatinine is high at 106.3. RBC, auto is low at 4.58. HCT, auto is low at 41.3.

06/20/16, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient is generally feeling well. He states he tried Lovastatin 40 but got muscle pain. he is tolerating 20 mg okay.

Medications: Plavix 75 mg. Lovastatin 40 mg. Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Amlodipine 5 mg.

Examination: Blood pressure is 138/78. Pulse is 78. Temp is 97.7. Weight is 184 pounds. BMI is 32.70.

Diagnosis: 1) Hyperlipidemia. 2) DM 2 with diabetic microalbuminuria. 3) DM 2 with diabetic CKD stage 2 (GFR 60-89). 4) Obesity, BMI 32-32.9, adult. 5) Essential hypertension. 6) Adult obstructive sleep apnea.

Plan: The patient is prescribed Lovastatin 20 mg.

Work Status: Not noted.

12/11/16, Laboratory Report by Kaiser Permanente

Anion gap is high at 17. Triglycerides are high at 409. HDL is low at 38.

12/16/16, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of sinus problems for one week.

Medications: Plavix 75 mg. Lovastatin 20 mg. Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Amlodipine 5 mg.

Examination: Blood pressure is 135/73. Pulse is 88. Temp is 98.1. Weight is 198 pounds. BMI is 35.16. SpO2 94%.

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Diagnosis: 1) DM 2. 2) DM 2 with diabetic CKD stage 2 (GFR 60-89). 3) Obesity, BMI 32-32.9, adult. 4) Screening for diabetic foot disease, Category 0 – Normal diabetic foot. 5) Hyperlipidemia. 6) Essential hypertension. 7) Adult obstructive sleep apnea. 8) Screening exam for prostate cancer. 9) Left subjective tinnitus. 10) Screening for colon cancer.

Plan: Labs are ordered. He is referred to audiology and GI. He is prescribed Colyte.

Work Status: Not noted.

12/27/16, Progress Note by Richard T. Kim, D.O. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of sinus congestion, neck pain, and cough for 3 weeks. He complains of sinus pressure with phlegm and increasing over the last 3 weeks.

Medications: Plavix 75 mg. Lovastatin 20 mg. Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Amlodipine 5 mg. Hydrocortisone 2.5% topical ointment and topical cream.

Examination: Blood pressure is 137/73. Pulse is 79. Temp is 97.4. Weight is 193 pounds. BMI is 34.34. SpO2 95%. Very mild expiratory wheeze with coughing.

Diagnosis: 1) Sinusitis. 2) Cough.

Plan: The patient is prescribed Zithromax 250 mg and Ventolin HFA 90 mcg/actuation inhaler HFAA.

Work Status: Not noted.

01/11/17, Audiological Evaluation by Loretta Y. Lee, A.U.D. (Audiology), Kaiser Permanente

Impression: 1) Right ear: Mild sloping to moderate high-frequency sensorineural hearing loss at 3k-8k Hz. 2) Left ear: Severe to profound sensorineural hearing loss at 1k-8k Hz. 3) No significant change in hearing sensitivity since 01/12/10.

02/23/17, Colonoscopy by Gavin Mark Jonas, M.D. (Gastroenterology), Kaiser Permanente

Impression: 1) Colon polyp(s).

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Exam: Blood pressure is 119/81. Pulse is 72. Respirations are 16. Height 5'3". Weight is 189 pounds. BMI is 33.49. SpO2 is 100%.

02/23/17, Surgical Pathology Report by Albert K. Huang, M.D. (Pathology), Kaiser Permanente

Final Pathologic Diagnosis: 1) Colon, cecum, polypectomy: Tubular adenoma. 2) Ascending colon, polypectomy: Tubular adenoma. 3) Colon, at 25 cm, polypectomy: Colonic mucosa with hyperplastic epithelial changes.

07/10/17, Progress Note by Sandra Sue Herman, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of right ankle pain for a few weeks and states he hit his ankle on a pole 2 years ago. He cannot take NSAIDs due to allergy. He complains of bilateral 4th finger pain and shooting sensation for several months.

Medications: Plavix 75 mg. Lovastatin 20 mg. Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Amlodipine 5 mg.

Examination: Blood pressure is 130/69. Pulse is 65. Temp is 97.7. Weight is 196 pounds. BMI is 36.15. Bilateral finger tenderness.

Diagnosis: 1) Tendinitis of right ankle. 2) Right ankle joint pain. 3) Bilateral finger pain.

Plan: The patient is referred for x-rays of the right ankle and physical/occupational therapy.

Work Status: Not noted.

07/11/17, X-ray of the Right Ankle by Anthony Caldarone, M.D. (Radiology), Kaiser Permanente

Impression: 1) Mild arthritic changes are noted in the medial and lateral joint compartments. 2) Mild posterior calcaneal spurring is noted. 3) Minimal plantar calcaneal spurring is seen.

08/01/17, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient presents for lab results.

Medications: Plavix 75 mg. Lovastatin 20 mg. Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Amlodipine 5 mg.

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Examination: Blood pressure is 138/82. Pulse is 79. Temp is 97.6. Weight is 194 pounds.

Diagnosis: 1) DM 2 with diabetic CKD stage 2 (GFR 60-89). 2) Obesity, BMI 32-32.9, adult. 3) Hyperlipidemia. 4) Essential hypertension. 5) Adult obstructive sleep apnea. 6) DM 2. 7) Myalgia due to statin.

Plan: Labs are ordered. He is prescribed Fenofibrate 54 mg.

Work Status: Not noted.

08/10/17, Physical Therapy Report by Kaiser Permanente

This is a physical therapy report noting treatment for the right ankle joint.

08/26/17, Laboratory Report by Clinical Reference Laboratory, Ing – Gen Lab

Glucose is low at 60.

08/26/17, Urinalysis Report by Clinical Reference Laboratory, Ing – Gen Lab

Total protein is high at 28.0. White blood count is high at 34.

10/11/17, Progress Note by Dean Chienkong Chan, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of fever on and off for 2 weeks, sinus congestion and cough. He complains of a slight sore throat. He complains of left elbow pain.

Medications: Fenofibrate 54 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Amlodipine 5 mg. Lovastatin 20 mg. Metformin 500 mg. Plavix 75 mg.

Examination: Blood pressure is 134/63. Pulse is 75. Temp is 98.7. Respirations are 14. Weight is 197 pounds. SpO2 is 96%. BMI is 36.39. Tenderness to palpation to the left elbow.

Diagnosis: 1) URI (upper respiratory infection). 2) Left elbow joint pain.

Plan: The patient is dispensed Voltaren 1% topical gel.

Work Status: Not noted.

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10/23/17, Progress Note by Albert Chuong My Tran, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of a chest cold and cough with phlegm for 5 weeks.

Medications: Not noted.

Examination: Blood pressure is 140/68. Pulse is 75. Temp is 97. Respirations are 14. Weight is 191 pounds. BMI is 35.22.

Diagnosis: 1) Bacterial infection.

Plan: The patient is recommended for rest and fluids. He is prescribed Zithromax 250 mg, Albuterol 90 mcg/actuation inhaler HFAA, and Beclomethasone Dipropionate 80 mcg/actuation inhaler.

Work Status: Not noted.

12/23/17, Progress Note by Seema Goyal, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of cough and runny nose for one week with fever and chills.

Medications: Lovastatin 20 mg. Albuterol 90 mcg/actuation inhaler HFAA. Metformin 500 mg. QVAR 80 mcg/actuation inhaler. Hyzaar 50-12.5 mg. Amlodipine 5 mg. Plavix 75 mg.

Examination: Blood pressure is 122/66. Pulse is 77. Temp is 97.7. Weight is 195 pounds. SpO2 96%. BMI is 36.03. Oropharynx erythema, nasopharynx erythema, and turbinate swelling.

Diagnosis: 1) Sinusitis. 2) Abnormal sputum.

Plan: The patient is dispensed sinus rinse. He is prescribed Zithromax 250 mg, Fluticasone 50 mcg/actuation nasal spray, and Guaifenesin 600 mg.

Work Status: Not noted.

04/11/18, Progress Note by Daljeet Singh, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of back pain.

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Medications: Not noted.

Examination: Blood pressure is 147/69. Pulse is 70. Temp is 97.4. Weight is 200 pounds. BMI is 36.92. Lumbar spasm and strain, pain with flexion and extension.

Diagnosis: 1) Back pain. 2) Screening for diabetic foot disease, Category) – Normal diabetic foot.

Plan: The patient is recommended for rest, ice and heat, and declined medication for new. He is recommended for a diabetic foot exam.

Work Status: “Work note given.”

06/29/18, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of cough for 2 weeks and he stopped Hyzaar for 2 days. He complains of sneezing and postnasal drip.

Medications: Losartan-hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Amlodipine 5 mg. Fenofibrate 54 mg. Lovastatin 20 mg. Albuterol 90 mcg/actuation inhaler HFAA. Metformin 500 mg. QVAR 80 mcg/actuation inhaler.

Examination: Blood pressure is 143/74. Pulse is 66. Temp is 97.1. Weight is 202 pounds. BMI is 37.20.

Diagnosis: 1) Postnasal drip. 2) Hyperlipidemia. 3) Essential HTN. 4) DM 2 with CKD stage 2 (GFR 60-89). 5) Obesity, BMI 32-32.9, adult. 6) Adult obstructive sleep apnea. 7) DM 2. 8) Post viral cough. 9) Essential hypertension.

Plan: Labs are ordered. He is prescribed Claritin 10 mg, sinus rinse, and Nasalide 25 mg nasal spray.

Work Status: Not noted.

07/13/18, Blood Pressure Check Visit by Kristin Claire Stevens, M.A. (Medical Assistant), Kaiser Permanente

The patient’s blood pressure first reading is 157/84 and pulse is 101. The blood pressure second reading is 180/93 and pulse is 106.

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07/18/18, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of being under stress and had high blood pressure. His Amlodipine was increased from 5 to 7.5 mg and has been mistakenly taking 15 mg daily.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Chronic stress reaction. 2) Essential hypertension.

Plan: The patient is advised to change Amlodipine to 7.5 mg and return for a blood pressure check in 3-4 weeks. He is advised to call for a Behavioral Health or Psychiatry appointment.

Work Status: Not noted.

07/24/18, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient wants to discuss FMLA.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Chronic stress reaction. 2) Essential hypertension. 3) DM 2.

Plan: The patient is advised he will get another FMLA from psychiatry if needed.

Work Status: Not noted.

07/25/18, Blood Pressure Check Visit by Violeta Martinez Lara, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

The patient's blood pressure reading is 130/58 and his pulse is 69.

07/25/18, Laboratory Report by Long Beach VAMC

Glucose is high at 130.0. SGPT is high at 48.0, Triglycerides are high at 229. HDL is low at 34.

07/25/18, Urinalysis Report by Long Beach VAMC

Appearance is hazy. Protein is high at 30.

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07/26/18, New Patient Visit by Kartik H. Shah, M.D. (Internal Medicine), Long Beach VAMC

History: The patient presents for a new patient visit and to get his full records documented and service conditions documents.

Past Medical History: DM type 2. HTN. HLD. Fatty liver disease. Bilateral hearing loss. Allergic rhinitis. Dermatitis. Chronic low back pain/lumbar DJD. OSA. Depression.

Subjective: As per history.

Medications: Not noted.

Examination: Blood pressure is 149/82. Pulse is 66. Temp is 98.2. Height is 63". Weight is 193 pounds. BMI is 34.3. Labs: A1c is high at 6.9. Glucose is high at 130.

Diagnosis: 1) DM Type 2. 2) HLD. 3) HTN. 4) Elevated LFTs/fatty liver disease. 5) Bilateral hearing loss. 6) Allergic rhinitis, stable. 7) Dermatitis, stable. 8) Chronic low back pain/lumbar DJD. 9) OSA. 10) Depression. 11) History of colon polyps.

Plan: The patient will continue on Metformin XR 500 mg. He will follow up with outside PCP for all ongoing care, and for his diabetic eye check. He will continue on Fenofibrate 54 mg, Lovastatin 20 mg, and fish oil 1200 mg. He will continue Amlodipine 7.5 mg and Losartan/HCTZ 50/12.5 mg. He is advised extensively on weight loss, low fat diet, and decreasing caloric intake. He will consult audiology at VA. He will continue Loratadine 10 mg. He will continue Clindamycin 1% topical, Triamcinolone 0.1%, and Hydrocortisone 2.5 mg. He will continue Diclofenac 1% topical and his back brace. He states he has a psychiatrist scheduled on the outside. He will have report C-scope in 02/2022.

Causation and Apportionment: Not noted.

Work Status: Not noted.

08/27/18, Work Status Report by Lynne DeBoskey, Ph.D. (Psychology)

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

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09/06/18 - 12/14/18, Dermatology Progress Notes by Aparche Beth Yang, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient presents for refills of Hydrocortisone cream for itchy face.

09/07/18, Otoscopy by Carol Zizz, Au.D. (Audiologist), Long Beach VAMC

Findings: 1) AD: Sensorineural hearing loss. 2) AS: Sensorineural hearing loss.

09/25/18, Progress Note by Navyata Shah, D.O. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of right low back pain radiating to the buttocks.

Medications: Hydrocortisone 2.5% topical cream and topical ointment. Clindamycin Phosphate 1% topical gel. Amlodipine 5 mg. Nasal rinse pack. Nasalide 25 mcg (0.025%) nasal spray. Fenofibrate 54 mg. Metformin 500 mg. Hyzaar 50-12.5 mg, Plavix 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg. Albuterol 90 mcg/actuation inhaler HFAA. QVAR 80 mcg/actuation inhaler. Voltaren 1% topical gel.

Examination: Blood pressure is 133/76. Pulse is 71. Temp is 98. Weight is 199 pounds. BMI is 35.30. Lumbar spine exhibits spasm.

Diagnosis: 1) Sciatica, right side. 2) Chronic back pain > 3 months. 3) Essential hypertension.

Plan: The patient is referred for an x-ray of the lumbosacral spine.

Work Status: Not noted.

09/25/18, Laboratory Report by Kaiser Permanente

TG is high at 278. Microalb is high at 264.5. K is low at 3.3. Microalbumin/creatinine is high at 238.7.

09/27/18, X-ray of the Lumbosacral Spine by David Alvarez, M.D. (Radiology), Kaiser Permanente

Impression: 1) Moderate lower lumbar disc and facet degenerative changes are seen.

10/03/18, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of low back pain for a few weeks. Physical therapy is helping.

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Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Sciatica, right side.

Plan: The patient is prescribed Meloxicam 15 mg.

Work Status: Not noted.

10/04/18, Blood Pressure Check Visit by Violeta Martinez Lara, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

The patient's blood pressure reading is 133/71 and his pulse is 65.

10/09/18 - 04/10/19, Audiology Notes by Roberta Steward, Au.D. (Audiologist), Long Beach VAMC

Subjective: The patient presents for hearing aid fittings and repair.

11/08/18, Mental Health Consult by Tara M. Nyasio, Psy.D (Psychologist), Long Beach VAMC

Subjective: The patient states he was diagnosed with PTSD while in the military. He stated he is having nightmares, headaches, difficulty sleeping (intrusive thoughts), and waking up screaming. He also experiences a great deal of stress.

Medications: Amlodipine Besylate 2.5 mg/7.5 mg. Clindamycin Phosphate 1% topical solution. Clopidogrel Bisulfate 75 mg. Diclofenac NA 1% topical gel. Fenofibrate 54 mg. HCTZ 12.5 mg/Losartan 50 mg. Hydrocortisone 2.5% cream. Loratadine 10 mg. Lovastatin 40 mg. Metformin HCL 500 mg. Triamcinolone Acetonide 0.1% cream.

Examination: Not noted.

Diagnosis: Not noted.

Plan: The patient is referred to PTSD treatment through the choice program.

Work Status: Not noted.

11/09/18, Procedure Note by Noubar K. Ouzounian, M.D. (Otolaryngology), Kaiser Permanente

Preoperative Diagnosis: Inclusion cyst.

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Postoperative Diagnosis: The same.

Procedure: Excision of progressively enlarging cyst on the posterior neck.

11/09/18, Surgical Pathology Report by Behnam Abdollahi, M.D. (Pathology), Kaiser Permanente

Final Pathologic Diagnosis: 1) Skin, posterior neck, mass excision: epidural inclusion cyst.

11/21/18, Progress Note by Noubar K. Ouzounian, M.D. (Otolaryngology), Kaiser Permanente

Subjective: The patient is status post excision of inclusion cyst from the posterior neck 11/09/18 and had a foreign body reaction to the Biosyn suture.

Medications: Not noted.

Examination: Blood pressure is 153/91. Temp is 97.4. Weight is 202 pounds. Erythema and swelling along the suture line with suture abscesses.

Diagnosis: 1) Aftercare for subcutaneous tissue surgery.

Plan: The patient's Biosyn sutures are removed.

Work Status: Not noted.

11/21/18, Psychiatry Note by Kathleen McDermott, D.N.P. (Psychiatric Mental Health Nurse Practitioner), Long Beach VAMC

Subjective: The patient complains of nightmares twice per year around the time he hears fireworks. He has flashbacks, and notes he feels scared often and his mood is angry, depressed and irritable most days. He reports sleeping only 3 hours per night each night.

Medications: Amlodipine Besylate 2.5 mg/7.5 mg. Clindamycin Phosphate 1% topical solution. Clopidogrel Bisulfate 75 mg. Diclofenac NA 1% topical gel. Fenofibrate 54 mg. HCTZ 12.5 mg/Losartan 50 mg. Hydrocortisone 2.5% cream. Loratadine 10 mg. Lovastatin 40 mg. Metformin HCL 500 mg. Triamcinolone Acetonide 0.1% cream.

Examination: Temp is 97. Pulse is 67. Respirations are 18. Blood pressure is 147/86. Weight is 199.8 pounds. BMI is 35.5. Pulse Ox is 94.

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Diagnosis: 1) Adjustment disorder. 2) Rule out PTSD. 3) Rule out delusional disorder. 4) Rule out personality disorder.

Plan: The patient is referred to BHIP for consult and ongoing care to be established.

Work Status: Not noted.

12/24/18 – 10/09/19, Psychiatry Notes by Shaun C. Chung, M.D. (Psychiatrist), Long Beach VAMC

Subjective: On 12/24/18, the patient presents for evaluation of recent anxiety, frustration and mood symptoms stemming from an event on 04/21/17 when the CEO struck the patient in the face at a restaurant. On 04/03/19, the patient reports doing much better, had no depression, and his sleep is good. He complains of occasional nightmares. On 04/10/19, the patient feels he is adjusting better to stressors at work. He is under more stress at work and is still quite anxious regarding interactions with coworkers, boss, and CEO after assault. On 07/24/19, the patient is doing well overall. He has some anxiety about returning back to work. His sleep is fair with occasional nightmares of his boss. He recently had surgery to remove adenocarcinoma of kidney, recovering well. On 10/09/19. The patient is overall stable and doing well, but is musing about ongoing tension her anticipates when he returns to work.

Medications: Amlodipine Besylate 2.5 mg/7.5 mg. Clindamycin Phosphate 1% topical solution. Clopidogrel Bisulfate 75 mg. Diclofenac NA 1% topical gel. Fenofibrate 54 mg. HCTZ 12.5 mg/Losartan 50 mg. Hydrocortisone 2.5% cream. Loratadine 10 mg. Lovastatin 40 mg. Metformin HCL 500 mg. Triamcinolone Acetonide 0.1% cream. On 04/10/19, Hydroxyzine HCL 10 mg is added. On 10/09/19, Escitalopram Oxalate 20 mg is added.

Examination: On 04/03/19, weight is 63". Weight is 199.8 pounds.

Diagnosis: 1) Adjustment disorder (tension from CEO and bilateral EEO claims filed/harassment) impaired coping. 2) Rule out PTSD attack sustained in military 1989.

Plan: On 12/24/18, the patient declines psychotropic treatment. On 04/03/19, the patient continues to decline psychotropic treatment and will continue CBT group therapy. On 04/10/19, the patient is open to start Lexapro low dose and prn Hydroxyzine. On 04/10/19, he is advised to continue his current medications and continue therapy, and continue with CBT group anxiety therapy. On 10/09/19, he is advised to continue his current medications and continue therapy.

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Work Status: Not noted.

01/07/19, Progress Note by Samuel Eunsang Chung, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of sciatica of the right hip.

Medications: Not noted.

Examination: Blood pressure is 138/71. Pulse is 76. Temp is 97.5. Weight is 201 pounds. BMI is 35.62.

Diagnosis: 1) Sciatica, right side.

Plan: The patient is referred for an x-ray of the cervical spine and is prescribed Prednisone 20 mg.

Work Status: Not noted.

01/07/19, X-ray of the Cervical Spine by Anthony Caldarone, M.D. (Radiology), Kaiser Permanente

Impression: 1) Osteophytes and multilevel disc space narrowing is noted from C4 through C7. 2) Oblique view demonstrates mild C4-C7 neural foraminal narrowing bilaterally.

01/23/19, Dermatology Progress Note by Aparche Beth Yang, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient complains of skin rash, moderate with poor control, on the upper back, legs, and around the mouth and chin, with itching and dry patches.

Medications: Metformin 500 mg. Elidel 1% topical cream. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin phosphate 1% gel. Norvasc 5 mg. Claritin 10 mg. Nasal rinse. Nasalide 25 mcg. Fenofibrate 54 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Temp is 97.6, weight is 200 pounds, BMI is 35.50.

Diagnosis: 1) Dermatitis. 2) Pruritis. 3) Inflamed seborrheic keratosis.

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Plan: On 01/23/19, labs are ordered and the patient is dispensed Elidel 1% topical cream, and Fluocinolone 0.01% topical oil, and has liquid nitrogen applied to benign lesions.

Work Status: Not noted.

01/23/19, Laboratory Report by Kaiser Permanente

Alpha-2-globulin, electrophoresis is low at 0.48. Protein, urine, QN is high at 34.0.

02/01/19 – 05/22/19, Psychology Notes by Nicholas B. Brown, Psy.D. (Psychologist), Long Beach VAMC

Subjective: The patient reports an increase in PTSD symptomatology that is distressing to him. He was assaulted at work by his employer 2 years ago and has since been experiencing recurrent memories/associated distress, self-blame, low energy, and difficulties with trusting people. On 02/12/19, 02/19/19, 02/26/19, 03/05/19, 03/12/19, 03/14/19, 03/19/19, 03/22/19, 04/02/19, 04/16/19 05/07/19, 05/15/19, and 05/22/19, the patient participates in group therapy.

Medications: Not noted.

Examination: Mood is anxious.

Diagnosis: 1) Adjustment disorder (tension from CEO and bilateral EEO claims filed/harassment) impaired coping. 2) Rule out PTSD attack sustained in military 1989.

Plan: The patient is triaged to the Unified Protocol group. The patient attends group therapy for emotional disorders.

Work Status: Not noted.

02/04/19, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of pain in the right low back radiating down the right leg. He tried Prednisone with no relief. There is no specific injury. There is moderate degenerative disc disease on x-ray.

Medications: Elidel 1% topical cream. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin phosphate 1% topical gel. Norvasc 5 mg. Claritin 10 mg. Nasal rinse. Nasalide 25 mcg nasal spray. Fenofibrate 54 mg. Metformin 500 mg. Losartan-hydrochlorothiazide 50-12.5

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mg. Clopidogrel 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Blood pressure is 131/76. Pulse is 85. Temp is 97.8. Weight is 198 pounds. SpO2 is 94%. BMI is 35.19.

Diagnosis: 1) Sciatica, right side. 2) Declines vaccination. 3) Hyperlipidemia. 4) DM 2 with CKD stage 2 (GFR 60-89). 5) Obesity, BMI 32.32.9, adult. 6) Adult obstructive sleep apnea. 7) DM 2. 8) Essential HTN. 9) DME 2 with microalbuminuria. 10) Screening exam for prostate cancer. 11) Vaccination for strep pneumonia with Prevnar 13. 12) Screening for diabetic foot disease, Category 0 – Normal diabetic foot.

Plan: The patient is recommended for VACC pneumococcal conjugate, 13 Valent. Labs are ordered. He is referred to physical medicine and is prescribed Metformin 500 mg.

Work Status: Not noted.

02/12/19, Dermatology Progress Note by Ashmi M. Doshi, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient complains of skin rash, moderate with poor control, on the upper back, legs, and around the mouth and chin, with itching and dry patches.

Medications: Metformin 500 mg. Elidel 1% topical cream. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin phosphate 1% gel. Norvasc 5 mg. Claritin 10 mg. Nasal rinse. Nasalide 25 mcg. Fenofibrate 54 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Not noted.

Diagnosis: 1) Dermatitis.

Plan: The patient is recommended for a patch test.

Work Status: Not noted.

02/15/19 – 03/08/19, Progress Notes by Esther Kim Cohen, M.D. (Physical Medicine and Rehabilitation), Kaiser Permanente

Subjective: The patient complains of right sciatica for over 6 months, not improved on Prednisone. On 03/05/19, the patient continues to complain of low

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back pain with radiation to the right lower extremity and some radiation to the left side.

Medications: Metformin 500 mg. Elidel 1% topical cream. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin phosphate 1% gel. Norvasc 5 mg. Claritin 10 mg. Nasal rinse. Nasalide 25 mcg. Fenofibrate 54 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg. Tylenol PRN.

Examination: Straight leg raise test is positive on the right. Weight 199 pounds.

Diagnosis: 1) Chronic low back pain > 3 months. 2) Lumbar radiculopathy. 3) Lumbar spondylosis. 4) Obesity, BMI 35-39.9, adult. 5) Weight loss counseling.

Plan: The patient is encouraged to lose weight and is referred for an MRI of the lumbar spine. On 03/05/19, the patient will start physical therapy and declines the option of LESI trial and/or neuropathic medications. On 03/08/19, the patient is instructed to follow up with his primary care physician for further work up of his kidney cysts seen incidentally on MRI.

Work Status: Not noted.

02/25/19, Progress Note by Tiffany Castaneda Kandler, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

Subjective: Not noted.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Dermatitis. 2) Pruritus. 3) Inflamed seborrheic keratosis.

Plan: The patient is recommended for protein electrophoresis, serum. Labs are ordered. The patient is dispensed Elidel 1% topical cream and Fluocinolone 0.01% topical oil. He is administered liquid nitrogen for destruction of benign lesions.

Work Status: Not noted.

03/05/19, MRI of the Lumbar Spine by Johnny Chingyeh Soong, M.D. (Radiology), Kaiser Permanente

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Findings: 1) Hyperintense foci or cysts in kidneys. Impression: 1) Disc bulges, spondylosis and facet degeneration. 2) Annulus irregularities/fissures. 3) Multilevel canal narrowing. 4) Short pedicles and congenital narrowing of the spinal canal.

03/05/19, Laboratory Report by Kaiser Permanente

Cardiolipin, IGM, EIA is high at 17.7.

03/05/19 – 07/17/19, Physical Therapy Reports by Kaiser Permanente

This is a series of physical therapy reports noting treatment for the lumbar spine.

03/11/19, Progress Note by Tiffany Castaneda Kandler, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

Subjective: Not noted.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Dermatitis. 2) Pruritus. 3) Inflamed seborrheic keratosis.

Plan: The patient is recommended for protein electrophoresis, serum. Labs are ordered. The patient is dispensed Elidel 1% topical cream and Fluocinolone 0.01% topical oil. He is administered liquid nitrogen for destruction of benign lesions.

Work Status: Not noted.

03/13/19, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient reports that his MRI showed some cysts and wants to know if he needs an ultrasound.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Simple renal cyst.

Plan: The patient will be seeing rheumatology soon to discuss cardiolipin antibody. He is referred for an ultrasound of the kidney.

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Work Status: Not noted.

03/14/19, Rheumatology Consult Note by Ricardo Bardales Mendoza, M.D. (Rheumatology), Kaiser Permanente

Subjective: The patient presents with a history of HTN. HLD, Type II diabetes, CKD, obesity, and CSA, who is referred to rheumatology for further evaluation. His review of systems is positive for fatigue, dermatitis and trigger finger.

Medications: Metformin 500 mg. Elidel 1% topical cream. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream and topical ointment. Clindamycin Phosphate 1% topical gel. Amlodipine 5 mg. Nasalide 25 mcg nasal spray. Fenofibrate 54 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Blood pressure is 144/80. Height is 5'3". Weight is 202 pounds. BMI is 35.89. Bilateral 3rd finger mild flexion contracture.

Diagnosis: 1) The patient is referred for evaluation of +aCL indeterminate without any clinical indicator of APS. He merits further evaluation. 2) Abnormal laboratory finding. 3) Dermatitis.

Plan: The patient is referred for cardiolipin IGG, IGM, and lupus anticoagulant panel. He will repeat aCL in 3 months and LAC now and in 3 months. He will continue with management per dermatology.

Work Status: Not noted.

03/14/19, Laboratory Kaiser Permanente

There are no abnormal results.

03/28/19, Progress Note by Ashmi M. Doshi, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient presents for 72 hour read of patch tests.

Medications: Metformin 500 mg. Elidel 1% topical cream. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin phosphate 1% gel. Norvasc 5 mg. Claritin 10 mg. Nasal rinse. Nasalide 25 mcg. Fenofibrate 54 mg. Losartan-hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Clobetasol 0.05% spray. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Not noted.

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Diagnosis: 1) Allergic contact dermatitis.

Plan: The patient will continue treating the original rash and avoid chemicals with positive results.

Work Status: Not noted.

04/05/19, X-ray of the Left Hip by Alfonso Pham, M.D. (Radiology), Kaiser Permanente

Impression: 1) No acute fracture is identified. The alignment is normal. 2) Mild prominent osteoarthritic changes noted in the superior acetabuli bilaterally. No significant soft tissue abnormality is identified.

04/09/19, Laboratory Report by Long Beach VAMC

Sodium is low at 134.0. Glucose is high at 172.0. SGPT is high at 46.0. Triglycerides are high at 429. HDL is low at 32.

04/11/19, Audiology Report by Mehrnaz Karimi, Au.D. (Audiologist), Kaiser Permanente

Results: 1) Almost stable hearing thresholds on both ears since 2017. Word discrimination score has improved from 32% to 60% on the left.

04/11/19, Ultrasound of the Kidney by Yung Cho, M.D. (Radiology), Kaiser Permanente

Impression: 1) Heterogeneous mass with cystic components visualized in the right kidney. Follow up CT kidneys without and with IV contrast is recommended. 2) Non-obstructing calculus visualized in the left kidney.

04/15/19 – 01/30/20, Social Work Telephone Encounter Notes and Group Counseling Notes by Long Beach VAMC

This is a social work telephone encounter note noting treatment by social workers including individual therapy and group counseling for psychological issues, including depression and adjustment disorder with mixed emotions.

04/16/19, Primary Care Note by Kartik H. Shah, M.D. (Internal Medicine), Long Beach VAMC

Subjective: The patient presents for follow up stating he has been under stress lately at his work. He was recently diagnosed with a kidney cyst. He admits to not being compliant on his diet and exercise.

Medications: Escitalopram Oxalate 10 mg. Hydroxyzine HCL 10 mg. Amlodipine Besylate 2.5 mg/7.5 mg. Clindamycin Phosphate 1% topical solution.

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Clopidogrel Bisulfate 75 mg. Diclofenac NA 1% topical gel. Fenofibrate 54 mg. HCTZ 12.5 mg/Losartan 50 mg. Hydrocortisone 2.5% cream. Loratadine 10 mg. Lovastatin 40 mg. Metformin HCL 500 mg. Triamcinolone Acetonide 0.1% cream.

Examination: Blood pressure is 144/89. Pulse is 78. Temp is 98.8. Height 63". Weight 201 pounds. Body mass index is 35.7.

Diagnosis: 1) DM type 2. HLD. 3) HTN. 4) Elevated LFTs/Fatty liver disease. 5) Bilateral hearing loss. 6) Allergic rhinitis – stable. 7) Dermatitis – stable. 8) Chronic low back pain/lumbar DJD. 9) OSA. 10) Depression/anxiety. 11) History of colon polyps. 12) Kidney cyst.

Plan: The patient states he want to follow up with outside primary care physician for all ongoing diabetes mellitus care and for his diabetic eye check. He is advised he would benefit from increasing Fenofibrate to 120 mg Q daily, but he wants to discuss this with his outside primary care physician. He will continue on Fenofibrate 54 mg, Lovastatin 20 mg, and Fish oil 1200 mg. He is advised he could benefit from increasing Amlodipine to 10 mg, but he wants to discuss this with his outside primary care physician and will continue on Amlodipine 7.5 mg and Losartan/HCTZ 50/12.5 mg. He is advised extensively on weight loss, low fat diet, and decreased caloric intake. He is following with audiology. He will continue Loratadine 10 mg, clindamycin 1% topical, Triamcinolone 0.1%, Hydrocortisone 2.5 mg, Diclofenac 1% topical and back brace. He is on BiPAP and wants to follow up with his outside primary care physician for all ongoing care and specialty care regarding OSA. He is following with mental health and will continue on Hydroxyzine 10 mg and Escitalopram 5 mg. He will have repeat C-scope in 02/2022. He is to undergo an ultrasound of the kidney and Kaiser. He is on Plavix 75 mg.

Work Status: Not noted.

04/24/19 – 05/01/19, Dermatology Progress Notes by Aparche Beth Yang, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient complains of itchy skin.

Medications: Metformin 500 mg. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin Phosphate 1% topical gel. Amlodipine 5 mg. Claritin 10 mg. Fenofibrate 54 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Lovastatin 20 mg.

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Examination: Blood pressure is 130/79. Pulse is 67. Temp is 97.7. Weight 201 pounds. Body mass index is 35.66. Dry erythematous patches on face, mild. Pink papules around mouth.

Diagnosis: 1) Dermatitis. 2) Verruca vulgaris.

Plan: The patient is prescribed Fluocinolone 0.01% topical oil, clindamycin Phosphate 1% topical gel, and Hydrocortisone 2.5% topical ointment. On 04/24/19, and 05/01/19 the patient is recommended for destruction of benign lesions with liquid nitrogen and he tolerates the procedure well.

Work Status: Not noted.

05/03/19, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient reports he has been off diet and exercise.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) DM 2 with microalbuminuria. 2) DM 2 with CKD stage 2 (GFR 60-89). 3) Hyperlipidemia.

Plan: The patient is advised to be back on American Diabetic Associated diet and exercise.

Work Status: Not noted.

05/06/19, CT Urogram of the Abdomen and Pelvis by Oneil Lee, M.D. (Radiology), Kaiser Permanente

Findings: 1) 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. 2) Bilateral renal cysts. Diffuse fatty infiltration of the liver. Small cyst in the left liver lobe lateral segment. Non-specific mild nodular bilateral adrenal thickening, too small to characterize. 3) Small inguinal hernias containing fat. Equivocal tiny hiatal hernia. Impression: 1) Large lobulated and partially exophytic enhancing right renal solid mass as described, suspicious for renal cell carcinoma. No definite extension into the right renal vein, although the assessment is limited by suboptimal venous opacification. 2) No pathologic lymphadenopathy or other convincing suspicious findings.

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05/09/19, Progress Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Subjective: The patient complains of a large right renal mass. The patient is told this is renal cell carcinoma (RCC) until proven otherwise.

Medications: Metformin 500 mg. Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical ointment. Amlodipine 5 mg. Claritin 10 mg. Fenofibrate 54 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Lovastatin 20 mg.

Examination: Height is 5'3". Weight is 201 pounds.

Diagnosis: 1) Renal mass.

Plan: The patient is recommended for a right lap nephrectomy.

Work Status: Not noted.

05/09/19, X-ray of the Chest by Yung Ho Cho, M.D. (Radiology), Kaiser Permanente

Impression: 1) The lungs are clear. No pleural effusions are seen. The cardiomedial silhouette is normal.

05/24/19, Audiology Note by David Hoang Nguyen, Au.D. (Audiologist), Long Beach VAMC

Subjective: The patient presents for hearing aid adjustment following a new audiogram.

05/30/19, History and Physical Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Subjective: The patient complains of a large right renal mass. The patient is told this is renal cell carcinoma (RCC) until proven otherwise.

Medications: Metformin 500 mg. Amlodipine 5 mg. Fenofibrate 54 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Lovastatin 20 mg.

Examination: Temp is 98.6. Weight is 200 pounds. BMI is 35.43. EKG shows normal sinus rhythm and non-specific wave abnormality. Abnormal ECG.

Diagnosis: 1) Renal mass.

Plan: The patient is having a right laparoscopic nephrectomy.

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Work Status: Not noted.

05/30/19, Laboratory Report by Kaiser Permanente

There are no abnormal results.

06/06/19, Operative Report by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Preoperative Diagnosis: Right renal mass.

Postoperative Diagnosis: The same.

Procedure: Right laparoscopic radical nephrectomy.

06/07/19, Pathology Report by Stephen Seongeun Koh, M.D. (Pathology), Kaiser Permanente

Final Pathologic Diagnosis: Right kidney, nephrectomy: Renal cell carcinoma.

06/07/19, Urology Progress Note by George Adel-Meier Abdelsayed, M.D. (Urology), Kaiser Permanente

Subjective: The patient is status post right laparoscopic radical nephrectomy, doing well. He did not take any pain medications last night and complains of abdominal soreness.

Medications: Not noted.

Examination: Temp is 97.5. Pulse is 71. Blood pressure is 149/79. Respirations are 14.7. SpO2 is 95.6%. Abdomen is soft, appropriately tender, minimally distended and bandages in place.

Diagnosis: 1) Status post right laparoscopic radical nephrectomy.

Plan: The patient is discharged home today.

Work Status: Not noted.

06/07/19, Laboratory Report by Kaiser Permanente

Potassium is low at 3.2. Creatinine is high at 1.48. RBC, auto is low at 4.26. HGB is low at 13.2. HCT, auto is low at 37.7.

06/13/19, Primary Care Telephone Encounter Note by Kartik H. Shah, M.D. (Internal Medicine), Long Beach VAMC

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Subjective: The patient states he has to undergo right nephrectomy after MRI showed irregularity of right kidney cyst/mass suspicious for malignancy. The plan by the patient's private urologist was to undergo complete removal of right kidney, which he has undergone and is now recovering from. He complains of bilateral foot pain.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Right renal mass status post right nephrectomy. 2) History of bilateral pes planus (flat feet).

Plan: The patient is pending biopsy of right nephrectomy. He is following extensively with urology on the outside.

Work Status: Not noted.

06/14/19, Progress Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Subjective: The patient is status post right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell. He had wound bleeding yesterday. He held his Plavix and is a bit better.

Medications: Not noted.

Examination: Blood pressure is 148/75. Pulse is 62.

Diagnosis: 1) History of kidney cancer.

Plan: The patient's staples are removed. He will repeat CT scan in 6 months. No heavy lifting for 6 weeks.

Work Status: Not noted.

06/17/19, ENT Progress Note by Jonathan W. Boyd, M.D. (Otolaryngology), Concentra

Subjective: The patient presents for evaluation of asymmetric hearing loss in the left ear, present for decades since loud noise exposure to the left side from an explosive. He has a long history of rifle use. He complains of tinnitus and is using hearing aids.

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Medications: Escitalopram Oxalate 10 mg. Hydroxyzine HCL 10 mg. Amlodipine Besylate 2.5 mg, 7.5 mg. Clopidogrel Bisulfate 75 mg. Diclofenac NA 1% topical gel. Fenofibrate 54 mg. HCTZ 12.5 mg/Losartan 50 mg. Hydrocortisone 2.5% cream. Loratadine 10 mg. Lovastatin 40 mg. Metformin HCL 500 mg. Triamcinolone Acetonide 0.1% cream.

Examination: Unremarkable.

Diagnosis: 1) SNHL. 2) Asymmetric hearing loss. 3) Tinnitus. 4) Cerumen removed.

Plan: The patient should continue hearing aid use and is referred for an MRI IAC with and without contrast. More likely than not, the hearing loss is a result of military exposure.

Work Status: Not noted.

06/28/19, Progress Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Subjective: The patient complains of a bump on his incision, non-tender.

Medications: Not noted.

Examination: Blood pressure is 148/75. Pulse is 62. Wound is healing well. He has a quarter sized lump that when squeezed is consistent with old blood.

Diagnosis: 1) History of kidney cancer.

Plan: The patient will repeat CT scan in 6 months. It is okay to resume Plavix. No heavy lifting for 6 weeks.

Work Status: Not noted.

07/22/19, Dermatology Progress Note by Aparche Beth Yang, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient presents for a directed skin check.

Medications: Fluocinolone 0.01% topical oil. Hydrocortisone 2.5% topical cream. Clindamycin Phosphate 1% topical gel. Hydrocortisone 2.5% topical ointment. Norco 5-325 mg. Metformin 500 mg. Amlodipine 5 mg. Fenofibrate 54 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Kenalog 0.1% topical cream. Lovastatin 20 mg.

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Examination: Temp is 97.7. Weight is 186 pounds. BMI is 33.00. Lower legs – Flat stuck on brown macule with admixed guttate hypomelanotic macules. Upper lip mild erythema.

Diagnosis: 1) Seborrheic keratosis. 2) Guttate hypomelanosis. 3) Dermatitis.

Plan: The patient is prescribed Fluocinolone 0.01% topical oil, clindamycin Phosphate 1% topical gel, and Hydrocortisone 2.5% topical ointment.

Work Status: Not noted.

07/25/19, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of right low back pain.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Back pain. 2) DM 2.

Plan: Labs are ordered. It is okay for him to resume physical therapy, which was interrupted by right nephrectomy.

Work Status: Not noted.

08/20/19, Laboratory Report by Kaiser Permanente

Creatinine is high at 1.38. Microalbumin/creatinine is high at 70.3. Triglycerides are high at 286. HDL is low at 34. Cholesterol/high density lipoprotein is high at 4.5.

08/21/19, Progress Note by Phi Quang Vo, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient complains of pain in the right lower back area that comes and goes.

Medications: Not noted.

Examination: Blood pressure is 133/70. Pulse is 77. Temp is 97.7. Weight is 188 pounds. He exhibits tenderness.

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Diagnosis: 1) Right sacroiliitis. 2) Declines influenza vaccination.

Plan: The patient is dispensed Lidocaine-Prilocaine 2.5% topical cream.

Work Status: Not noted.

08/30/19, Progress Note by Dawn Burns, M.A. (Medical Assistant), Kaiser Permanente

Subjective: The patient complains of pain in his right back, right hip, and numbness in the right thumb.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) Chronic low back pain > 3 months. 2) Lumbar radiculopathy. 3) Lumbar spondylosis. 4) Obesity, BMI 35-39.9, adult. 5) Weight loss counseling.

Plan: The patient is referred to physical therapy and is encouraged regarding weight loss. He declines pain medication.

Work Status: Not noted.

09/06/19 – 11/05/19, Telephone Appointment Visit and Progress Notes by Esther Kim Cohen, M.D. (Physical Medicine and Rehabilitation), Kaiser Permanente

Subjective: The patient complains of chronic low back pain and right hip pain. He complains of right thumb pain, worse in the morning and with flexion.

Medications: Not noted.

Examination: On 11/05/19, blood pressure is 130/71. Weight is 130/71 pounds. Pulse is 65. BSA is 1.95. BMI is 24.61.

Diagnosis: 1) Chronic low back pain > 3 months. 2) Lumbar spondylosis. 3) Spinal stenosis of lumbar spine. 4) Right hip joint pain. 5) Right thumb pain.

Plan: The patient will continue physical therapy. He declines a LESI trial and/or medications and declines acupuncture. On 09/09/19, an MRI of the lumbar spine is ordered. On 11/05/19, the patient will continue physical therapy and has been placed for acupuncture. He declines LESI trial and pain medications.

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Work Status: Not noted.

09/11/19, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of back pain, right side.

Medications: Lidocaine-Prilocaine 2.5% topical cream. Fluocinolone 0.01% topical oil. Clindamycin Phosphate 1% topical gel. Hydrocortisone 2.5% topical ointment. Senna 8.6 mg. Metformin 500 mg. Amlodipine 5 mg. Claritin 10 mg. Nasal rinse. Nasalide 25 mcg nasal spray. Fenofibrate 54 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Blood pressure is 147/72. Pulse is 75. Temp is 97.8. Weight is 190 pounds. BMI is 34.76.

Diagnosis: 1) Essential HTN. 2) Vaccination for influenza. 3) Hyperlipidemia. 4) DM 2 with CKD stage 2 (GFR 60-89). 5) Adult obstructive sleep apnea. 6) Obesity, BMI 32-32.9, adult. 7) History of transitional cell carcinoma, right kidney. 8) DM 2.

Plan: The patient is administered an influenza vaccination. He will continue his current medications and MRI as planned. He will consider acupuncture and continue stretching and exercises. He will have non-fasting labs in 3 months.

Work Status: Not noted.

09/11/19 – 10/30/19, Physical Therapy Reports by Kaiser Permanente

This is a series of physical therapy reports noting treatment for the lumbar spine, neck, and bilateral shoulders.

09/23/19, Blood Pressure Check Visit by Courtney Janae Garrett, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

The patient's blood pressure is 127/73. His heart rate is 70.

09/27/19, X-ray of the Right Thumb by Oneil Lee, M.D. (Radiology), Kaiser Permanente

Impression: 1) No evidence of acute fracture or malalignment. 2) Mild degenerative changes at the interphalangeal joint of the thumb and basilar joint. 3) No suspicious osseous lesion. Soft tissues grossly unremarkable.

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09/27/19, X-ray of the Lumbosacral Spine by Oneil Lee, M.D. (Radiology), Kaiser Permanente

Impression: 1) No compression deformity. Minimal retrolisthesis of L2 on L3 and L3 on L4, unchanged. 2) Mild disc space narrowing at L4-L5 and L5-S1, similar. Similar multilevel osteophytes and lower lumbar facet arthropathy. 3) Atherosclerosis of the aorta.

09/27/19, X-ray of the Right Hip by Oneil Lee, M.D. (Radiology), Kaiser Permanente

Impression: 1) No evidence of acute fracture or malalignment. 2) Mild osteoarthritis of the right hip, similar. Left hip unremarkable. 3) No suspicious osseous lesion. Soft tissues grossly unremarkable.

09/30/19, MRI of the Lumbar Spine by Michael Kabiri, M.D. (Radiology), Kaiser Permanente

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. 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. 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.

09/30/19, Laboratory Report by Exam One

LDL is low at 70. Triglycerides are high at 330. Protein is high at 40. Protein/Creatinine ratio is high at 0.24.

11/14/19, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient complains of pain with opening and closing hands. His right thumb is painful. He states many years ago he had a vertigo attack and was seen in the emergency department in 2009.

Medications: Not noted.

Examination: Not noted.

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Diagnosis: 1) Right thumb pain. 2) Hearing problem. 3) Vertigo.

Plan: The patient is referred to physical therapy/occupational therapy and to HNS. He is dispensed Voltaren 1% topical gel.

Work Status: Not noted.

11/18/19, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient presents for a blood pressure problem. He has been going through Workers' Comp for his job and had very high blood pressure.

Medications: Voltaren 1% topical gel. Fluocinolone 0.01% topical oil. Clindamycin Phosphate 1% topical gel. Hydrocortisone 2.5% topical ointment. Senna 8.6 mg. Metformin 500 mg. Amlodipine 5 mg. Fenofibrate 54 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Plavix 75 mg. Kenalog 0.1% topical cream. Lovastatin 20 mg.

Examination: Blood pressure is 135/80. Pulse is 78. Temp is 97.9. Weight is 193 pounds. BMI 35.40. EKG: Normal sinus rhythm. Left axis deviation. Non-specific T wave abnormality. Abnormal ECG.

Diagnosis: 1) Essential HTN. 2) Hyperlipidemia. 3) DM 2 with CKD stage 2 (GFR 60-89). 4) Obesity, BMI 32-32.9, adult. 5) Adult obstructive sleep apnea. 6) DM 2. 7) History of transitional cell carcinoma, right kidney. 8) Screening for diabetic foot disease, Category 0 – Normal diabetic foot. 9) DM 2 with microalbuminuria. 10) Essential hypertension.

Plan: The patient is prescribed Lovastatin 20 mg, Fenofibrate 54 mg, Plavix 75 mg, and Losartan-Hydrochlorothiazide 50-12.5 mg.

Work Status: Not noted.

11/20/19, Progress Note by Syed Farrukh Ahsan, M.D. (Otolaryngology/Head and Neck Surgery), Kaiser Permanente

Subjective: The patient complains of recurrent vertigo and sudden hearing loss. He is referred to rule out Meniere's disease. He has OSA and he gets dizzy when laying down. His last spinning sensation was last week and occurred when turning in bed. He has longstanding left side tinnitus due to hearing loss. He is now starting to get energy back from the nephrectomy and feels fatigue but it is getting better. The patient has chronic sleep apnea and should consider a repeat sleep study if he continues to have fatigue and dizziness even after increasing activity.

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Medications: Lovastatin 20 mg. Fenofibrate 54 mg. Plavix 75 mg. Amlodipine 5 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Metformin 500 mg.

Examination: He felt dizzy on left Hallpike position. Blood pressure is 160/92. Pulse is 70. Temp is 98.

Diagnosis: 1) Left benign paroxysmal positional vertigo. 2) Left sudden hearing loss.

Plan: The patient will continue with hearing aids.

Work Status: Not noted.

11/20/19, Audiology Report by Emily Vanides, A.U.D. (Audiology), Kaiser Permanente

Impression: 1) Right ear: Mild sloping to moderate high frequency sensorineural hearing loss 3 to 8 kHz with excellent word recognition score. 2) Left ear: Mild sloping to severe sensorineural hearing loss 750 to 8kHz with poor word recognition. 3) Type A tympanometry, normal middle ear function and mobility, bilaterally. 4) Today's findings stable since previous audiologic evaluation dated 04/11/19.

11/27/19 – 02/19/20, Occupational Therapy Reports by Kaiser Permanente

This is a series of occupational therapy reports noting treatment for the right thumb.

12/02/19, Laboratory Report by Kaiser Permanente

HDL is low at 35.

12/11/19, CV Stress Test Treadmill Test by Babak Kasravi, M.D. (Cardiology), Kaiser Permanente

Impression: 1) Good exercise tolerance. 2) Appropriate heart rate and blood pressure response to exercise. 3) No evidence of ischemia by EKG criteria at this workload. 4) No evidence of stress induced regional wall motion abnormalities at this workload.

12/16/19, Transthoracic Echo Rest and Stress, Exercise Test by Babak Kasravi, M.D. (Cardiology), Kaiser Permanente

Impression: 1) Overall, this is a low risk stress echocardiogram with no evidence of stress induced regional wall motion abnormalities at this workload. 2) Good

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exercise tolerance. 3) Appropriate heart rate and blood pressure response to exercise. 4) No evidence of ischemia by EKG criteria at this workload.

12/17/19, Internal Medicine Telephone Appointment Visit by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient presents to review labs.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) DM 2. 2) DM 2 with CKD Stage 2 (GFR 60-89).

Plan: Labs are ordered.

Work Status: Not noted.

12/18/19, Progress Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Subjective: The patient is status post right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell.

Medications: Not noted.

Examination: Not noted

Diagnosis: 1) History of kidney cancer.

Plan: The patient will await CT scan results and will likely need repeat CT in six months.

Work Status: Not noted.

12/20/19, Dermatology Progress Note by Aparche Beth Yang, M.D. (Dermatology), Kaiser Permanente

Subjective: The patient presents for medication refills and wants to know the results of his CT of the abdomen and pelvis.

Medications: Lovastatin 20 mg. Fenofibrate 54 mg. Plavix 75 mg. Amlodipine 5 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Voltaren 1% topical gel. Fluocinolone 0.01% topical oil. Clindamycin Phosphate 1% topical gel.

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Hydrocortisone 2.5% topical ointment. Senna 8.6 mg. Metformin 500 mg. Kenalog 0.1% topical cream.

Examination: Temp is 96.8. Weight is 191 pounds. BMI is 35.08. Face – Mild erythema and min scale.

Diagnosis: 1) Dermatitis. 2) Abnormal lung imaging.

Plan: The patient is prescribed Fluocinolone 0.01% topical oil, clindamycin Phosphate 1% topical gel, Hydrocortisone 2.5% topical ointment, and Triamcinolone Acetonide 0.1% topical cream. He is advised to follow up with his urologist.

Work Status: Not noted.

12/20/19, CT of the Abdomen and Pelvis by Sung Pak, M.D. (Radiology), Kaiser Permanente

Impression: 1) Status post right nephrectomy. 2) Left renal cysts. 3) Unchanged left adrenal adenoma measuring at 1 cm. 4) 8 mm lobulated lung nodule in the posterior medial aspect of the right lower lung on image 28 series 3. 5) Broad-based 8 mm subpleural density/nodule in the right lower lung posteriorly on image 12 series 3. 6) Moderate diffuse fatty infiltration of the liver. 7) Scattered small sclerotic lesion throughout the pelvis vertebral body likely bone island. 8) Diffuse multilevel degenerative change of the spine. 9) Unchanged 4 mm sclerotic lesion in the right side of the vertebral body. The superior endplate of L3 is unchanged.

12/24/19, CT of the Thorax by Pankaj Mowji, M.D. (Radiology), Kaiser Permanente

Impression: 1) Lungs show an 8 mm nodule over the right lower lobe. With no prior comparison of the lower lungs a 3 month follow up may be considered with patient's history. 2) Status post right nephrectomy. 3) Visualized abdomen shows fatty infiltration of the liver as well as an 11 mm left adrenal nodule.

01/03/20, Audiology Note by Amber Lynn Kadolph Kasten, Au.D. (Audiologist), Long Beach VAMC

Subjective: The patient presents requesting the VA to look at the hearing test he took with Kaiser.

01/07/20, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient presents for health maintenance and a handicap parking request.

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Medications: Fluocinolone 0.01% topical oil. Clindamycin Phosphate 1% topical gel. Hydrocortisone 2.5% topical ointment. Kenalog 0.1% topical cream. Lovastatin 20 mg. Fenofibrate 54 mg. Plavix 75 mg. Amlodipine 5 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Voltaren 1% topical gel. Senna 8.6 mg. Metformin 500 mg. Nasalide 25 mcg nasal spray.

Examination: Pulse is 79. Weight is 194 pounds.

Diagnosis: 1) Hyperlipidemia. 2) Essential HTN. 3) DM 2 with CKD stage 2 (GFR 60-89). 4) Obesity, BMI 32-32.9, adult. 5) Adult obstructive sleep apnea. 6) DM 2. 7) History of transitional cell carcinoma, right kidney. 8) Essential hypertension.

Plan: The patient's Amlodipine is increased to 10 mg. He is dispensed a DMV disable parking form. He will continue his diabetes medications and cholesterol medications. He will have fasting labs after 02/01/20, blood pressure check in one month, and Cat scan after 04/03/20.

Work Status: Not noted.

01/09/20, Psychiatry Note by Shaun C. Chung, M.D. (Psychiatrist), Long Beach VAMC

Subjective: The patient is doing okay but still with a lot of stress at work. He has some anxiety. His sleep is fair, some increased latency, and he doesn't like relying on Hydroxyzine but it works when he takes it.

Medications: Escitalopram Oxalate 20 mg. Hydroxyzine HCL 10 mg. Amlodipine Besylate 2.5 mg/7.5 mg. Clindamycin Phosphate 1% topical solution. Clopidogrel Bisulfate 75 mg. Diclofenac NA 1% topical gel. Fenofibrate 54 mg. HCTZ 12.5 mg/Losartan 50 mg. Hydrocortisone 2.5% cream. Loratadine 10 mg. Lovastatin 40 mg. Metformin HCL 500 mg. Triamcinolone Acetonide 0.1% cream.

Examination: Mood is "just frustrated with work."

Diagnosis: 1) Adjustment disorder with anxiety and depression. 2) PTSD per chart.

Plan: The patient will continue current medications and continue therapy.

Work Status: Not noted.

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01/15/20, Progress Note by Wesley Won-Suk Choi, M.D. (Urology), Kaiser Permanente

Subjective: The patient is status post right lap nephrectomy for T1b renal cell carcinoma (RCC), clear cell.

Medications: Not noted.

Examination: Not noted

Diagnosis: 1) History of kidney cancer.

Plan: The patient will be referred for a CT chest surveillance in three months.

Work Status: Not noted.

02/04/20, Progress Note by Guillermo Juan Sturich, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient's review of systems is positive for congestion, cough, and headaches.

Medications: Fluticasone 50 mcg/ actuation nasal spray. Zithromax 250 mg. Amlodipine 10 mg. Lovastatin 20 mg. Fenofibrate 54 mg. Plavix 75 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Voltaren 1% topical gel. Metformin 500 mg.

Examination: Blood pressure is 141/66. Pulse is 72. Temp is 98.7. Weight is 193 pounds. BMI is 35.44. Mucosal edema, rhinorrhea and sinus tenderness present. Right and left sinus exhibits maxillary sinus tenderness.

Diagnosis: 1) Sinusitis.

Plan: The patient is prescribed Fluticasone 50 mcg/actuation nasal spray and Azithromycin 250 mg.

Work Status: Not noted.

02/05/20, Hematology/Oncology Consultation by David Yenbohr Lou, M.D. (Hematology/Oncology), Kaiser Permanente

History: The patient is status post right nephrectomy in June 2019 revealing a 5.2 cm renal cell carcinoma (clear cell type). In December 2019 he had a routine CT abdomen/pelvis for the purpose of surveillance and was noted to have an 8 mm

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RLL pulmonary nodule; these were confirmed on CT thorax and no other pulmonary lesions were found.

Past Medical History: Hyperlipidemia. Essential hypertension. Sleep disorder, sleep apnea. Obesity (BMI 30-39.9). Elevated transaminase. DM 2, controlled. Left sensorineural hearing loss.

Subjective: The patient is getting over a cold, but otherwise has been feeling fine. He is working on reducing weight and controlling his blood pressure and blood sugar. He complains of chronic lower back pain attributed to spinal stenosis and bone spurs revealed on MRI.

Medications: Fluticasone 50 mcg/ actuation nasal spray. Zithromax 250 mg. Amlodipine 10 mg. Lovastatin 20 mg. Clindamycin Phosphate 1% topical gel. Fenofibrate 54 mg. Plavix 75 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Metformin 500 mg.

Examination: Blood pressure is 139/84. Pulse is 74. Temp is 98.4. Weight is 193 pounds. BMI is 35.40.

Diagnosis: 1) Renal cell carcinoma, right kidney. 2) History of kidney cancer. 3) DM 2 with CKD stage 2 (GFR 60-89). 4) Spinal stenosis of lumbar spine. 5) Solitary pulmonary nodule.

Plan: The patient is referred to pulmonary medicine, and will have a repeat CT of the chest in 3 months. Labs are ordered.

Causation and Apportionment: Not noted.

Work Status: Not noted.

02/05/20, Laboratory Report by Kaiser Permanente

TG are high at 262. Microalb is high at 666.3. HDL is low at 34.

02/21/20, Internal Medicine Office Visit Progress Note by Alexander Gregory Berdy, M.D. (Internal Medicine), Kaiser Permanente

Subjective: The patient presents for lab results. He has not been exercising since he has lots of stress and is busy with his mom's recent passing.

Medications: Fluticasone 50 mcg/actuation nasal spray. Amlodipine 10 mg. Fluocinolone 0.01% topical oil. Clindamycin Phosphate 1% topical gel. Hydrocortisone 2.5% topical ointment. Kenalog 0.1% topical cream. Lovastatin

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20 mg. Fenofibrate 54 mg. Plavix 75 mg. Losartan-Hydrochlorothiazide 50-12.5 mg. Voltaren 1% topical gel. Senna 8.6 mg. Metformin 500 mg. Nasalide 25 mcg nasal spray.

Examination: Blood pressure is 142/75. Pulse is 69. Temp is 97.3. Weight is 192 pounds. BMI is 35.12.

Diagnosis: 1) DM 2 with CKD stage 3 (GFR 30-59). 2) Vaccination for strep pneumonia with pneumovax. 3) Essential HTN. 4) Hyperlipidemia. 5) Obesity, BMI 32-32.9, adult. 6) Adult obstructive sleep apnea. 7) DM 2. 8) History of transitional cell carcinoma, right kidney.

Plan: A VACC pneumococcal polysaccharide, 23 valent and labs are ordered. He is referred to nephrology. His is prescribed Losartan-Hydrochlorothiazide 100-12.5 mg.

Work Status: Not noted.

02/27/20, Pulmonary Consultation Note by George Yuen, M.D. (Pulmonology), Kaiser Permanente

History: The patient had a chest CT on 12/30/19 with an 8 mm right lower lobe nodule but no other nodules. He has no known lung disease. He had very remote experimentation with smoking in the 1970's – minimal total exposure.

Past Medical History: Hyperlipidemia. Essential hypertension. Sleep disorder, sleep apnea. Obesity (BMI 30-39.9). Elevated transaminase. DM 2, controlled. Left sensorineural hearing loss.

Subjective: The patient has not pulmonary symptoms – no chest pain, shortness of breath, or cough, and no fevers, chills or sweats.

Medications: Not noted.

Examination: Blood pressure is 136/70. Pulse is 76. Temp is 97.84. Respirations are 18. Weight is 191 pounds. SpO2 is 93%. BMI is 35.08.

Diagnosis: 1) Solitary pulmonary nodule. 2) Renal cell carcinoma, right kidney.

Plan: In context of underlying history of renal cell carcinoma, nodule could be metastatic lesion. Doubt infection or inflammatory. Discussed DDX of lung nodule. Size and location would make a biopsy difficult technically and post higher risk of complications. At < 1 cm size, a PET scan is likely to be negative.

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He will have a follow up CT imaging in 3 months from the last scan. If there is interval increase in the nodule then a PET CT will likely be the next step versus resection. He will check inflammatory and fungal markers.

Causation and Apportionment: Not noted.

Work Status: Not noted.

02/27/20, Laboratory Report by Kaiser Permanente

There are no abnormal results.

03/03/20, Nephrology Outpatient Consultation Note by William Chen, M.D. (Nephrology), Kaiser Permanente

History: The patient is referred with a history of diabetic nephropathy with microalbuminuria, and also recent kidney cancer status post nephrectomy.

Past Medical History: Hyperlipidemia. Essential hypertension. Sleep disorder, sleep apnea. Obesity (BMI 30-39.9). Elevated transaminase. DM 2, controlled. Left sensorineural hearing loss.

Subjective: The patient complains of chronic kidney disease and has a longstanding history of hypertension and diabetes mellitus. Recently, his proteinuria has increased a bit. His blood pressure was up and he had Amlodipine increased 2 months ago and then Losartan/HCTZ increased 2 weeks ago. He was recently found to have a nodule on CT of the chest.

Medications: Losartan-Hydrochlorothiazide 100-12.5 mg. Amlodipine 10 mg. Lovastatin 20 mg. Fenofibrate 54 mg. Plavix 75 mg. Metformin 500 mg.

Examination: Blood pressure is 153/82. Pulse is 64. Temp is 97.8. Weight is 191 pounds. SpO2 is 96%. BMI is 35.00.

Diagnosis: 1) Chronic kidney disease 3 with last CR 1.29, GFR 57 ml/min status post right nephrectomy 06/2019 with history of diabetes mellitus, hypertension. 2) Hypertension, uncontrolled. 3) Diabetes mellitus x 10 years, HGBA1C 6.1 02/05/20. 4) Obstructive sleep apnea, on CPAP. 5) Obesity, BMI 35. 6) Right transitional cell carcinoma status post nephrectomy 06/2019.

Plan: The patient is advised to continue good blood pressure control and his target blood pressure is <130/80. He will change Losartan-HCTZ to Losartan 100 mg daily and Chlorthalidone 25 mg. He will repeat labs and blood pressure in one week, will work on weight loss and avoid nephrotoxins.

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Causation and Apportionment: Not noted.

Work Status: Not noted.

03/06/20, Blood Pressure Check Visit by Mayra Gutierrez, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

The patient's blood pressure is 141/75 and his pulse is 73.

03/20/20, Laboratory Report by Kaiser Permanente

BUN is high at 20. Chloride is low at 100. Anion Gap is high at 13. Creatinine is high at 1.46. Glomerular filtration rate is low at 49.

03/31/20, Blood Pressure Check Visit by Elizabeth Areyley Esquivel, L.V.N. (Licensed Vocational Nurse), Kaiser Permanente

The patient's blood pressure readings are 157/53, 134/63, 140/78 and 145/71. His pulses are 77, 75, 77, and 82.

04/03/20, Telephone Appointment Visit by David Bruce Richardson, M.D. (Family Medicine), Kaiser Permanente

Subjective: The patient would like a note stating that he is higher risk for contracting COVID-19 as the place where he works does not have good PPE.

Medications: Not noted.

Examination: Not noted.

Diagnosis: 1) DM 2. 2) History of transitional cell carcinoma, right kidney.

Plan: The patient is recommended care to avoid infection.

Work Status: Not noted.

10/01/21, Evaluation and Management of New Patient Report by Nelson J. Flores, Ph.D. (Psychologist), Psychological Assessment Services

History: The patient states he performed his regular work functions for the California Institution for Men/State of California for Men despite his residual pain he previously sustained while working for previous employers. He was exposed to work stress, work overload, work pressure, and incidents of harassment from coworkers. Over time he developed increasing pain in his neck and shoulders. His pre-existing back pain worsened. He experienced sleeping difficulties and distressing dreams. His pre-existing posttraumatic stress disorder

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symptomatology was aggravated. His hypertension and diabetes became exacerbated and he experienced persistent headaches.

Past Medical History: Posttraumatic stress disorder resulting from his military service. Diagnosed with kidney cancer in 2019 and his right kidney was removed. Approximately six months after this surgery, he was diagnosed with lung cancer.

Subjective: The patient complains of anxious and depressive symptomatology, sleeping difficulties, flashbacks, intrusive recollections, nightmares and distressing dreams, being easily startled and hypervigilant. He complains of pain in his neck, shoulders and back, pain and stiffness in his hands and fingers, headaches, and hearing difficulties. He awakens throughout the night and early in the morning. He maintains a low energy level and feels easily tired and fatigued throughout the day. He is bothered by episodes of dizziness, muscle tension and heart palpitations.

Medications: Not noted.

Examination: Mood is sad and anxious, affect depressed.

Diagnosis: 1) Axis I – Posttraumatic stress disorder, chronic. Major depressive disorder, single episode, mild. Anxiety disorder not otherwise specified. Stress-related physiological response affecting headaches. 2) Axis II – No diagnosis. 3) Axis III – Status post orthopedic injury. As per patient: History of right kidney cancer and right kidney removal. Lung cancer. Headaches. Diabetes. High blood pressure. 4) Axis IV – Health problems. 5) Axis V – Current GAF score: 55.

Plan: The patient is referred for cognitive behavioral group psychotherapy 1x/week for 8 weeks, and hypnotherapy/relaxation training 1x/week for 8 weeks. He will learn desensitization techniques and should continue to participate in mental health services at the VA Hospital. He is referred for an evaluation by an oncologist to determine whether his 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. He will be referred for and internist also regarding his exposure to asbestos.

Causation and Apportionment: The patient's pre-existing posttraumatic stress disorder and his worries about his cancer condition, have contributed to some extent to his current general emotional condition. However, more than 51% of all combined factors contributing to his current psychiatric injury are directly related to his exposure to work overload, work pressure, work stress and incidents of

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harassment and the incident of physical assault by his supervisor, Mr. Escobell, while working for California Institution for Men/State of California Institution for Men (01/01/15 – 06/10/21; 08/01/2015 – 07/06/18; 06/11/20 – 06/11/21).

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

10/04/21, Psychological Testing Report by Nelson J. Flores, Ph.D. (Psychologist), Psychological Assessment Services

Summary: 1) The results of the psychological tests suggest that the patient is reporting moderate clinical levels of anxiety and severe clinical levels of depression. 2) On the Epworth Sleepiness Scale, there is an indication that the patient is experiencing normal daytime sleepiness. 3) On the Insomnia Severity Index, there is an indication that the patient is experiencing moderate clinical insomnia.

10/11/21, Psychological Panel Qualified Medical Evaluation by Lawrence Ledesma, Ph.D. (Psychologist)

History: The patient alleges that he was hit by his supervisor in 2015 while at a restaurant having lunch. For no apparent reason, the supervisor backhanded the patient in the face. He states that even before he was hit, it was a hostile environment at the worksite between Blacks and Hispanics. He states he was accused of lying to someone about some records, and another time was accused of yelling at his assistant and a case was filed. He appealed it and won.

Past Medical History: Kidney cancer that has metastasized to his lungs. His right kidney was removed in 2019 due to cancer. 80% hearing low in the left ear and 30% in the right due to his profession and the loud equipment they use. He is currently being treated for diabetes, hypertension, sleep apnea and renal carcinoma.

Subjective: The patient complains of depression, with nightmares, anxiety, bouts of crying, headaches, and intrusive thoughts. He complains of poor appetite and fatigue, and is not as sociable at work. He states that due to his sleep apnea he has vivid nightmares related to his boss and to being assaulted while in the military, and seeing injured or dead soldiers. He complains of having difficulty falling asleep and waking up early and being unable to fall back to sleep. His overall level of energy is poor and his sex drive is fair.

Medications: Hydroxyzine 10 mg. Metformin 500 mg. Choidegral 75 mg. Chlorhali 25 mg. Lovastatin 20 mg. Escitalopram 20 mg. Lorazepam .5 mg. Ahycodipine 10 mg. “Losartnvo” 100 mg. Potassium chloride 20 mg.

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Examination: The patient's score on the Epworth Sleepiness Scale is 12.

Diagnosis: 1) Major depressive disorder, moderate. 2) Posttraumatic stress disorder. 3) GAF: 58. GAF range: 51-60.

Plan: The patient's psychiatric condition has not reached permanent and stationary status. Supportive and short-term therapy are the major initial vehicles for treating this patient. Several psychopharmacologic agents may be considered, with appropriate consultation for alleviating tense feelings. He should be referred to both a psychiatrist and a psychologist for ongoing psychiatric treatment. Treatment with a psychiatrist should be for no less than six months on an industrial basis and after this, the psychiatrist should decide if further pharmacotherapy is required. A trial of EMDR therapy should be considered and individual psychotherapy should be considered for at least one year.

Causation and Apportionment: "It is my 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 the patient's psychiatric condition of posttraumatic stress disorder and development of his major depressive disorder moderate. The personnel actions...as well as his description of those incidents at this evaluation were a substantial cause (35-40%) of the patient's psychiatric injury. The patient's psychiatric condition was predominantly AOE and COE. Other factors (pre-existing and non-industrial) also contributed but to a lesser extent."

Work Status: Temporarily totally disabled.

01/11/22, Panel Qualified Medical Examiner's Supplemental Report in Psychology by Lawrence Ledesma, Ph.D. (Psychologist)

Records are reviewed.

Discussion: "Given the additional information...this evaluator is deferring to the trier of fact for final determination. This new information calls into question the credibility of Mr. Soohooo. The hostile environment that Mr. Soohooo described in his evaluation is now, for this evaluator, questionable. Mr. Soohooo's primary witness, Mr. Farooq, appears to contradict the version of the incident in the restaurant as told by Mr. Soohooo. Additional witnesses to the alleged assault would appear to be needed...if the assault did not happen, then it calls into question the other information provided by Mr. Soohooo to this evaluator. Additionally, Mr. Soohooo did not mention during the QME evaluation that he

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had some hearing loss from a hand grenade exploding close to him at some time while he was in military service/.”

Table A - Itemization of Reports with HgA1c, Weight, and BP Readings:

Date	Provider	BP	Weight	A1c	Gluc
09/07/07	Jeff David Tracy, M.D.	119/65	198		
01/10/08	Jeff David Tracy, M.D.	117/68	196		
02/28/08	Khang Nguyen, M.D.	126/75	196		
03/31/08	Khang Nguyen, M.D.	126/68	196		
08/26/08	Rana Rofagha Sajiadian, M.D.	129/72			
11/04/08	Beny Luz Tadina-Himes, L.V.N.	140/70			
12/11/08	Khang Nguyen, M.D.	126/69	195		
03/24/09	Jeff David Tracy, M.D.	121/77	199		
0728/09	Saeed Torabzadeh, M.D.	120/73	190		
07/30/09	Jeff David Tracy, M.D.	131/75	195		
08/26/09	Bradley Steven de Marquette, M.D.	148/83	192		177
09/04/09	Jeff David Tracy, M.D.	125/73	194		
09/14/09	Jeff David Tracy, M.D.	120/73	199		
10/01/09	Annette Marie Luetzow, M.D.	117/68	192		
11/18/09	Annette Marie Luetzow, M.D.	96/54	200		
12/01/09	Jeff David Tracy, M.D.	117/70	196		
12/04/09	Jeff David Tracy, M.D.	112/67	198		
12/11/09	Roberto Alejandro Cueva, M.D.	145/80			
09/07/10	Jeff David Tracy, M.D.	126/73	200		
01/13/11	Jeff David Tracy, M.D.	132/75	200		
02/14/11	Jeff David Tracy, M.D.	109/67	200		
10/17/11	Jeff David Tracy, M.D.	134/76	195		
05/25/12	Hege Grande Sarpa, M.D.	109/56			
01/22/13	Diane Kim, M.D.	116/77	193		
02/16/13	Jeff David Tracy, M.D.	115/66	193		
06/27/13	Jeff David Tracy, M.D.	130/68	195		
08/16/13	Janice Kay Roby, (Sleep Technician)		195		
12/20/13	Jeff David Tracy, M.D.	123/77	197		
03/31/14	Ali Ghobadi, M.D.	153/89	195		
04/24/14	Jeff David Tracy, M.D.	114/69	198		
06/17/14	Jeff David Tracy, M.D.	123/68	197		
07/08/14	Sepideh Mirfakhraie, M.D.	132/68	196		

09/08/14	Robert Andrew Langer, M.D.	134/83	190		
03/12/15	Jeff David Tracy, M.D.	133/53	201		
05/29/15	Jeff David Tracy, M.D.	128/73	196		
07/02/15	Jeff David Tracy, M.D.	138/72	196		
10/05/15	Jeff David Tracy, M.D.	124/53	195		
12/11/15	Aparche Beth Yang, M.D.		195		
03/01/16	Jeff David Tracy, M.D.	127/63	187		
04/14/16	Alan David Evans, M.D.		184		
05/13/16	Alexander Gregory Berdy, M.D.	142/81	182	6.2	
06/20/16	Alexander Gregory Berdy, M.D.	138/78	184		
12/16/16	Alexander Gregory Berdy, M.D.	135/73	198		
12/27/16	Richard T. Kim, D.O.	137/73	193		
02/23/17	Gavin Mark Jonas, M.D.	119/81	189		
07/10/17	Sandra Sue Herman, M.D.	130/69	196		
10/11/17	Dean Chienkong Chan, M.D.	134/63	197		
10/23/17	Albert Chuong My Tran, M.D.	140/68	191		
12/23/17	Seema Goyal, M.D.	122/66	195		
04/11/18	Daljeet Singh, M.D.	147/69	200		
06/29/18	Alexander Gregory Berdy, M.D.	143/74	202		
07/13/18	Kristin Claire Stevens, M.A.	157/84 and 180/93			
07/25/18	Violeta Martinez Lara, L.V.N.	130/58			
07/26/18	Kartik H. Shah, M.D.	149/82	193		
09/25/18	Navyata Shah, D.O.	133/76	199		
10/04/18	Violeta Martinez Lara, L.V.N.	133/71			
11/20/18	Noubar K. Ouzounian, M.D.	153/91	202		
11/21/18	Kathleen McDermott, D.N.P.	147/86	199.8		
01/07/19	Samuel Eunsang Chung, M.D.	138/71	201		
01/23/19	Aparche Beth Yang, M.D.		200		
02/04/19	Alexander Gregory Berdy, M.D.	131/76	198		
02/15/19	Esther Kim Cohen, M.D.		199		
03/14/19	Ricardo Bardales Mendoza, M.D.	144/80	202		
04/03/19	Shaun C. Chung, M.D.		199.8		
04/16/19	Kartik H. Shah, M.D.	144/89	201		
04/24/19	Aparche Beth Yang, M.D.	130/79	201		
05/09/19	Won-Suk Choi, M.D.		201		
05/09/19	Won-Suk Choi, M.D.		200		
06/07/19	George Adel-Meier Abdelsayed, M.D.	149/79			

06/14/19	Won-Suk Choi, M.D.	148/75			
07/22/19	Aparche Beth Yang, M.D.		186		
08/21/19	Phi Quang Vo, M.D.	133/70	188		
09/11/19	Alexander Gregory Berdy, M.D.	147/72	190		
09/23/19	Courtney Janae Garrett, L.V.N.	123/73			
11/05/19	Esther Kim Cohen, M.D.	130/71	190		
11/18/19	Alexander Gregory Berdy, M.D.	135/80	193		
11/20/19	Syed Farrukh Ahsan, M.D.	160/92			
12/20/19	Aparche Beth Yang, M.D.		191		
01/07/20	Alexander Gregory Berdy, M.D.		194		
02/04/20	Guillermo Juan Sturich, M.D.	141/66	193		
02/05/20	David Yenbohr Lou, M.D.	139/84	193		
02/21/20	Alexander Gregory Berdy, M.D.	142/75	192		
02/27/20	George Yuen, M.D.	136/70	191		
03/03/20	William Chen, M.D.	153/82	191		
03/06/20	Mayra Gutierrez, L.V.N.	141/75			
03/31/20	Elizabeth Areyley Esquivel, L.V.N.	157/53, 134/63, 140/78, 145/71			

Also reviewed but not summarized are nursing notes, requests for authorization, and orders by the Long Beach VAMC.

Also reviewed but not summarized are nursing notes, orders, flow sheets, anesthesiology notes, dietician notes, messages, phototherapy treatment notes, CPAP instructions, ophthalmology and optometry notes, administrative records, and orders by Kaiser Permanente.

Also reviewed but not summarized are employee records including pay differentials, records of attendance, sick leave/vacation forms, confidential memos, and memorandums by the State of California, Department of Corrections, and California Youth Authority.

Also reviewed but not summarized are service records including notations of incidents of PTSD by the Department of the Army.

This concludes the review of records.

DIAGNOSES:

1. Renal cell carcinoma with pulmonary metastasis.
2. Obstructive sleep apnea.
3. Hypertension.
4. Diabetes.
5. Orthopedic injuries to the low back and to the hands addressed by appropriate specialist.
6. Posttraumatic stress disorder addressed by appropriate specialist.

DISCUSSION:

The following pertinent data to this report was learned from the medical records:

- He had a deposition on 1/31/2020. He served for the military as a Dentist. He retired from the reserves in 2013. He had service related issue with injury to the knee, hearing impairment and has been treating for depression at the VA. He discussed his medical problems of diabetes , hypertension being treated since 2005 Currently being followed for the kidney cancer diagnosed in 2018 and recently found lung nodule. He had kidney removed in 2019. He has been treated for sleep apnea since 1994. He worked for the Department of Juvenile Justice for 13 years starting in 1998. This is a division of the California Department of corrections. Currently working at Regional 4 at rancho Cucamonga for the Department of corrections in Healthcare services supervising dentist. Job is 100% administrative. He made claims regarding his blood pressure and cardiovascular system. He described the stressful event in 2016 with Mr Escobell. Later Mr Escobel would deny that the incident occurred.
- The Workers compensation claim involves CT from 1/01/2015 through 06/01/2021. The injuries pertain to hostile environment with stress, depression anxiety, PTSD, panic attacks,(no mention of internal body parts)
- In 2000 he had a sleep study. It showed severe obstructive sleep apnea with Respiratory Disturbance Index of 75 events per hour. BIPAP machine was tried and titrated to a pressure of 12/9 to eliminate the events.
- In 2008 he was found to have markedly elevated triglycerides of 310. He already had elevations of the liver enzymes with ALT of 48. His weight at the time was 198 lbs.

- At that time he was getting Hydrochlorothiazide and Amlodipine for hypertension and Vytorin for elevated cholesterol.
- In 2009 he was given the diagnosis of uncontrolled diabetes based on elevation of fasting blood glucose. He was not treated then. For hypertension he was getting Losartan 100 mg , Amlodipine 5 mg and Hydrochlorothiazide 25 mg.
- In 10/1/2009 he complained of sudden hearing loss and onset of vertigo. He would have a Audiogram which showed mild High frequency sensorineural hearing loss. MRI of the internal auditory canals was unremarkable. He was treated with Dexamethasone injections. Given vestibular exercises.
- In 2010 he had a Hg A1C of 6.7 which would classify him as diabetic . He was still not getting any treatment. Continued to get treatment for hearing loss and tinnitus.
- It was in 1/13/2011 when he was first treated for Diabetes with Metformin. Hg A1C was still borderline at 6.4.
- On 3/31/2014 he presented to the ER with sudden left rib pain after a severe cough attack. X ray of the ribs did not show any evidence of fracture or injury to the lungs. One month later he presented to the ER with abdominal pain.
- On 6/17/2014 he presented to the ER with back pain after he had a motor vehicle accident.. he also had a chest contusion. Was referred for physical therapy. Was given muscle relaxant taken off work.
- In 2015 his weight was up to 200 lbs with BMI of 35. Continued to complain of back pain. His triglycerides were still high at 378 , in spite of taking Fenofibrate and Simvastatin.
- At the end of 2015 he was being treated with inhalers of Albuterol and QVAR a inhaled steroid for respiratory symptoms. It is unclear how long did he take those inhalers for.
- In 2016 there is a note that he wanted to stop all medicines since the pharmacist told him that they were dangerous. He tried Lovastatin but could not go higher than the dose of 20 mg. Continued on the blood pressure and diabetes medications.

- Had a repeat audiology exam on 1/11/2017 and by that time he had severe sensorineural loss at the left ear.
- On 2/23/2017 he had a colonoscopy which found a adenomatous polyp, benign.
- There were problems in controlling his blood pressure during the year of 2018. The notes state that he was under stress. He was advised to call Behavioral health.
- Psychologist Dr Lynne DeBoskey addressed his ability to perform his usual and customary duties and on 8/27/2018 allowed to return to work with the restrictions of no patient care and not working at CIM facility.
- During that year was also treated for back pain . Given Meloxicam 15 mg and given Physical Therapy , there is no indication that there were job restrictions.
- In November, 2018 was seen in Mental Health and reported as having nightmares, headaches, difficulty sleeping (intrusive thoughts) and waking screaming.. Was referred to PTSD treatment thought the choice program.
- The notes of the Psychiatrist in December of 2018 describe the incident when the CEO struck the patient in the face at a restaurant, Was quite anxious regarding interactions with co workers, boss and CEO after the assault. He declined Psychotropic treatment and continued with CBT therapy.
- On 1/7/2019 had a cervical spine series which showed multilevel disc space narrowing with mild foraminal narrowing bilaterally
- Through February to May of 2019 he was seen by Psychologist Dr Nicholas Brown, He described the PTSD after he was assaulted at work by his employer 2 years previously and has been experiencing recurrent memories associated distress , self blame, low energy. Participated in group therapy.
- On 3/5/2019 he had a MRI of the lumbar spine which showed hyperintense foci or cysts in kidneys. Multilevel canal narrowing.

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- On 3/14/2019 was seen by Rheumatologist Dr Ricardo Mendoza. Was referred for cardiolipin IgG , IgM and lupus anticoagulant panel
- On 5/6/2019 he had a CT Urogram of the abdomen and pelvis. It showed a multilobulated enhancing and partially exophytic mass in the right kidney. It measured 6.6 X 5.3 cm. Suspicious for renal cell carcinoma. Three days later he was seen by Urologist Dr Yung Ho Cho who recommended nephrectomy. Chest X ray was normal and free of masses.
- On 6/6/2019 he had a laparoscopic radical nephrectomy. The pathology was Renal cell carcinoma.
- On 6/17/2019 was seen by ENT physician Dr Jonathan Boyd for asymmetric hearing loss. He also had tinnitus and was wearing hearing aides.
- He continued to be treated for back pain. Received Physical Therapy. He refused LESI (Lumbar Epidural Steroid Injection)
- On 9/30/20219 there was mild central canal stenosis . No significant foraminal narrowing on levels 3-4. On level 4-5 there was moderate bilateral narrowing. On level L5 S1 there was moderate foraminal narrowing.
- On 12/11/2019 he had a cardiovascular stress test and showed good exercise tolerance without any evidence of ischemia. Echocardiogram did not show any wall motion abnormalities
- On December, 2019 he had CT scan of the abdomen which did not show any masses. The CT scan of the chest showed 8 mm nodule in the right lower lobe and a 11 mm left adrenal nodule.
- On 2/5/2020 he was seen by Oncologist Dr David Yenbohr. He suggested referral to Pulmonary and repeat CT scan in 3 months.
- On 2/27/2020 was seen by Pulmonologist Dr George Yuen. Did not recommend biopsy of the nodule or PET scan. Repeat CT scan in 3 months.
- On 3/3/2020 was seen by Nephrologist and after nephrectomy the renal function was affected so that the GFR was 57 ml. Becoming CKD level III. The Hydrochlorothiazide was changed to Chlorthalidone.

- Psychologist Dr Nelson Flores started seeing the patient on 10/1/2021. Considered that more than 51% of all combined factors contributing to his current psychiatric injury were related to his exposure at work. From a Psychological perspective he was rendered Temporarily Totally disabled. The tests given suggested that he had severe clinical levels of depression and moderate clinical insomnia.
- Psychologist QME Dr Lawrence Ledesma did an evaluation on 10/11/2021. Diagnosed him with major depressive disorder and post traumatic stress disorder. Gave him a GAF score of 58. Did not think that his condition was permanent and stationary.

This is an individual with multiple pathologies with many different injuries. I have been asked to address the issues of internal medicine in nature and they are as follows:

Diabetes, hypertension, renal cell carcinoma, chronic kidney disease resulting from that, sleep-related breathing disorder, and respiratory issues secondary to metastasis.

With regard to the issue of the Renal Cancer and industrial causation:

the following is a comprehensive review of the known data on kidney cancer:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3012455/>

The risk factors that are agreed by the review of the literature are cigarette smoking, obesity and hypertension these factors influence the trends in different populations. There is early evidence for the role of physical inactivity, alcohol consumption and the occupational exposure to trichloroethylene but causal conclusions are not yet supported.

Diet effects on renal cancer are in that diets rich in fruit and vegetables are inversely related to renal cancer risk whereas additives and artificial sweeteners contained in beverages are controversial.

Familial and genetic susceptibility occurs in individuals who express the gene for Von Hippel Lindau syndrome. This syndrome, however is rare. Other genes encoding for this cancer are the Glutathione S Transferase (GST) especially when associated with cigarette smoking. The effect is in the deficiency in the limitation of oxidation process by the ineffective glutathione.

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The IARC published the tables of carcinogens by site and specifically for renal cancer the data is as follows:

Carcinogenic agents with sufficient evidence in humans are: Tobacco smoking, x radiation, gamma radiation, Trichloroethylene

Carcinogenic agents with limited evidence in humans : Arsenic, cadmium, Perfluorocantnoic acid, Printing process, Welding fumes

<http://monographs.iarc.fr/ENG/Classification/Table4.pdf>

with regard to Dr Soohooo exposure on the job that could be causative in Renal Cancer, this is what is known about dentists and the materials that they work with:

Sodium hypochlorite is a commonly used irrigant in endodontic therapy to dissolve organic matter and kill microbes

Nitrous oxide is a commonly used method of conscious sedation

Dental amalgam is a mercury containing filling material used to fill cavities once tooth decay has been removed.

Dental aerosol is produced from dental instruments like ultrasound scalers, dental hand pieces and other high speed instruments. Dental aerosols contaminated with bacteria, fungi and viruses also have micro particles of silica as components of dental filing.

https://www.researchgate.net/profile/Ramandeep-Gambhir/publication/266346306_Occupational_Health_Hazards_in_Current_Dental_Profession-A_Review/links/56ea967808ae25ede8327f15/Occupational-Health-Hazards-in-Current-Dental-Profession-A-Review.pdf

Regarding trichloroethylene and the likelihood of Dr Soohoo exposure:

Trichloroethylene is a colorless liquid organic chemical. It does not occur naturally and is created by chemical synthesis.

It is use primarily to make refrigerants and other hydrofluorocarbons as a degreasing solvent for metal equipment.

It is also used as paint removers, stripers, adhesives spot removers and rug cleaning fluids.

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The Environmental Protection Agency has developed a mathematical model based on animal studies to estimate the probability of a person developing cancer from continuously breathing air containing a specified concentration of a chemical as 1.7×10^{-6} nanograms /cubic meter. (this would be a probability of 0.0000017)

<https://www.epa.gov/sites/default/files/2016-09/documents/trichloroethylene.pdf>

The medical records that I received were very large but with regard to Pulmonary status the last encounter with the Pulmonologist was on 2/27/2020 and at that time his CT scan of the chest showed a 8 mm nodule which was not deemed to be amenable for biopsy. Did recommend repeat CT scan in 3 months.

The last encounter was in April, 2020 at which time there was no mention of lung metastases. The next entry is October , 2021 when he was evaluated by Psychologists Dr Flores and Dr Ledezma who do state that he had lung cancer.

He has had workup in the past which included pulmonary function testing but that was several years ago. For this reason, I am requesting a new pulmonary function test to obtain data at this time. It appears that he saw Dr. Lonky in 2018 but he was discovered to have pulmonary metastasis in 2020. He recently had MRI of the abdomen and CT scan of the chest, so those will be used in making the determination.

He also should have a repeat sleep study followed by multiple sleep latency tests to obtain objective data regarding excessive daytime somnolence which also will be used in making a determination of whole person impairment.

CAUSATION:

There is reasonable medical probability that part of the present disability resulted from hypertension and sleep apnea are partially apportionable to industrial causes.

With regard to the Renal carcinoma, based on the scientific evidence as entered above with regard to:

the known causes of Renal carcinoma,

the exposures that Dentists have,

the evidence of environmental factors associated with this type of cancer with Trichloroethylene and where it is encountered

It does not cross the threshold of reasonable medical probability that the Renal cancer was industrial in nature

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Before issuing an opinion about the respiratory impairment, I need to see recent records with regard to the recent work up that he had. I still do not know if the biopsy is suggestive of metastatic disease or there is a new primary. The biological agents that he mentioned are usually used in lung tumors not renal cancer. It will make a difference in assessing the industrial causation of the respiratory impairment.

TEMPORARY TOTAL DISABILITY:

I do not yet have the exact dates when he stopped working on his own and sought treatment outside of Workers' Compensation to make that determination at this time.

WHOLE PERSON IMPAIRMENT:

Prior to issuing an opinion on whole person impairment regarding the Internal Medicine issues:

I will require the following:

A new full pulmonary function test

A new echocardiogram

A sleep study with multiple sleep latency tests

More recent records regarding the pulmonary work up, biopsy results, new CT scan results and the notes from consultants Oncologists and Pulmonologists

I will follow with a supplemental report after all this is done to assess this very complex case.

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 the information I have 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 to be true.

I further declare under penalty of perjury that I have not violated Labor Code Section 139.3 of the California Labor Code, and the contents of the bill are true and correct to the best of my knowledge, in that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referenced examination or evaluation.

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**In accordance with Labor Code 4062.3 and under penalty of perjury, I
declare that I received and reviewed a total of 4791 pages of medical records.**

Sincerely,

A handwritten signature in black ink that reads "Eli Hendel M.D." The signature is written in a cursive, flowing style.

ELI HENDEL, M.D.
Diplomate of American Board Internal Medicine
Diplomate of American Board of Pulmonary Disease
Diplomate of American Board of Sleep Medicine

EH:mvf