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July 7, 2022

Natalia Foley, Esq.
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PATIENT:	George Soohoo
DOB:	November 28, 1953
OUR FILE #:	210185
SSN:	XXX-XX-XXXX
EMPLOYER:	California Institute for Men 14901 Central Avenue Chino, CA 91710
WCAB #:	ADJ14761989; ADJ14761987
CLAIM#:	06626670
DATE OF INJURY:	CT January 1, 2015 to June 10, 2021; CT June 11, 2020 to June 11, 2021; CT August 1, 2015 to July 6, 2018; 8/16/21; 12/6/21
DATE OF 1ST VISIT:	August 11, 2021
INSURER:	SCIF P.O. Box 65005 Fresno, CA 93650
ADJUSTOR:	Priscilla Aguilar
PHONE #:	(951) 697-7332

Primary Treating Physician's Permanent and Stationary Report

Dear Ms. Foley,

Thank you for referring Mr. Soohoo, to my Los Angeles office. I examined Mr. Soohoo most recently on 7/7/22 in the capacity of primary treating physician for permanent and stationary status.

ML 201: This is a Permanent and Stationary Report. The total time spent on this report (including face to face time, record review, any prior reports, supplemental reports, test results, and any other additional records provided), and the preparation of a narrative report and its review, was 4.25 hours.

***This is a medical legal report and does not qualify for a PPO/network discount.**

Job Description:

The patient began working as a dentist supervisor in January 1994 for California Institute for Men and he continues to be employed by the facility. His work hours are from 7:00 am to 3:00 pm, five days per week. His job duties involved clinical care, treating patients, administrative and supervising and training and educating. Physically, the job required for him to stand, squat, bend, climb, walk, stoop, kneel and twist. He was required to lift from 5 to 10 pounds weight.

History of the Injury as Related by the Patient:

The patient has filed three continuous trauma claims between the dates of January 1, 2015 and June 10, 2021; June 11, 2020 to June 11, 2021; and August 1, 2015 to July 6, 2018, for injuries that he sustained during the course of his employment.

The patient worked as a supervising dentist at California Institute for Men. He provided clinical care and dentistry work for individuals who were incarcerated. He also states that he supervised approximately six other dentists as he worked as the supervising dentist. He also supervised two hygienists. He does mention that he had direct contact with inmates and he did perform procedures. He often used equipment which included high speed hand pieces with high frequencies and rotational force as the patient would have to shave teeth and perform various procedures. He mentions that he was often exposed to various types of dust and chemicals while performing his job duties. He mentions some of the chemicals included zinc oxide, mercury and other restorative material. He mentions that part of his job included making impressions of teeth which involved using various chemicals.

The patient states that some of the facilities he worked at, he was required to sign an asbestos exposure form yearly. The patient mentions that he also carried other various jobs while working for CIM. He often would deal with corporate decisions and the overall operation of the facility. He does mention that he was also exposed to loud noises and he would various machineries.

In 2016, the patient began to have significant stress levels from his musculoskeletal pain that he sustained due to repetitive work but also from some of the individuals at the workplace. He does mention a history of PTSD initially from the military; however, this condition was exacerbated by his workplace stress. He states that in 2016, during a confrontation with a staff member when the patient was feeling unwell and presented to the hospital and a blood pressure reading was above 200 systolic. He was provided medications and he was instructed to follow up with a cardiologist, psychiatrist and psychologist. He then states that he had some medications that were changed for better control of his blood pressure.

The patient also mentions in 2018, he had an image that was taken of his abdomen and was noted to have a mass on his right kidney. After workup the patient was diagnosed with kidney cancer and underwent a right nephrectomy in 2019. The patient has also been diagnosed with pulmonary nodules that he continues in workup for. He undergoes yearly CT scans for the evaluation and has been noted to have increasing size of the pulmonary nodules.

He has been treated by various physicians, including a pulmonologist, nephrologist, endocrinologist, ophthalmologist and general internist, as well as a psychologist and psychiatrist.

On 8/16/21, Mr. Soohoo sustained injuries affecting his back. He relates complaints of significant additional stress following this injury. On 12/6/21, Mr. Soohoo sustained injuries affecting his bilateral upper extremities.

Prior Treatment:

The patient is currently under the care of Dr. Alexander Bergy, Dr. Yuen, Dr. William Cher, Dr. David Lam, Dr. Park, Dr. Yohan and Dr. Yang.

Previous Work Descriptions:

The patient began working for the California Institution for Men in 1994. He has not provided any further work history.

Occupational Exposure:

The patient was exposed to chemicals, fumes, and dust during the course of his work. The patient was exposed to excessive noise during the course of his work. He was exposed to excessive heat and cold.

Past Medical History:

The patient was diagnosed with hypertension in 2016, diabetes mellitus in 1999, hyperlipidemia in 1999 and sleep apnea in 2000. He has undergone treatment for kidney cancer, status post removal of right kidney in 2019 and lipoma removal in 1995. He denies any other history of previous medical or surgical conditions. **He is allergic to Lisinopril and aspirin.** There is no history of prior accidents or injuries. There is no other significant medical history.

Previous Workers' Compensation Injuries:

In 2016, the patient filed a claim for workers' compensation benefits for injuries that he sustained at the workplace.

Social History:

The patient is married. He has no children. He does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's parents have died. His mother died of unknown cause and his father died of a myocardial infarction. He had one brother and one sister. His sister died of colon cancer. His brother is alive and well. There is no other significant family medical history.

Review of Systems:

The patient complains of headaches, dizziness, lightheadedness, visual difficulty, hearing problems, jaw pain, jaw clenching, dry mouth, and heart palpitations. He denies a complaint of sinus problems, sinus congestion, cough, throat pain, postnasal drip, chest pain, shortness of breath, wheezing, hemoptysis or expectoration. The patient denies a complaint of abdominal pain or cramping, burning symptoms, reflux symptoms, nausea, vomiting, diarrhea, constipation, weight gain or weight loss. The patient complains of urinary frequency, but denies complaints of dysuria, urgency or urinary tract infections. The patient's musculoskeletal complaints involve cervical spine pain 7/10, thoracic spine pain 7/10, lumbar spine pain 7/10, bilateral shoulder pain 8/10 and bilateral hand pain 8/10. There is no complaint of peripheral edema or swelling of the ankles. The patient's psychosocial complaints include anxiety, depression, difficulty concentrating, difficulty sleeping, and forgetfulness. There is no hair loss. There are dermatologic complaints. There is no intolerance to excessive heat or cold. There is no complaint of fever, diaphoresis, chills or lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury:

The patient has difficulty with sleep because of his musculoskeletal pain. He denies any problems with bathing, dressing, self-grooming, toileting, walking, climbing stairs, shopping, cooking, performing housework or driving.

Current Medications:

The patient currently takes Losartan 100 mg daily, K-tabs 10 mg BIS, Chlorthalidone 25 mg BID, Amlodipine 10 mg daily Gemfibrozil 600 mg BID, Metformin 500 mg 2 tablets BID, Lovastatin 20 mg daily and Clopidogrel 75 mg daily.

Physical Examination:

The patient is a 68-year-old alert, cooperative and oriented English speaking Hawaiian/Chinese male, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 182 pounds. Blood Pressure: 149/81. Pulse: 65. Respiration: 16. Temperature: 97.9 degrees F.

Skin:

No abnormalities were detected.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination. There is TMJ tenderness bilaterally.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is globular, non-tender without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is tenderness and myospasm of the cervical, thoracic and lumbar paraspinal musculature. There is tenderness of bilateral shoulders on the anterior, posterior and lateral aspects. There is tenderness of the trapezius muscles. There is tenderness of the medial aspects of the elbows. There is tenderness of bilateral wrists and hands. Tinel's is positive at both wrists.

Range of Motion Testing: (initial visit)

Cervical Spine:	Normal
Flexion	35/50
Extension	40/60
Right Rotation	60/80
Left Rotation	60/80
Right Lateral Flexion	30/45
Left Lateral Flexion	30/45

Thoracic Spine:

Flexion	45/60
Right Rotation	20/30
Left Rotation	20/30

Lumbo-Sacral Spine:

Flexion	45/60
Extension	15/25
Right Lateral Flexion	15/25
Left Lateral Flexion	15/25

Shoulder:	*Right*	*Left*
Flexion	160/180	160/180
Extension	40/50	40/50
Abduction	150/180	150/180
Adduction	40/50	40/50
Internal Rotation	70/90	70/90
External Rotation	70/90	70/90

Hips:	*Right*	*Left*
Flexion	110/140	140/140
Extension	0/0	0/0
Abduction	30/45	45/45
Adduction	20/30	30/30
Internal Rotation	30/45	45/45
External Rotation	30/45	45/45

Elbow:	*Right*	*Left*
Flexion	120/140	140/140

Forearm	*Right*	*Left:*
Pronation	60/80	70/80
Supination	60/80	70/80

Wrist:	*Right*	*Left*
Dorsiflexion	40/60	60/60
Palmar Flexion	40/60	60/60
Radial Deviation	15/20	20/20
Ulnar Deviation	20/30	30/30

Knee:	*Right*	*Left*
Flexion	110/130	110/130

Ankle/Foot:	*Right*	*Left*
Dorsiflexion	10/15	10/15
Plantar Flexion	30/40	30/40
Inversion	20/30	20/30
Eversion	15/20	15/20

Neurological Examination:

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

Special Diagnostic Testing:

A pulmonary function test was performed on 8/11/21 and revealed an FVC of 1.44 L (42.1%), an FEV 1 of 1.22 L (48.3%), and an FEF of 1.24 L/s (61.9%). There was a 3.1% increase in FEV 1, and a 97.5% increase in FEF after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 62 per minute.

Laboratory Testing:

A random blood sugar is performed today and is recorded at 105 mg/dL. The urinalysis performed by dipstick method was reported as 1+ protein.

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL, THORACIC AND LUMBAR SPINE, BILATERAL SHOULDERS, WRISTS AND HANDS
2. CERVICAL SPINE SPRAIN/STRAIN
3. THORACIC SPINE SPRAIN/STRAIN
4. LUMBAR SPINE SPRAIN/STARIN
5. TENDINOSIS BILATERAL SHOULDERS
6. CARPAL TUNNEL SYNDROME, BILATERAL WRISTS
7. TENDINOSIS BILATERAL WRISTS
8. RIGHT KIDNEY CANCER, STATUS POST NEPHRECTOMY (2019)
9. STATUS POST REMOVAL OF LIPOMA (1995)
10. HYPERTENSION (2016) ACCELERATED BY WORKPLACE INJURY
11. DIABETES MELLITUS (1999) AGGRAVATED BY WORKPLACE INJURY
12. HYPERLIPIDEMIA (1999)
13. SLEEP APNEA (2000)
14. EXPOSURE TO ASBESTOS AT WORKPLACE
15. EXPOSURE TO CHEMICALS AT WORKPLACE (ZINC OXIDE, MERCURY, COMPOUNDS AND VARIOUS DUST PARTICLES)
16. PULMONARY NODULES SECONDARY TO OCCUPATIONAL EXPOSURES
17. CHRONIC HEADACHES
18. DIZZINESS/LIGHTHEADEDNESS
19. VISUAL DISORDER

20. HEARING LOSS, BILATERAL
21. CHRONIC SINUS CONGESTION DUE TO OCCUPATIONAL EXPOSURES
22. TMJ SYNDROME, BILATERAL
23. BRUXISM
24. XEROSTOMIA
25. HEART PALPITATIONS
26. URINARY FREQUENCY
27. POSTTRAUMATIC STRESS DISORDER
28. ANXIETY DISORDER
29. DEPRESSIVE DISORDER
30. SLEEP DISORDER
31. COGNITIVE DYSFUNCTION
32. CONTACT DERMATITIS SECONDARY TO OCCUPATIONAL EXPOSURES
33. **ALLERGY TO LISINOPRIL AND ASPIRIN**

Discussion/Causation:

Mr. Soohoo was employed as a dentist supervisor with California Institute for Men. While working for California Institute for Men between the periods of 1/1/15 to 6/10/21, 8/1/15 to 7/6/18, and 6/11/20 to 6/11/21, Mr. Soohoo sustained continuous trauma injuries affecting his **cervical spine, lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral hands**. Mr. Soohoo relates these injuries to the frequent bending at the waistline, repetitive strain, and frequent use of the upper extremities at the waistline. On 8/16/21, Mr. Soohoo suffered a repetitive strain/heavy lifting/blunt force trauma/motor vehicle accident/slip and fall injury characterized by the immediate onset of pain in his **back**. On 12/6/21, Mr. Soohoo suffered a repetitive strain/heavy lifting/blunt force trauma/motor vehicle accident/slip and fall injury characterized by the immediate onset of pain in his **bilateral upper extremities**. He has been diagnosed with **chronic fatigue syndrome**.

Mr. Soohoo was diagnosed with **hypertension** in 2016 and **diabetes** in 1999. As a result of the psychological stress from the industrial injuries sustained, Mr. Soohoo developed and sustained an acceleration of his hypertension and sustained an aggravation of his diabetes mellitus. Stress resulting from his injuries causes an increase in cortisol levels, both blood glucose levels and blood pressure, a condition that is frequently accompanied by tachycardia. The medical literature states that although the exact mechanism is not fully understood, it is generally accepted that chronic psychological stress induces hyperactivity of the hypothalamic pituitary adrenal (HPA) axis of the neuroendocrine system. Hyperactivity of the HPA axis results in excess amounts of glucocorticoid hormones which increases hepatic gluconeogenesis (sugar formation by the liver) and inhibition of insulin secretion and action (insulin resistance). The

increase in systemic glucocorticoids also results in water and salt retention by the kidneys, thus increasing systemic blood pressure (hypertension)[1]. It is within a reasonable medical probability that the psychological stress resulting from the industrial injuries sustained played a causative role in the development and acceleration of Mr. Soohoo's hypertension as well as the aggravation of Mr. Soohoo's diabetes mellitus.

Mr. Soohoo relates complaints of difficulty concentrating, difficulty making decisions, and forgetfulness. As a result of the aggravation of his diabetes, Mr. Soohoo has developed **cognitive dysfunction**. Cognitive dysfunction with its wide range, from mild cognitive impairment through dementia, is one of the chronic complications of diabetes mellitus. Both diabetes and cognitive impairment occur more commonly at older age. In addition, diabetes is a risk factor for atherosclerosis and small vessel disease[2]. He has been diagnosed with **post traumatic stress disorder**.

In Mr. Soohoo's first examination in my office on 8/11/21, Mr. Soohoo related that while employed by California Institute for Men as a dentist supervisor, he was exposed to chemicals, fumes, and dust, including asbestos, zinc oxide, mercury, and other compounds. He relates complaints of dry mouth and heart palpitations as well as dermatological complaints. As a result of the chemicals, fumes, and dust, including asbestos, zinc oxide, mercury, and other compounds exposure, Mr. Soohoo has been diagnosed with **pulmonary nodules** and **chronic sinus congestion**. He has been diagnosed with **contact dermatitis**. In this case, I believe that Mr. Soohoo has been exposed to sufficient quantities of chemicals, fumes, and dust, including asbestos, zinc oxide, mercury, and other compounds at the workplace to cause him to develop pulmonary nodules, chronic sinus congestion, right kidney cancer and contact dermatitis.

In 2018, Mr. Soohoo was diagnosed with **right kidney cancer** and in 2019 underwent a nephrectomy. As noted above, Mr. Soohoo was exposed to asbestos during the course of his employment with California Institute for Men. The medical literature states that ever-exposure to asbestos was associated with 20% increased odds of kidney cancer compared to unexposed workers (OR 1.2, 95% confidence interval 1.0–1.4 when including possibly exposed workers). A small increase in risk was observed with cumulative exposure, while increasing intensity of exposure was related to increased odds of kidney cancer[3]. In the

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[1] Peter, R., Westerholm, P., et al. Does a Stressful Psychosocial Work Environment Mediate the Effects of Shift Work on Cardiovascular Risk Factors? *The Scandinavian Journal of Work, Environment, and Health*. 1999; 25(4): 376-381

[2] Saedi E, Gheini MR, Faiz F, Arami MA. Diabetes mellitus and cognitive impairments. World J Diabetes. 2016;7(17):412–422. doi:10.4239/wjd.v7.i17.412

[3] Peters CE, Parent MÉ, Harris SA, Kachuri L, Latifovic L, Bogaert L, Villeneuve PJ; Canadian Cancer Registries Epidemiology Group. Workplace exposure to asbestos and the risk of kidney cancer in Canadian

absence of medical evidence to the contrary, it is my opinion that the prolonged exposure to asbestos played a causative role in the development of Mr. Soohoo's right kidney mass.

As a result of the musculoskeletal pain from the orthopedic injuries and work-related psychological stress sustained, Mr. Soohoo developed **chronic headaches, sleep impairment,** and **urinary impairment (frequency)**. The medical literature states there is a high prevalence of sleep disturbance in individuals with lower back pain. Both acute and persistent lower back pain patients equally experience poor sleep[4]. There was a positive correlation between perceived stress levels and urinary incontinence symptoms, and its impacts on quality of life among overactive bladder patients[5]. This is the case with Mr. Soohoo.

In summary, I believe that Mr. Soohoo has sustained compensable industrial injuries from activities during the course of or arising out of his work as a dentist supervisor with California Institute for Men. As of my final evaluation, Mr. Soohoo's diagnoses include musculoskeletal and internal medicine disabilities as mentioned above. As detailed in the discussion above, I find Mr. Soohoo's injuries to be industrial in causation. Mr. Soohoo was most recently examined on 7/7/22 for permanent and stationary evaluation.

<u>Disability Status</u>:

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness
4. Visual difficulty
5. Hearing problems
6. Jaw pain
7. Jaw clenching
8. Dry mouth
9. Heart palpitations
10. Urinary frequency
11. Cervical spine pain
12. Thoracic spine pain
13. Lumbar spine pain
14. Bilateral shoulder pain

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men. Can J Public Health. 2018 Aug;109(4):464-472. doi: 10.17269/s41997-018-0095-9. Epub 2018 Sep 17. PMID: 30225576; PMCID: PMC6182333.

[4] Eur Spine J. 2012 Mar; 21(3): 554-560.

[5] Lai H, Gardner V, Vetter J, Andriole GL. Correlation between psychological stress levels and the severity of overactive bladder symptoms. BMC Urol. 2015;15:14. Published 2015 Mar 8. doi:10.1186/s12894-015-0009-6

15. Bilateral hand pain
16. Anxiety
17. Depression
18. Difficulty concentrating
19. Difficulty making decisions
20. Difficulty sleeping
21. Forgetfulness
22. Dermatologic complaints

Objective Findings:

1. TMJ tenderness bilaterally
2. Tenderness and myospasm of the cervical, thoracic and lumbar paraspinal musculature
3. Tenderness of bilateral shoulders on the anterior, posterior and lateral aspects
4. Tenderness of the trapezius muscles
5. Tenderness of the medial aspects of the elbows
6. Tenderness of bilateral wrists and hands
7. Tinel's is positive at both wrists
8. An x-ray of the chest (two views) is normal.
9. An x-ray of the cervical spine (two views) reveals straightening of the normal lordosis along with multilevel degenerative disc disease at the C3-4, C4-5, C5-6 and C6-7 levels.
10. An x-ray of the lumbar spine (two views) reveals anterolisthesis of the L4 vertebra. There is degenerative disc disease noted at the L4-L5 and L5-S1 regions.
11. An x-ray of the right shoulder (two views) reveals osteoarthritic changes of the AC joint.
12. An x-ray of the left shoulder (two views) reveals osteoarthritic changes of the left AC joint.
13. An x-ray of the right elbow (two views) reveals mild degenerative changes within the joint.
14. An x-ray of the left elbow (two views) reveals mild degenerative changes within the joint.
15. An x-ray of the right wrist (two views) reveals degenerative joint disease.
16. An x-ray of the left wrist (two views) reveals degenerative joint disease.
17. An x-ray of the right hand (two views) reveals osteoarthritic changes of the proximal and interphalangeal joints of all digits. There are arthritic changes of the CMC joints.
18. An x-ray of the left hand (two views) reveals osteoarthritic changes of the proximal and interphalangeal joints of all digits. There are arthritic changes of the CMC joints.
19. A pulmonary function test revealing an FVC of 1.44 L (42.1%), an FEV 1 of 1.22 L (48.3%), and an FEF of 1.24 L/s (61.9%). There was a 3.1%

increase in FEV 1, and a 97.5% increase in FEF after the administration of Albuterol.

20. A 12-lead electrocardiogram revealing sinus bradycardia and a heart rate of 59 per minute.
21. A pulse oximetry test is recorded at 96%.
22. A random blood sugar is recorded at 105 mg/dL.
23. The urinalysis is reported as 1+ protein.

It has been one year since Mr. Soohoo's sustained his industrial injuries; his status is not expected to improve significantly for the foreseeable future. Mr. Soohoo has now reached a point of maximal medical improvement (MMI) and **can now be considered permanent and stationary (P&S) as of 7/7/22 for rating purposes**.

Apportionment:

This is to certify that I have reviewed Labor Code sections 4663 and 4664 in rendering my opinion on apportionment or lack thereof.

Regarding appointment of Mr. Soohoo's orthopedic industrial injuries between the periods of 1/1/15 to 6/10/21, 8/1/15 to 7/6/18, and 6/11/20 to 6/11/21, and the specific date injuries on 8/16/21 and 12/6/21, **it is my opinion that the injuries are inexplicably intertwined due to the overlapping nature of the industrial injury periods**.

Regarding the apportionment of Mr. Soohoo's **cervical spine, lumbar spine, bilateral shoulders, bilateral elbows, and bilateral hands disabilities**, 80% is apportioned to industrial factors, and 20% is apportioned to the non-industrial natural degenerative changes. The basis for this decision is the frequency, intensity and duration of cervical spine and lumbar spine stress related by Mr. Soohoo, the known natural underlying, degeneration of the spine, and the available medical evidence.

Regarding the apportionment of Mr. Soohoo's **bilateral carpal tunnel disabilities**, 80% is apportioned to industrial factors, and 20% is apportioned to the non-industrial natural degenerative changes. The basis for this decision is the repetitive use of the hands and wrists during work related by Mr. Soohoo, Mr. Soohoo's age of 68, and the available medical evidence.

Regarding the apportionment of Mr. Soohoo's **diabetes, cognitive dysfunction** and **hypertension**, 80% is apportioned to industrial factors, and 20% is apportioned to non-industrial factors. The basis for this decision is the psychological stress that Mr. Soohoo described, the medical literature that describes the relationship between psychological stress and the onset of diabetes and hypertension, and the available medical evidence at this time.

Regarding the apportionment of Mr. Soohoo's **pulmonary nodules, chronic sinus congestion, contact dermatitis** and **right kidney cancer**, 80% is apportioned to industrial factors of occupational exposures, and 20% is apportioned to non-industrial factors. The basis for this decision is the absence of any pre-existing respiratory impairments, the known adverse side effects of psychological stress, and the available medical evidence.

Regarding the apportionment of Mr. Soohoo's **chronic fatigue syndrome, chronic headaches, sleep impairment,** and **urinary impairment (frequency)**, 80% is apportioned to industrial factors, and 20% is apportioned to non-industrial factors. The basis for this decision is the duration, frequency, and intensity of the orthopedic injuries reported by Mr. Soohoo, the known adverse side effects of psychological stress sustained, and the available medical evidence.

<u>Permanent Impairment Ratings</u>:

According to the AMA Guidelines 5th Edition, Table 15-5 Criteria for Rating Impairment Due to Cervical Disorders on page 392, Mr. Soohoo's **cervical spine impairment** warrants a high DRE Cervical Category II rating of **8% WPI**.

According to the AMA Guidelines 5th Edition, Table 15-3 Criteria for Rating Impairment Due to Lumbar Spine Injury on page 384, Mr. Soohoo's **lumbar spine impairment** warrants a high DRE Class II rating of **8% WPI**.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Mr. Soohoo's **right shoulder** (acromioclavicular joint, 25% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The right shoulder impairment is equivalent to a 2.5% upper extremity impairment (25% x 10% = 2.5%), which rounds to a 3% upper extremity impairment.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Mr. Soohoo's **left shoulder** (acromioclavicular joint, 25% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The left shoulder impairment is equivalent to a 2.5% upper extremity impairment (25% x 10% = 2.5%), which rounds to a 3% upper extremity impairment.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from

Synovial Hypertrophy on page 500, Mr. Soohoo's **right elbow** (proximal radioulnar joint, 20% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The right elbow impairment is equivalent to a 2% upper extremity impairment (20% x 10% = 2%).

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Mr. Soohoo's **left elbow** (proximal radioulnar joint, 20% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The left elbow impairment is equivalent to a 2% upper extremity impairment (20% x 10% = 2%).

According to the AMA Guidelines 5th Edition, Chapter 16.5d Entrapment/Compression Neuropathy, Carpal Tunnel Syndrome on page 495, Mr. Soohoo's **right hand carpal tunnel syndrome** warrants a 5% impairment of the upper extremity.

According to the AMA Guidelines 5th Edition, Chapter 16.5d Entrapment/Compression Neuropathy, Carpal Tunnel Syndrome on page 495, Mr. Soohoo's **left hand carpal tunnel syndrome** warrants a 5% impairment of the upper extremity.

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Mr. Soohoo's **right hand** (entire hand, 90% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The right-hand impairment is equivalent to a 9% upper extremity impairment (90% x 10% = 9%).

According to the AMA Guidelines 5th Edition, Table 16-18 Maximum Impairment Values for the Digits, Hand, Wrist, Elbow, and Shoulder Due to Disorders of Specific Joints or Units on page 499, and Table 16-19 Joint Impairment from Synovial Hypertrophy on page 500, Mr. Soohoo's **left hand** (entire hand, 90% upper extremity) injury warrants mild classification, corresponding to a 10% joint impairment. The left-hand impairment is equivalent to a 9% upper extremity impairment (90% x 10% = 9%).

Using Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole Person on page 439, the upper extremity impairments convert to **23% WPI**.

According to the AMA Guidelines 5th Edition, Table 10-8 Criteria for Rating Impairment Due to Diabetes Mellitus on page 231, Mr. Soohoo's **diabetes mellitus type II** warrants a high Class I rating (Type-II diabetes, inadequately controlled with medications, with evidence of proteinuria), corresponding to a **5% WPI.**

According to the AMA Guidelines 5th Edition, Table 4-1 Classification of Hypertension in Adults and Table 14-2 Criteria for Rating Permanent Impairment Due to Hypertensive Cardiovascular Disease both on page 66, Mr. Soohoo's **hypertension** qualifies for a high Class II rating (Stage 1, with hypertensive medications, with evidence of proteinuria), corresponding to a **29% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-6 Criteria for Rating Impairment Related to Mental Status on page 320, Mr. Soohoo's **cognitive dysfunction** qualifies for a high Class I rating, with a CDR of 0.5, equating to a **14% WPI**.

According to the AMA Guidelines 5th Edition, Table 5-12 Impairment Classification for Respiratory Disorders, Using Pulmonary Function and Exercise Test Results on page 107, Table 5-2a Predicted Normal Forced Vital Capacity (FVC) in Liters for Men on page 95, and Table 5-2b Predicted Lower Limit Normal Forced Vital Capacity (FVC) in Liters for Men on page 95, Mr. Soohoo is 68 years of age and has a height of 160 cm, corresponding to a predicted normal FVC of 3.49 liters, and a predicted lower limit of normal FVC of 2.375 liters. During the 8/11/21 Pulmonary Function Testing, Mr. Soohoo's best FVC trial was 1.44 liters; this is 42.1% of the predicted normal value and 0.935 liters lower than the predicted lower limit of normal value of 2.375 liters. Thus, Mr. Soohoo's **pulmonary nodules** and **chronic sinus congestion** warrants a Class IV rating, corresponding to a **60% WPI**.

According to the AMA Guidelines 5th Edition Table 7-1 Criteria for Rating Permanent Impairment Due to Upper Urinary Tract Disease on page 146, Mr. Soohoo's **right kidney cancer** and **status post nephrectomy (2019)** warrants a high Class II impairment rating, equating to a **34% WPI**.

According to the AMA Guidelines 5th Edition Table 7-1 Criteria for Rating Permanent Impairment Due to Upper Urinary Tract Disease on page 146, Mr. Soohoo's **urinary impairment (frequency)** warrants a moderate Class I impairment rating, equating to a **10% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-9 Criteria for Rating Impairment of Cranial Nerve V (Trigeminal Nerve) on page 331, Mr. Soohoo's **chronic headaches** qualifies for a low Class I rating (mild facial neuralgic pain, intermittent frequency, mild interference with activities of daily living), equating to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 13-4 Criteria for Rating Impairment Due to Sleep and Arousal Disorders on page 317, Mr. Soohoo's **sleep impairment** warrants a low Class I rating (reduced daytime alertness, mild interference of activities of daily living), corresponding to a **5% WPI**.

According to the AMA Guidelines 5th Edition, Table 8-2 Criteria for Rating Permanent Impairment Due to Skin Disorders on page 178, Mr. Soohoo's **contact dermatitis** qualifies for a low Class I rating (signs and symptoms are continuously present, requires intermittent treatment) equating to a **3% WPI**.

According to the AMA Guidelines 5th Edition, Table 18-3 Impairment Classification Due to Pain Disorders on page 575, Mr. Soohoo's **chronic fatigue syndrome** warrants a Class I rating, corresponding to a **3% WPI**.

According to the Combined Values Chart of The AMA Guides, page 604-605, Mr. Soohoo's whole-body impairment is **91% = (60% + 34% + 29% + 23% + 14% + 10% + 8% + 8% + 5% + 5% + 3% + 3%)**.

Work Restrictions:

For Mr. Soohoo's complaints of cervical and lumbar spine pain, he should be precluded from work involving heavy lifting, repetitive pushing, pulling, stooping, or overhead work with the upper extremities.

For Mr. Soohoo's complaints of bilateral upper extremities pain, he should be precluded from repetitive overhead work, heavy lifting, rapid repetitive gross motor activity, pushing, pulling, and activities that require flexion, extension, and twisting of the upper extremities.

For Mr. Soohoo's bilateral carpal tunnel syndrome, he should be precluded from continuous use of the hands and wrists, repetitive fine motor manipulations of the hands, frequent pushing and pulling of the hands and wrists (greater than 10 pounds), and activities that require flexion, extension, and twisting of the hands and wrists.

For Mr. Soohoo's hypertension, he should be precluded from work in emotionally stressful environments, work that involves frequent to constant deadlines, work that involves reasonably probable exposure to significant psychological trauma (violence, crime, death, disease), and occasional to frequent undue stress from co-workers and management.

For Mr. Soohoo's pulmonary nodules and chronic sinus congestion, he should be precluded from performing activities which would require working in areas with known respiratory irritants, allergens, and particulates (mold, airborne dusts,

gases, fumes, vapors, second hand smoke, cleaning chemicals, pests, dust mites, mice, diesel, engine exhaust, volatile organic compounds), working in areas with poor or inadequate ventilation, and work using equipment or machines that are known to emit dust, mists, or fumes.

Vocational Rehabilitation:

If the above work restrictions cannot be met, then Mr. Soohoo should be considered a Qualified Injured Worker (QIW) and should have access to vocational rehabilitation.

Future Medical Care:

Provisions for future medical care for Mr. Soohoo's cervical and lumbar spine is indicated. He should be allowed office visits with his primary care physician in the event of future flare ups of his symptoms. Necessary and appropriate should include physical therapy sessions (as recommended by the California MTUS Guidelines) for the cervical and lumbar spine (twice per week, for 4 weeks), the use of NSAID medications, and follow up with a pain management specialist for epidural steroid injections. Surgical intervention is not anticipated at this time.

Provision for future medical care for Mr. Soohoo's bilateral carpal tunnel syndrome is indicated. Necessary and appropriate should include physical therapy sessions (as recommended by the California MTUS Guidelines) for the hands and wrists (twice per week, for 4 weeks), the use of NSAID medications, and durable medical equipment (DME) including wrist splints or braces. Mr. Soohoo should be allowed office visits with an orthopedist, preferably a hand specialist, in the event of future acute flare ups of his carpal tunnel syndrome symptoms. A carpal tunnel release surgery is not anticipated at this time.

Future medical care for Mr. Soohoo's diabetes mellitus and hypertension is indicated. Mr. Soohoo should be seen by an internist, or his primary treating physician, on an industrial basis approximately 4-6 times per year. Medically necessary and appropriate treatment for Mr. Soohoo's diabetes and hypertension should include regular hyperglycemic testing (lab work ups including: hemoglobin A1C, fasting glucose, and comprehensive metabolic panels), education on diet changes, home exercise for weight management, and annual cardiovascular testing (electrocardiogram, cardio-impedance testing, lab work up); he will also require lifelong access to diabetic medications and anti-hypertensive medications.

Future medical care for Mr. Soohoo's cognitive impairment is indicated. Mr. Soohoo should be seen by a neurologist, or his primary treating physician, for any flare-ups of his cognitive impairment symptoms. Medically necessary and appropriate treatment should be performed on an industrial basis.

Future medical care for Mr. Soohoo's respiratory impairment. Medically necessary and appropriate treatment should include follow up visits with a pulmonologist or his primary treating physician on an industrial basis.

Future medical care for Mr. Soohoo's urinary impairment (frequency) is indicated. Mr. Soohoo should be seen by a dermatologist, or his primary treating physician, on an industrial basis. Medically necessary and appropriate treatment for Mr. Soohoo's urinary impairment (frequency).

Future medical care for Mr. Soohoo's right kidney impairment is indicated. Mr. Soohoo should be seen by a nephrologist, or his primary treating physician, on an industrial basis. Medically necessary and appropriate treatment for Mr. Soohoo's right kidney impairment.

Future medical care for Mr. Soohoo's dermatological disorder is indicated. Mr. Soohoo should be seen by a dermatologist, or her primary treating physician, on an industrial basis. Medically necessary and appropriate treatment for Mr. Soohoo's dermatological disorder.

Attestation:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I, Marvin Pietruszka, M.D., or my associate, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA. X-rays, if taken, were administered by Jose Navarro, licensed x-ray technician #RHP 80136, and read by me. The chiropractic care and physical therapy treatments are provided under the direction of Ara Tepelekian, D.C.

The history was obtained from the patient and the dictated report was transcribed by Miguel Portillo, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

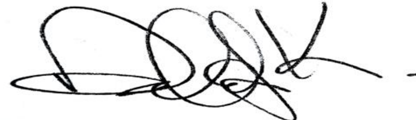
Based on Labor Code Statute 4628, a fee of $64.50 per page for a total of 20 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.
Clinical Associate Professor of Pathology
University of Southern California
Keck School of Medicine
QME 008609

Sincerely,



Koruon Daldalyan, M.D.
Board Certified, Internal Medicine