

Koruon Daldalyan M.D., Q.M.E
Board Certified, Internal Medicine
Internist Health Clinic

13320 Riverside Dr., Suite 104,
Sherman Oaks, California 91423
Tel: 818.574.6189 Fax: 818.574.6218
kdaldalyan@internisthc.com

May 3, 2023

Natalia Foley, Esq.
Workers Defenders Law Group
8018 E. Santa Ana Canyon Rd. Ste 100 215
Anaheim, CA 92808

PATIENT: Ivan Androsov
DOB: April 25, 1981
OUR FILE #: 2022-173
SSN: XXX-XX-0116
EMPLOYER: Macy's Inc DBA Bloomingdales LLC.
14060 Riverside Dr.
Sherman Oaks, CA 91423
WCAB #: ADJ17289751
CLAIM#: ***
DATE OF INJURY: CT: January 14, 2022 to January 3, 2023
DATE OF 1ST VISIT: March 22, 2023
INSURER: Sedgwick
P.O Box 14522
Lexington, KY 40512
ADJUSTOR: ***
PHONE #: ***

Primary Treating Physician's Medical Legal Evaluation Report

Dear Ms. Foley,

The patient, Ivan Androsov, presents to my office for a primary treating physicians med-legal evaluation. I have been requested by Ms. Foley to issue a Medical Legal report to address causation.

ML 201-92: This is a Primary Treating Physician's Medical Legal Report. No medical records were reviewed in the making of this report. Medical causation has been addressed.

Job Description:

The patient began working as a sales associate in 2020. His work hours were 10:45 am to 7:00 pm per day, five days a week. In his job as a sales associate, he was required to provide customer service to guests and provide cosmetic consultations. Physically, the job required him to stand, walk, squat, stoop, bend, twist, and lift up to 30 pounds.

History of the Injury as Related by the Patient:

The patient has filed a continuous trauma claim dated 1/14/2022 to 1/3/2023. The patient states he worked as a sales associate in the cosmetics department at Macy's Inc DBA Bloomingdales LLC. The patient mentions that his job duties included standing on his feet for over 10 hours per day, carrying out various jobs including carrying boxes weighing over 40 pounds to perform stocking, applying cosmetics on customers, and performing checkout duties. Often, he would lift the boxes overhead or place them on the ground, twisting and turning his body, causing injuries and pain to his shoulders, back, both legs, neck, and hands. He mentions he would also perform typing duties which caused him numbness and pain in both hands.

Around December of 2022, the patient mentions he was falsely accused of stealing, for which he states around September 2022 they began an investigation at the workplace for missing items. He reports that he was coerced to admit to things he did not do including him having a suspension for three days. He mentions that this caused him to develop significant stress, anxiety, and insomnia as he discloses, he did not steal from his workplace.

The patient states that his anxiety levels were heightened from witnessing multiple robberies at his work. He mentions that individuals would enter the store threatening employees and grabbing items to run with, which would cause stress, depression, and anxiety for him. He reported his symptoms to his supervisor, however, he was instructed to continue working. The patient sought treatment on his own with Kaiser, where he underwent evaluation with a psychologist and psychiatrist, who prescribed him medications for his various disorders.

The patient complains of gastroesophageal reflux disease along with jaw clenching at this time.

Prior Treatment:

The patient has been examined by Dr. Gofnung.

Previous Work Descriptions:

Prior to working at Macy's Inc DBA Bloomingdales LLC, the patient worked at Neiman Marcus.

Occupational Exposure:

The patient was exposed to fumes, dust, and vapors 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 or cold.

Past Medical History:

The patient was diagnosed with hypertension (2019) and hyperlipidemia (2022). He has a known allergy to mold. The patient underwent a varicocele in 2019. There is no other significant medical history.

Previous Workers' Compensation Injuries:

None

Social History:

The patient is married. He does not have any children. He does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's parents are deceased. His mother died from breast cancer, and his father died from COVID-19. He does not have any brothers or sisters. There is no other significant family medical history.

Review of Systems:

The patient reports a complaint of headaches, shortness of breath, dizziness, wheezing, lightheadedness, eye pain, visual difficulty, sinus problems, sinus congestion, postnasal drip, jaw pain, jaw clenching, chest pain, heart palpitations. He denies a complaint of ear pain, hearing problems, cough, throat pain, dry mouth, hemoptysis or expectoration. The patient reports a complaint of abdominal pain or cramping, reflux symptoms, nausea, diarrhea, weight loss. He denies a complaint of burning symptoms, vomiting, constipation, weight gain. The patient reports genitourinary complaints including urinary frequency and urinary urgency. The patient's musculoskeletal complaints involve cervical spine pain 7/10, lumbar spine pain 8/10, right shoulder pain 7/10, left shoulder pain 7/10, right elbow pain 6/10, left elbow pain 6/10, right wrist pain 6/10, left wrist pain 6/10, right hand pain

6/10, left hand pain 4/10, right knee pain 7/10, left knee pain 7/10, right foot pain 6/10, left foot pain 6/10. 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 hair loss and dermatologic complaints. There is intolerance to excessive heat or cold. There is complaint of diaphoresis and lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury:

The patient reports problems with sleeping, bathing, dressing, self-grooming, hobbies, climbing stairs, shopping, performing housework, and driving.

Review of Records:

Please note that if medical records have been received for review, they will be reviewed and commented upon in a subsequent communication.

Current Medications:

The patient currently takes Propranolol 10mg PRN, Milgamma Inj. 2ml PRN,

Physical Examination:

The patient is a 41-year-old alert, cooperative and oriented Russian, right-handed male, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 178 pounds. Blood Pressure: 118/77. Pulse: 73. Respiration: 17. Temperature: 98.5 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.

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, 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 or myospasm of the cervical, thoracic or lumbar paraspinal musculature.

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 is performed revealing an FVC of 3.55 L (67.3%) and an FEV 1 of 3.22 L (77.0%). There was no change after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 61 per minute.

Jamar Test: Rt. 1. 9.6kg 2. 6.3kg 3. 6.0kg Lft. 1. 6.3kg 2. 5.5kg 3. 7.2kg

Vision Test without glasses: OU: 20/20 OD: 20/20 OS: 20/25

Subjective Complaints:

1. Headaches
2. Shortness of Breath
3. Dizziness

4. Wheezing
5. Lightheadedness
6. Eye Pain
7. Anxiety
8. Visual Difficulty
9. Abdominal Pain
10. Depression
11. Difficulty Concentrating
12. Sinus Problems
13. Reflux Symptoms
14. Difficulty Sleeping
15. Sinus Congestion
16. Nausea
17. Difficulty Making Decisions
18. Forgetfulness
19. Diarrhea
20. Hair Loss
21. Postnasal Drip
22. Skin Issues
23. Jaw Pain
24. Intolerance to Heat/Cold
25. Jaw Clenching
26. Weight Loss
27. Urinary Frequency
28. Chest Pain
29. Urinary Urgency
30. Diaphoresis
31. Heart Palpitations
32. Lymphadenopathy

Objective Findings:

1. Tenderness noted to the paravertebral of the cervical spine and lumbar spine
2. Tenderness noted of the left shoulder
3. Tenderness noted of the right bicep
4. Tenderness noted of bilateral wrists/hands
5. Tenderness noted of bilateral knees
6. Tenderness noted of bilateral ankles
7. Tenderness noted to the epigastric region of the abdomen
8. Bilateral TMJ tenderness
9. An abdominal ultrasound is performed revealing a normal liver, normal gallbladder, and normal right kidney
10. An ultrasound of the right wrist is performed, evaluation of the median nerve reveals a circumference of 1.85 cm and an area of .19 cm²

11. An ultrasound of the left wrist is performed, evaluation of the median nerve reveals a circumference of 1.44 cm and an area of .10 cm²
12. A pulmonary function test is performed revealing an FVC of 3.55 L (67.3%) and an FEV 1 of 3.22 L (77.0%). There was no change after the administration of Albuterol.
13. A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 61 per minute.
14. A pulse oximetry test is performed and is recorded at 97%.
15. Jamar Test: Rt. 1. 9.6kg 2. 6.3kg 3. 6.0kg Lft. 1. 6.3kg 2. 5.5kg 3. 7.2kg
16. Vision Test without glasses: OU: 20/20 OD: 20/20 OS: 20/25
17. An audiogram is performed and reveals the following:

	<u>1,000 Hz</u>	<u>2,000 Hz</u>	<u>3,000 Hz</u>	<u>4,000 Hz</u>
Right:	45	40	40	40
Left:	45	40	45	45

18. A random blood sugar is performed and is recorded at 99 mg/dL.

Diagnoses:

1. CERVICAL SPINE STRAIN/SPRAIN
2. RIGHT SHOULDER STRAIN/SPRAIN
3. LEFT SHOULDER STRAIN/SPRAIN
4. RIGHT ELBOW STRAIN/SPRAIN
5. LEFT ELBOW STRAIN/SPRAIN
6. RIGHT WRIST STRAIN/SPRAIN
7. LEFT WRIST STRAIN/SPRAIN
8. RIGHT HAND STRAIN/SPRAIN
9. LEFT HAND STRAIN/SPRAIN
10. RIGHT KNEE STRAIN/SPRAIN
11. LEFT KNEE STRAIN/SPRAIN
12. RIGHT FOOT STRAIN/SPRAIN
13. LEFT FOOT STRAIN/SPRAIN
14. MYOSPASMS OF RIGHT BICEP
15. TENDINOSIS OF LEFT SHOULDER
16. LUMBAR SPINE STRAIN/SPRAIN
17. CARPAL TUNNEL SYNDROME, RIGHT HAND
18. GASTROESOPHAGEAL REFLUX DISEASE
19. TMJ SYNDROME
20. BRUXISM
21. TENSION HEADACHES
22. SHORTNESS OF BREATH
23. DIZZINESS

24. WHEEZING
25. LIGHTHEADEDNESS
26. EYE PAIN
27. ANXIETY DISORDER
28. VISION DISORDER
29. DEPRESSIVE DISORDER
30. DIFFICULTY CONCENTRATING
31. SINUS PROBLEMS AND CONGESTION
32. INSOMNIA
33. NAUSEA
34. DIFFICULTY MAKING DECISIONS
35. FORGETFULNESS
36. DIARRHEA
37. ALOPECIA
38. POSTNASAL DRIP
39. SKIN ISSUES
40. INTOLERANCE TO HEAT/COLD
41. JAW CLENCHING
42. WEIGHT LOSS
43. URINARY FREQUENCY AND URGENCY
44. CHEST PAIN
45. DIAPHORESIS
46. HEART PALPITATIONS
47. LYMPHADENOPATHY

Discussion:

The patient has filed a continuous trauma claim dated 1/14/2022 to 1/3/2023. The patient states he worked as a sales associate in the cosmetics department at Macy's Inc DBA Bloomingdales LLC. The patient mentions that his job duties included standing on his feet for over 10 hours per day, carrying out various jobs including carrying boxes weighing over 40 pounds to perform stocking, applying cosmetics on customers, and performing checkout duties. Often, he would lift the boxes overhead or place them on the ground, twisting and turning his body, causing injuries and pain to his shoulders, back, both legs, neck, and hands. He mentions he would also perform typing duties which caused him numbness and pain in both hands.

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The patient states that his anxiety levels were heightened from witnessing multiple robberies at his work. He mentions that individuals would enter the store threatening employees and grabbing items to run with, which would cause stress, depression, and anxiety for him. He reported his symptoms to his supervisor, however, he was instructed to continue working. The patient sought treatment on his own with Kaiser, where he underwent evaluation with a psychologist and psychiatrist, who prescribed him medications for his various disorders.

The patient's work required him to frequently lift heavy objects, which contributed to his musculoskeletal pain. Heavy lifting puts strain on the muscles which can lead to the muscles becoming overstretched or torn, resulting in pain, aching or mobility loss. Tendons and ligaments can also become worn down over time due to repetitive lifting, resulting in weak and inflamed joints¹. The medical literature and epidemiological research confirm that such occupational factors make an individual susceptible to developing musculoskeletal injuries from repeated physical stress. This appears to be the case with Mr. Androsov. In my opinion, the patient's work activities were of sufficient frequency, intensity, and duration to result in his degenerative state.

The patient reports engaging in repetitive motions such as typing at work. This contributed to the onset of his carpal tunnel syndrome (CTS). CTS can be caused by small movements or repetitive stress on the hands and fingers, like the tasks the patient was assigned at work. The tendons in the carpal tunnel become inflamed with time and compress the median nerve, which results in pain or numbness in hands, weak grip and swelling².

The musculoskeletal issues the patient developed caused him to experience significant pain, which led to his psychological problems. Ongoing pain and depression often occur together. Individuals with pain are at increased risk for depression. Also, patients with pain experience higher rates of stress and anxiety than the general population, where anxiety disorders have been found in 35% of chronic pain patients, compared with 18% of the general population³.

The stress associated with the pain the patient experiences can also be linked to his headaches. Stress and headaches are connected, as stress is thought to play part in headache disorder onset in predisposed people. It has also been found to

¹El-Tallawy, S.N., Nalamasu, R., Salem, G.I. *et al.* Management of Musculoskeletal Pain: An Update with Emphasis on Chronic Musculoskeletal Pain. *Pain Ther* 10, 181–209 (2021).

²Robert A. Werner MD, MS, Michael Andary MD, MS. Electrodiagnostic evaluation of carpal tunnel syndrome. *Muscle and Nerve, Volume 44, Issue 4*. October 2011 Pages 597-607.

³Ellen L. Poleshuck, Matthew J. Bair, Kurt Kroenke, Teresa M. Damush, Wanzhu Tu, Jingwei Wu, Erin E. Krebs, Donna E. Giles, Psychosocial stress and anxiety in musculoskeletal pain patients with and without depression, *General Hospital Psychiatry, Volume 31, Issue 2*. 2009: 116-122

trigger or worsen individual headache episodes in those with headaches and heighten the progression of a headache disorder. Through aggravating headache disorder progression, stress is believed to be a major factor in converting headaches from episodic to chronic⁴.

The patient's difficulty with sleep can also be attested to his musculoskeletal pain. It is estimated that over 50 million Americans are affected by chronic pain and that as many as 70% of these patients complain of poor sleep. In clinical samples, 51% of patients experiencing chronic lower back pain report impaired sleep, and 70% in a mixed group of patients attending a pain clinic reported the same. It has also been found that patient's medical history often displays that a stress-related incident precedes insomnia, and that pain frequently leads to the insomnia becoming chronic⁵.

As a result of the psychological stress from the industrial injuries sustained, the patient developed alopecia (hair loss). The stress hormone, cortisol, is known to affect the function and cyclic regulation of the hair follicle. When cortisol is present at high levels it has been demonstrated to reduce the synthesis and accelerate the degradation of important skin elements, namely hyaluronan and proteoglycans by approximately 40%⁶. Additionally, there was a positive correlation between perceived stress levels and urinary incontinence symptoms, and its impacts on quality of life among overactive bladder patients⁷. This is the case with Mr. Androsov.

The patient's pain and stress from the ailments sustained while working also played a role in the development of his GERD. Stress can increase stomach acid production through the activation of the body's stress response system. When an individual experiences stress, the body releases hormones such as cortisol and adrenaline, which can stimulate the production of gastric acid in the stomach. Additionally, stress can cause changes in the digestive system that can affect the function of the lower esophageal sphincter (LES), which is the muscle that separates the stomach from the esophagus. When the LES is weakened or relaxed, stomach acid can reflex into the esophagus⁸.

The patient states that he was exposed to occupational dust, vapors, and fumes throughout his employment at Macy's Inc DBA Bloomingdales LLC. Exposure to

⁴Timothy Houle PhD, Justin M. Nash PhD. Stress and Headache Chronification. *Headache: The Journal of Head and Face Pain*, Volume 63, Issue 1. 2023; 1: 1-182.

⁵Frederic Stiefel Daniele Stagno. Management of Insomnia in Patients with Chronic Pain Conditions. *Therapy in Practice*. 2012 (8): 285-296.

⁶María José García-Hernández, Sergio Ruiz-Doblado, Antonio Rodríguez-Pichardo, Francisco Camacho. Alopecia, Stress and Psychiatric Disorders: A Review. *The Journal of Dermatology*. October 1999, pages 625-632.

⁷Lai 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

⁸P.C. Konturek, T. Brzozowski, S.J. Konterek. Stress and the Gut: Pathophysiology, Clinical Consequences, Diagnostic Approach and Treatment Options. *Journal of Physiology and Pharmacology* (2011). Pages 591-599.

occupational dust or fumes is associated with chronic respiratory symptoms. Additionally, it has been found that prevalence of each symptom increases with increasing dust and fume exposure. Linear trends for increased prevalence of chronic bronchitis and breathlessness were significant to exposure to dust and fumes. Also, in association with fume exposure there was a significant decrease for FEV₁ (forced expiratory volume), which is how much an individual can forcibly exhale in one second, and FVC (forced vital capacity), which is how much an individual can forcibly exhale with one breath⁹. Based on the medical literature it can be concluded that the patient's occupational exposures played a significant role in his development of breathlessness, which indicates possible underlying lung disease.

In my opinion, it is within a reasonable degree of medical probability that the musculoskeletal ailments and CTS the patient developed while working at Macy's Inc DBA Bloomingdales LLC. contributed to the onset of pain and stress which led to the onset of anxiety, depression, headaches, GERD, insomnia, alopecia, and urinary impairments. At this time, and with the currently available medical evidence, it would appear that (patient's name) ailments have industrial causation.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

The patient has not attained maximum medical improvement and therefore impairment cannot be rated at this time. A permanent and stationary report will be provided when the patient reaches maximum medical improvement.

⁹Xu, X., Christiani, D. C., Dockery, D. W., & Wang, L. (1992). Exposure-response relationships between occupational exposures and chronic respiratory illness: a community-based study. *The American review of respiratory disease*, 146(2), 413-418.

Recommendations:

We recommend attaining medical records for further discussion of the patient's injuries. We recommend that the patient continue treatment at this time. We will issue a Permanent & Stationary report when the patient has reached maximum medical improvement (MMI).

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, 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.

The history was obtained from the patient and the dictated report was transcribed by Hazel Babcock, 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 10 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,

A handwritten signature in black ink, appearing to read 'Koruon Daldalyan', with a horizontal line extending to the right.

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