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Internal Medicine
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May 3, 2023

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Marvetta Johnson
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RE : **Marvetta Johnson**
DOI : 01/25/2019; 3/14/2019; 07/29/2019; 08/18/2019;
11/06/2020; and CT 06/11/2019-06/22/2021
DOB : December 11, 1967
SS# : Unknown
PANEL# : 7468001
EMPLOYER : Los Angeles County Probation Department
OCC : Senior Detention Service Officer
CLAIM# : 419-01553-D; 419-02165-D; 420-00359-D; 420-00878-D; 421-00578-D;
22000460D
WCAB# : ADJ12198746; ADJ12198788; ADJ12430393; ADJ14891813;
ADJ14891825; ADJ12566243
DOE : May 3, 2023

COMPLEX INTERNAL MEDICINE
ML201-95 PANEL QUALIFIED MEDICAL-LEGAL EXAMINATION

Ms. Marvetta Johnson is a 55 year old female who presents to my office on May 3, 2023 for an internal medicine Qualified Medical Evaluation of her claims of injury involving complaints of pain in left shoulder radiating down her arm and forearm, left side of her low back and neck, and left lateral thigh that she relates to an injury on January 25, 2019; involving complaints of pain in left thigh, left shoulder radiating down her arm and forearm, left side of her neck and low back, and left hip that she relates to an injury on March 14, 2019; pain in her left shoulder radiating down her arm and forearm, left side of her neck and low back radiating down her left leg, left hip, left knee, and left thigh that she relates to an injury on July 29, 2019; chest pain and stress in the form of anxiety, insomnia, paranoia, muscle tension in her neck and shoulder, headaches, low energy, and going into isolation that she relates to an injury on August 18, 2019; pain in her left elbow, left side of her low back and neck, left shoulder, left hip, left knee, and left ankle that she relates to an injury on November 6, 2020; and headaches; ocular and abdominal pain; disorder of circular system, digestive system, and excretory system that she relates to an injury on a continuous trauma basis from June 11, 2019 to June 22, 2021 during the course of her employment as a senior detention service officer with Los Angeles County Probation Department.

The history provided, as well as the physical examination, is not to be construed as a general or complete medical examination. It is intended for Medical-Legal purposes only and is limited to the examinee's complaints as reported and internal medical conditions documented. No medical treatment relationship has been established, nor has one has been implied.

This report is a summary of my findings and complexity factors which result in submission of this Complex Medical-Legal Evaluation. I have addressed the following complexity factors:

- | | |
|--------------------------------------------|-----------------------|
| 1) Face-to-Face Time with the Examinee: | 2.0 Hours |
| 2) Medical Record Review: | 0.75 Hours (76 pages) |
| 3) Issue of Medical Causation-AOE/COE; | |
| 4) Issue of Apportionment; | |
| 5) Issue of Impairment per AMA Guidelines; | |
| 6) Future Medical Care; | |
| 7) Work Restrictions; | |
| 8) Report Preparation: | 4.75 Hours |

The following is a presentation of my Panel Qualified Medical Evaluation and overall recommendations. The history of injury was obtained by medical historian, Lisa Epstein. I then reviewed the history in detail with the Examinee.

HISTORY OF INJURY:

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Ms. Johnson states that while working her usual and customary job duties on January 25, 2019, she was performing a "step between" with an extended arm between two youths who were engaging in a fight. The minors continued fighting and she was trying to separate them. The patient was able to separate the minors and noted pain in her left lateral thigh, left shoulder radiating down her arm and forearm and left side of her low back and neck. Ms. Johnson finished her shift.

On February 2, 2019, she reported the injury to the officer of the day, Ms. Garibaldi, who sent her to a company clinic.

The patient indicates that she was referred to Rohan Kapoor, M.D. at Kaiser-On-The-Job in Los Angeles, where x-rays were obtained. Ms. Johnson was returned to work her usual and customary duties.

Ms. Johnson relays that she remained under the care of Dr. Kapoor and was referred to an orthopedic surgeon.

She relates that while working her usual and customary job duties on March 14, 2019, she was breaking up a near fight between two minor females. The patient noted an aggravation of pain in her left thigh, left shoulder radiating down her arm and forearm, and left side of her neck and low back as well as her left hip. Ms. Johnson indicates that her insurance carrier did not authorize treatment for all her body parts including her left hip.

On April 20, 2019, the patient states she reported the injury to her supervisor, Sandra Green, who sent her to a company clinic.

Ms. Johnson reports that she was referred to chiropractor Kenneth Webb, D.C. in approximately May of 2019. She was started on courses of chiropractic adjustments and physical therapy, which she indicates were temporarily helpful in relieving her pain. The patient continued on regular duty work. For flare-ups of pain, Ms. Johnson would take a day off here and there. She was diagnosed with a

She indicates that she remained under the care of Dr. Webb.

The patient relates that while working her usual and customary job duties on July 29, 2019, she was assisting in restraining a combative male minor who was resisting restraints and she was trying to secure his arms from swinging and legs from kicking. It took several officers to properly restrain the minor. Ms. Johnson noted pain in her left shoulder radiating down her arm and forearm, left side of her neck, and low back radiating down her left leg, left hip, left knee, and left thigh. She reported the injury to her supervisor, who sent her to a company clinic.

Ms. Johnson states she returned to Dr. Webb. She was continued on the same treatment of chiropractic adjustments and physical therapy, which she indicates were temporarily

helpful in relieving her pain. The patient was continued on regular duty work.

She reports that she remained under the care of Dr. Webb. The patient recalls taking days off here and there for severe pain and continuing with chiropractic adjustments and physical therapy.

The patient indicates while working her usual and customary job duties starting in June of 2019, they were experiencing severe staffing shortages where she was forced to work with all males without any backup in a high-risk building which is a policy violation. Ms. Johnson was not given proper tools and worked in a severely unsafe work environment. On August 18, 2019, two doors were unsecured and two minors came out and threatened to do bodily harm to her for 45 minutes without any help coming to her after 25 radio calls. She called 911. As a result of this incident, the patient felt chest pain and stress in the form of anxiety, insomnia, paranoia, muscle tension in her neck and shoulder, headaches, and low energy, as well as going into isolation. Ms. Johnson was relieved of the situation and had a meltdown and went home for the rest of the day.

She relays that she filed a workers' compensation claim at home. At that time, the patient was placed on an unwarranted investigation and placed off work through November of 2020, where she was supposed to be assigned to a building as she was a senior detention service officer. Instead, Ms. Johnson was assigned to a unit.

The patient relates that she sought treatment with her primary care physician at Kaiser Permanente. Ms. Johnson was prescribed Ambien and psychotherapy, which she indicates has been helping reduce her stress and cope and helping her sleep.

Ms. Johnson states while working her usual and customary job duties on November 6, 2020, she was assisting another officer restrain kids when she fell on the left side of her body landing on concrete on her left knee, left shoulder, left hip, and left elbow. She was able to stand up by herself and noted pain in her left elbow, left side of her low back and neck, left shoulder, left hip, left knee, and left ankle as well as swelling of her left ankle and left knee, tenderness, and restricted range of motion. The patient reported the injury to her supervisor, who sent her to a company clinic.

She reports that she was referred to a company clinic in Los Angeles, where x-rays were obtained of her left shoulder, left elbow, and left hip. The patient recalls undergoing MRI scans of her left knee and left shoulder in early 2021. Ms. Johnson was dispensed an elbow and left knee brace, and prescribed ice gel therapy, and Tylenol. She was returned to work light duties with restrictions of no forceful gripping, grasping, or twisting, lifting, pushing at or above left shoulder level with her left arm. However, there were no light duties in her job and the patient was placed off work.

Due to experiencing severe pain in her left shoulder and left hip, the patient indicates that

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she presented to Kaiser Urgent Care in early 2021 and was administered an analgesic injection.

Ms. Johnson relays that she was referred to orthopedic surgeon Kevin Park, M.D., who administered an analgesic injection into her left hip. Left shoulder surgery was recommended and she requested a second opinion.

She relates that she remained under the care of the company clinic and Dr. Park. The patient last worked on March 2, 2021, when light duties were no longer available.

The patient states she was called in to work on June 3, 2021, where she was assigned to sit in a hallway for approximately five hours in an oversized chair with a broken armrest, at which time she felt a throbbing pain in her left knee, left shoulder, and left elbow and only worked for one day.

Ms. Johnson reports that she would experience flare-ups of pain in her left knee and left ankle.

In August of 2021, she indicates that she retained legal counsel, who sent her to a chiropractor.

The patient relays that she was referred to chiropractor Eric Gofnung, D.C. on August 6, 2021. Ms. Johnson was started on courses of chiropractic adjustments and physical therapy, which she indicates were temporarily helpful in relieving her pain.

Ms. Johnson relates that she remained under the care of Dr. Gofnung through the end of October of 2022 at which time her condition was felt to have reached a permanent and stationary status and she was felt to be a qualified injured worker. Per Dr. Gofnung's review of her medical records, Ms. Johnson was seen by orthopedic surgeon Jeffrey Berman, M.D. for an AME on February 13, 2020, for her 1/25/19, 3/14/19, and 7/29/19 injuries, was seen by psychologist Mark Wolkenhauer, Psy.D for a QME on August 7, 2020, and by internist, Marvin Pietruszka, M.D. on September 1, 2021, for a CT 6/1/19 to 6/22/21 injury; E. David Feder, L.A.c for acupuncture treatment on June 02, 2022; and Hirsh Kaveeshvar, D.O., OME for a Panel Qualified Medical Evaluation in the Specialty of Pain Medicine/Neurology on August 22, 2022.

She states that Dr. Gofnung reviewed the following diagnostic studies: EMG/NCV Medical Report and electrodiagnostic studies of the lower extremities performed by Kamran Hakimian, M.D. dated August 14, 2020; MRI scan of the lumbar spine dated September 3, 2020, and MRI scan of the cervical spine on September 4, 2020; x-rays of the left shoulder, left knee, and left hip dated November 6, 2020, at Southern California Immediate Medical Center; and an MRI scan of the left shoulder by John Crues, M.D. dated March 3, 2021.

She states that Dr. Gofnung recommended an MRI scan of the left hip, acupuncture, pain

management evaluation, orthopedic surgery consultation, and psychiatric versus psychological evaluation. She was also recommended home exercises of core strengthening utilizing a gym ball, McKenzie exercises, wall squats, and resistance band training. The patient was encouraged to do aqua therapy and swim and encouraged to go to a gym to do light resistance training to help maximize function and expedite recovery. Ms. Johnson was instructed to avoid the high-impact type of activities. She was recommended to join a gym, and bike riding was also recommended for conditioning purposes as long as it is a cruiser type of bicycle on bike paths and plain roads if her pain levels allow. Future medical care was recommended in the form of further chiropractic, acupuncture, physiotherapy care, and treatment to include both medical and surgical treatment, diagnostic studies of x-rays, MRI and CT scans, electrodiagnostic studies, internal medicine consultation, orthopedic consultation, psychiatric, psychological, and interventional pain management consultation on an as-needed basis.

She states that she additionally filed a workers' compensation claim for headaches; ocular and abdominal pain; and disorder of the circulatory system, digestive system, and excretory system, which she attributes to work-related stress.

The patient reports that she was referred by her attorney to internist Marvin Pietruszka, M.D. in September of 2021 and was prescribed pain medication and medication for gastrointestinal esophageal reflux disease.

Ms. Johnson indicates that she remained under the care of Dr. Pietruszka.

She relays that she sought treatment with her primary care physician at Kaiser Permanente because her insurance carrier denied authorization of Dr. Gofnungs' requests. The patient was diagnosed with a hiatal hernia and gastrointestinal esophageal reflux disease. It was recommended Ms. Johnson change her diet and exercise. She was administered analgesic injections for her chronic pain.

The patient relates that she returned to work light duties on January 5, 2023, with restrictions of no lifting over 20 pounds, no pushing, grasping over shoulder level, and predominantly sitting.

Ms. Johnson states she remains under the care of her primary care physician at Kaiser Permanente where she is participating in individual psychotherapy once a week and is taking Ambien h.s. She is taking medications and participating in a home exercise program on an off-and-on basis due to her low energy level. The patient has ordered several different pain creams and sprays, purchased a home TENS unit, and pays for massages once a month.

CHIEF COMPLAINT:

She complains of headaches on an off-and-on basis; muscle tension pain in her neck and

shoulder, around her eyes, nose, and stomach, chest pain; anxiety; insomnia; paranoia; low energy; going into isolation; disorder of circulatory system in the form of cramping, pain, numbness and tingling in her feet; disorder of the digestive system in the form of gastrointestinal esophageal reflux disease, irritable bowel syndrome, and gastritis; and excretory system in the form of feeling bloated and constipated, had difficulty concentrating, is forgetful, and started experiencing that she believes is caused by the nature of her job repetitively breaking up fights between minors, being threatened by minors, and overall work-related stress. The patient states these minors have shanks, knives, drugs, and contraband and she was not properly trained and was understaffed with no backup to help keep her safe from these minors. Ms. Johnson relays that multiple staff quit, retired early, or were out on injuries. She had a 50-pound weight gain due to the stress of being under investigation and finding comfort in food.

The patient complains of an aggravation of her hypertension and diabetes diagnosed in 2008 secondary to work-related stress in the form of her numbers being out of control and sugar levels being high/out of whack up and down, dizziness, and light-headedness to the point that she recently presented to the emergency room at Kaiser Permanente where tests were run.

Ms. Johnson complains of constant pain in her left shoulder radiating down the arm and forearm, left elbow, left side of her neck, and low back radiating down her left leg, left hip, left knee, left thigh, and left ankle/foot secondary to four specific industrial injuries.

JOB DESCRIPTION

She has worked for Los Angeles County Probation Department as a detention service officer since November of 2008 and was promoted to senior detention service officer in 2018. Her job duties entail direct supervision of juveniles and their security taking appropriate actions to prevent escapes of the offenders. The patient also supervised the involvement of the juveniles within and outside the facility and provided restraint to combative or emotionally disturbed juveniles. Ms. Johnson kept records and made reports regarding Unit activities and incidents, and ensured that injured or ill juveniles received proper nursing or medical attention. She used a computer for daily functions utilizing a keyboard and mouse to look up minors' information, provide shift conditions, and charting.

The patient is required to use all fine motor skills while performing repetitive fine hand manipulation/finger dexterity, gripping, grasping, pulling, pushing, reaching at all levels, lifting and carrying a male minor weighing up to 220 pounds, bending, stooping, twisting, squatting, climbing, sitting, standing, and walking. As a DSO from November of 2008 to 2018, Ms. Johnson performed prolonged standing while patrolling and observing. She did more sitting as a senior detention service officer.

Ms. Johnson is required to perform the job activities outlined above throughout an eight-hour shift. She worked from 6:00 a.m. to 2:00 p.m., five days a week.

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CURRENT WORK STATUS:

She has been working light duties with restrictions of no lifting over 20 pounds, no pushing, grasping over shoulder level, and predominantly sitting since January 5, 2023.

EMPLOYMENT HISTORY:

The patient previously worked for the Los Angeles County Department of Treasury and Tax Collection as a clerk from 2006 to 2008.

CONCURRENT EMPLOYMENT:

Ms. Johnson denies concurrent employment.

SUBSEQUENT EMPLOYMENT:

She denies subsequent employment.

PREVIOUS ILLNESS

The patient states she has hypertension and Diabetes Mellitus Type II, controlled with medication.

PREVIOUS INJURIES

Ms. Johnson was involved in a motor vehicle accident prior to 1986 where she sustained injuries to her back and neck. She was treated with physical therapy and feels she made a complete recovery from this accident.

PREVIOUS WORK COMPENSATION INJURIES

On July 14, 1999, while working for Boeing as an instructional mechanic, she sustained injuries to her right upper extremity due to cumulative trauma. The patient was prescribed medication. Ms. Johnson feels she fully recovered from this injury.

While working for Boeing as an instructional mechanic in the early 2000s, the patient sustained injuries to her neck, low back, and right hand due to cumulative trauma. Ms. Johnson underwent right trigger finger release, participated in physical therapy, and was prescribed pain medication. She was off work for a couple of months and then resumed her usual and customary job duties. The patient feels she completely recovered from these injuries.

On July 10, 2009, while working for Los Angeles County Probation Department as a probation officer, Ms. Johnson sustained injuries to her neck, left shoulder, left hip, left knee, and left lower back. She underwent x-rays, MRI scans, and electrodiagnostic studies; an analgesic

injection to her left shoulder and left hip was administered; and physical therapy, acupuncture, chiropractic adjustments, and medication were prescribed. The patient underwent left shoulder arthroscopy on August 17, 2011. This case settled by way of Stipulations with a Request for Award with future medical care to the cervical spine, left shoulder, left hip, left knee, and lumbar spine. Ms. Johnson feels she made a full recovery from this injury.

SUBSEQUENT INJURIES

She was involved in a motor vehicle accident on February 24, 2023. She felt tension in her right shoulder and the right side of her neck. The patient self-treated with over-the-counter pain medication.

PAST SURGICAL HISTORY

The patient states she underwent a cesarean section in 1990; breast reduction surgery in 1994; laparoscopic cholecystectomy; right foot surgery and right ring trigger finger surgery in approximately 2000; left shoulder arthroscopy on August 17, 2011; and a partial hysterectomy in 2019.

ALLERGIES

Ms. Johnson states she has no known allergies to medications, food, latex, or the environment.

CURRENT MEDICATION

- 1) Atenolol for hypertension
- 2) Lisinopril/Hydrochlorothiazide for hypertension
- 3) Glipizide for diabetes
- 4) Metformin for diabetes
- 5) Pioglitazone for diabetes
- 6) Ambien to help her sleep h.s.

SOCIAL HISTORY

Marital Status: She is single with two grown children, both in good health.

Alcohol Use: The patient reports no alcohol use.

Tobacco / Drug Use: Ms. Johnson reports no tobacco or drug use.

FAMILY HISTORY OF ILLNESS:

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She states one brother and one maternal uncle had diabetes.

COMMONLY MEASURED ACTIVITIES OF DAILY LIVING (ADL)

The patient states that prior to the accident she would average 8 hours of sleep and now gets 3-6 uninterrupted hours of sleep.

	Without difficulty	With some difficulty	With much difficulty	Unable to do
<u>Self-Care, Personal Hygiene:</u> (Example - Urinating, Defecating, Brushing Teeth, Combing Hair, Bathing, Dressing Oneself, Eating)				
Dress yourself including shoes	X			
Comb your hair		X		
Wash and dry yourself	X			
Take a shower	X			
Get on and off the toilet	X			
Brush your teeth	X			
Cut your food	X			
Lift a full cup/glass to your mouth	X			
Open a new milk carton	X			
Make a meal	X			
<u>Communication:</u> (Example - Writing, Typing, Seeing, Hearing, Speaking)				
Write a note	X			
Type a message on a computer	X			
See a television screen	X			
Use a telephone	X			
Speak clearly	X			
<u>Physical Activity:</u> (Example - Standing, Sitting, Reclining, Walking, Climbing Stairs)				
Work outdoors on flat ground	X			
Climb up 1 flight of 10 steps		X		
Stand			X	
Sit	X			
Recline	X			
Rise from a chair		X		
Run errands		X		
Light housework		X		
<u>Sensory Function:</u> (Example - Hearing, Seeing, Tactile Feeling, Tasting, Smelling)				
Feel what you touch	X			

Smell	the food you eat	X		
Taste	the food you eat	X		
<u>Nonspecialized Hand Activities:</u> (Example - Grasping, Lifting, Tactile Discrimination)				
Open	car doors	X		
Open	previously opened jars	X		
Turn	faucets on and off	X		
<u>Travel:</u> (Example - Riding, Driving, Flying)				
Shop			X	
Get in	and out of the car		X	
Drive	a car		X	
Take	a flight		X	
<u>Sleep/Sexual Function:</u> (Example - Restful, Nocturnal Sleep Pattern, Orgasm, Ejaculation, Lubrication, Erection)				
Sleep				X
Engage in	sexual activity		X	

REVIEW OF SYSTEMS:

HEENT: Headaches, off and on. Dizziness and light-headedness. Pain around her eyes and nose. No hearing deficits. 50-pound weight gain. Difficulty concentrating, forgetful.

Neck: No swelling and no lymphadenopathy.

Cardiovascular: History of hypertension, diagnosed in 2008. No palpations. Chest pain. No PND. No shortness of breath, orthopnea. Denies any edema, or swelling in the extremities. Denies any cardiac events.

Respiratory System: Denies any cough, shortness of breath or hemoptysis.

GI: Stomach pain, gastroesophageal reflux disease, irritable bowel syndrome, gastritis, feeling bloated and constipated

GU: Denies any polyuria, polyphagia or polydipsia. No blood in the stool.

Neurologic: Numbness and tingling in the feet.

History of diabetes diagnosed in 2008.

Musculoskeletal: Muscle tension pain in the neck and shoulder, cramping and pain. Constant pain in the left shoulder, radiating down the arm and forearm to the left elbow and up to the left side of the neck. Low back pain radiating down the left leg, including the left hip, left thigh, left knee, and left ankle/foot.

Psych: Anxiety, insomnia, paranoia, low energy, going into isolation, 50-pound weight gain due to the stress of being under investigation and finding comfort in food.

PHYSICAL EXAMINATION:

Vital Signs: Height: 5'5" Weight: 235 pounds Temp 97.5 Pulse: 64

Blood Pressure: 134/78 mm Hg Pulse Oximetry: 96%

She is a moderately-to-severely obese woman who appears her stated age.

Her gait and balance is normal, without assistive device for ambulation.

HEENT: Her head was normocephalic, and atraumatic. Eyes PERRLA, ocular muscles intact. The ears, tympanic membranes, are intact. Good tympanic reflex.

Neck: The neck is supple. No JVD. She does have a large neck and her oral mucosa, with a large tongue, and I could not see the back of her uvula or pharynx, consistent with sleep apnea obstructive findings. There is no thyromegaly. Lymph nodes are nontender.

Chest: The chest is symmetrical. The lungs are clear to auscultation bilaterally. The heart has regular rate and rhythm. No murmur, gallops or rubs. There are no extra-cardiac sounds.

Abdomen: The abdomen is soft, but moderately tender in the epigastric area. No hepatosplenomegaly. There is no CVA tenderness.

Musculoskeletal: The left shoulder shows restricted range of motion.

Neurologic: The CNS is grossly nonfocal.

REVIEW OF MEDICAL RECORDS:

(76 pages)

10/26/2022: ERIC E. GOFNUNG CHIROPRACTIC CORP. PRIMARY TREATING PHYSICIAN'S MEDICAL LEGAL PERMANENT & STATIONARY EVALUATION

HISTORY OF INJURY AND TREATMENT: The patient states that while working at her usual and customary occupation as a detention service office for Los Angeles County Probation Department, she sustained a work related injury to her left shoulder, arm, back, left hip, left knee, and left ankle. She explains that she was assisting another officer in restraining a combative minor, and in the process, she fell and hit her left elbow and left knee and landed on the left side of her body on a cement surface. She stood to her feet, and experienced pain in her left shoulder/arm, elbow, low back, left hip, and left knee. She reported the injury to her employer and was referred to Immediate Care in Paramount. X-rays of the left shoulder and the left knee were obtained. Physical therapy was initiated two times per week for 12 sessions for her left shoulder and knee, temporarily providing some pain improvement. In early 2021, the patient was referred for an MRI scan of her left shoulder. She was diagnosed with stiffness in her left shoulder. In early 2021, she experienced severe pain in her left shoulder and left hip. She sought medical care with Kaiser Urgent Care. She was evaluated and underwent one injection for pain. In early 2021, the patient was referred to Dr. Parks, an orthopedic specialist, for evaluation. One injection to her left hip region was administered. In June of 2021, she was called back to work. She was assigned to sit in a hallway for approximately five hours and began to experience throbbing pain in her left knee and left shoulder, and left elbow. She

reported the pain and was released early for the day. Subsequently, she relates she experienced a flare-up in her left knee and began to have pain in her left ankle which she attributes to overcompensating. She presented to a chiropractor Dr. Web from June 6, 2021, through July 7, 2021, once to twice per week for physical therapy, alternating between her lower left side and her left shoulder. Dr. Web placed her on temporary total disability. On July 7, 2021, she returned to Dr. Parks released her to work with modified restrictions. Her employer was unable to accommodate her restrictions, and she continued on TTD. She had a follow-up appointment scheduled for August 4, 2021.

CURRENT COMPLAINTS: 1) Left shoulder pain, slight to moderate and intermittent. 2) Low back pain with radiation to left lower extremity to above the knee, intermittent and slight to moderate. 3) Left hip pain, intermittent and slight. 4) Left knee pain, intermittent and slight, occasionally increasing to moderate. 5) Sleeping problems, anxiety and depression with complaints of chest pain which the patient associates with stress.

PAST MEDICAL HISTORY: The patient has hypertension and diabetes, which is controlled by medication.

MEDICATIONS: 1) Atenolol. 2) Lisinopril. 3) Insulin. 4) Ambien. 5) Magnesium. 6) Melatonin. 7) Glipizide. 8) Metformin. 9) Pioglitazone.

SURGERIES: 1) Gallbladder surgery on a date she cannot recall. 2) C-section in 1990. 3) Breast reduction surgery in 1994. 4) Right foot surgery in about 2000. 5) Right ring trigger finger surgery in about 2000. 6) Left shoulder surgery in approximately 2011. 7) Partial hysterectomy in 2019.

PHYSICAL EVALUATION: Pulse: 62. Blood Pressure: 142/86. Height: 5'5". Weight: 230.

DIAGNOSTIC IMPRESSIONS: 1. Lumbar myofasciitis. 2) Left sacroiliac joint dysfunction, sacroillitis. 3) Lumbar facet-induced versus discogenic pain. Facet hypertrophy at L4-L5 levels causing associated bilateral neuroforaminal narrowing with contact on exiting nerve roots bilaterally with disc herniations of 2 mm. 4) Left shoulder tenosynovitis/bursitis. Mild supraspinatus and subscapularis tendinosis and acromioclavicular degenerative disease, as per MRI dated 03/03/21. 5) Left shoulder impingement syndrome. 6) Left shoulder status post arthroscopic surgery around 2011 with aggravation due to November 6, 2020 industrial injury. 7) Left brachioradialis tendinitis, resolving. 8) Left trochanteric bursitis. 9) Left knee internal derangement, rule out. Intramuscular hyperintensity in the posterior horn of the medial meniscus suggestive of grade 2 meniscal signal changes as well as other finding suggestive of chronic partial tear/degeneration. Findings suggestive of myxoid degeneration within posterior cruciate ligament were also noted as well as degenerative narrowing and thinning of articular cartilage at patellofemoral and tibiofemoral joints as per MRI dated 01/17/22. 10) Left ankle sinus tarsi syndrome, resolving. 11) Anxiety and depression. 12) Insomnia. 13) Flare-up of left shoulder, lumbar spine and left hip.

RECOMMENDATIONS: 1) The patient is recommended left hip MRI. 2) The patient is recommended to continue with acupuncture treatment for relief of her industrial injuries; however, it is unlikely to change the permanent level of impairment/ disability. 3) The patient is recommended to proceed with interventional pain management evaluation for pharmacological management of her spine related complaints and to determine the need for spinal injections. 4) The patient is recommended orthopedic surgical consultation for further workup of her extremity issues and determine the need for further surgical intervention or injections; however, in the meantime, the patient is recommended to continue seeing doctors at Kaiser for further management. 5) The patient is recommended psychiatric versus psychological evaluation. 6) The patient is recommended home exercises.

PERMANENT AND STATIONARY STATUS: The patient's condition has reached permanent and stationary status at this time.

WORK RESTRICTION: The patient was returned to work with, the following restrictions as of 10/26/22 with no lifting in excess of 20 pounds and furthermore restricted to occasional basis. No use of left arm at or above shoulder height. No repeated bending or stooping. No forceful torqueing, pulling or pushing with the left upper extremity. No repetitive or forceful squatting, kneeling, climbing and prolonged standing. The patient should sit predominantly and stand as needed to stretch based on pain levels. The patient should use a lumbar spine orthosis as well as left knee brace while working as needed.

DIAGNOSTIC STUDIES:

There were no diagnostic studies available for review.

REVIEW OF NON-MEDICAL RECORDS:

09/22/2023: DECLARATION OF RECORDS

It is declared that 875 pages of records were provided for review.

End of review of records.

DIAGNOSES:

1. Multiple orthopedic complaints, deferred to the Orthopedic Panel Qualified Medical Examiner.
2. GERD, abdominal pain, history of gastritis, likely secondary to nonsteroidal anti-inflammatory medication usage as treatment for orthopedic injuries.
3. History of diabetes mellitus, history of increased medications to treat diabetes, rule out industrial aggravation.
4. History of hypertension, rule out industrial aggravation.
5. Obesity.
6. Rule out sleep apnea.
7. Complaints of anxiety, insomnia, paranoia, and depression, deferred to the Panel Qualified Medical Examiner Psychiatrist.

DISCUSSION:

The examinee states that while working her usual and customary job duties on January 25, 2019, she was performing a "step between" with an extended arm between two youths who were engaging in a fight. She was able to separate the minors and noted pain in her left lateral thigh, left shoulder radiating down her arm and forearm and left side of her low back and neck. She finished her shift.

On February 2, 2019, she reported the injury to the officer of the day, who sent her to a company clinic.

She indicates that she was referred to the company clinic, where X-rays were obtained. She was returned to work her usual and customary duties.

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She relays that she remained under the care of Dr. Kapoor and was referred to an orthopedic surgeon.

She relates that while working her usual and customary job duties on March 14, 2019, she was breaking up a near fight between two minor females. She noted an aggravation of pain in her left thigh, left shoulder radiating down her arm and forearm, and left side of her neck and low back as well as her left hip.

She states that on April 20, 2019, reported the injury to her supervisor, who sent her to a company clinic.

She reports that she was referred to a chiropractor in approximately May of 2019. She was started on courses of chiropractic adjustments and physical therapy, which she indicates were temporarily helpful in relieving her pain. She was continued on regular duty work. For flare-ups of pain, she would take a day off here and there.

She relates that while working her usual and customary job duties on July 29, 2019, she was assisting in restraining a combative male minor who was resisting restraints and she was trying to secure his arms from swinging and legs from kicking. She noted pain in her left shoulder radiating down her arm and forearm, left side of her neck and low back radiating down her left leg, left hip, left knee, and left thigh. She reported the injury to her supervisor, who sent her to a company clinic.

She states she returned to Dr. Webb. She was continued on the same treatment of chiropractic adjustments and physical therapy, which she indicates were temporarily helpful in relieving her pain. She was continued on regular duty work.

She reports that she remained under the care of Dr. Webb. She recalls taking days off here and there for severe pain and continuing with chiropractic adjustments and physical therapy.

She indicates while working her usual and customary job duties starting in June of 2019, they were experiencing severe staffing shortages. She was not given proper tools and worked in a severely unsafe work environment. On August 18, 2019, two doors were unsecured and two minors came out and threatened to do bodily harm to her for 45 minutes without any help coming to her after 25 radio calls. She called 911. As a result of this incident, she felt chest pain and stress in the form of anxiety, insomnia, paranoia, muscle tension in her neck and shoulder, headaches, and low energy, as well as going into isolation. She was relieved of the situation and had a meltdown and went home for the rest of the day.

She relays that she filed a workers' compensation claim at home. At that time, the patient was placed on an unwarranted investigation and placed off work through November of 2020, where she was supposed to be assigned to a building as she was a senior detention

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service officer. Instead, she was assigned to a unit.

She relates that she sought treatment with her primary care physician. She was prescribed Ambien and psychotherapy, which she indicates has been helping reduce her stress and cope and helping her sleep.

She states while working her usual and customary job duties on November 6, 2020, she was assisting another officer restrain kids when she fell on the left side of her body landing on concrete on her left knee, left shoulder, left hip, and left elbow. She was able to stand up by herself and noted pain in her left elbow, left side of her low back and neck, left shoulder, left hip, left knee, and left ankle as well as swelling of her left ankle and left knee, tenderness, and restricted range of motion. She reported the injury to her supervisor, who sent her to a company clinic.

She reports that she was referred to a company clinic, where x-rays were obtained of her left shoulder, left elbow, and left hip. She recalls undergoing MRI scans of her left knee and left shoulder in early 2021. She was dispensed an elbow and left knee brace, prescribed ice gel therapy, and Tylenol. She was returned to work light duties with restrictions of no forceful gripping, grasping, or twisting, lifting, pushing at or above left shoulder level with her left arm. However, there were no light duties in her job and she was placed off work.

Due to experiencing severe pain in her left shoulder and left hip, she indicates that she presented to Urgent Care in early 2021 and was administered an analgesic injection.

She relays that she was referred to an orthopedic surgeon, who administered an analgesic injection into her left hip. Left shoulder surgery was recommended and she requested a second opinion.

She relates that she remained under the care of the company clinic. She last worked on March 2, 2021, when light duties were no longer available.

She states she was called in to work on June 3, 2021, where she was assigned to sit in a hallway for approximately five hours in an oversized chair with a broken armrest, at which time she felt throbbing pain in her left knee, left shoulder, and left elbow and only worked for one day.

She reports that she would experience flare-ups of pain in her left knee and left ankle.

She indicates that in August of 2021, she retained legal counsel, who sent her to a chiropractor.

She relays that she was referred to a chiropractor on August 6, 2021. She was started on courses of chiropractic adjustments and physical therapy, which she indicates were temporarily helpful in relieving her pain.

She relates that she remained under the care of Dr. Gofnung through the end of October of 2022 at which time her condition was felt to have reached a permanent and stationary status and she was felt to be a qualified injured worker. Per Dr. Gowning's' review of her medical records, Ms. Johnson was seen by orthopedic surgeon Jeffrey Berman, M.D. for an AME on February 13, 2020, for her 1/25/19, 3/14/19, and 7/29/19 injuries, was seen by psychologist Mark Wolkenhauer, Psy.D for a QME on August 7, 2020, and by internist, Marvin Pietruszka, M.D. on September 1, 2021 for a CT 6/1/19 to 6/22/21 injury; E. David Feder, L.A.c for acupuncture treatment on June 02, 2022; and Hirsh Kaveeshvar, D.O., OME for a Panel Qualified Medical Evaluation in the Specialty of Pain Medicine/Neurology on August 22, 2022. Dr. Gofnung reviewed the following diagnostic studies: EMG/NCV Medical Report and electrodiagnostic studies of the lower extremities performed by Kamran Hakimian, M.D. dated August 14, 2020; MRI scan of the lumbar spine dated September 3, 2020, and MRI scan of the cervical spine on September 4, 2020; x-rays of the left shoulder left knee, and left hip dated November 6, 2020, at Southern California Immediate Medical Center; and an MRI scan of the left shoulder by John Crues, M.D. dated March 3, 2021.

Dr. Gofnung recommended an MRI scan of the left hip, acupuncture, pain management evaluation, orthopedic surgery consultation, and psychiatric versus psychological evaluation. She was also recommended home exercises of core strengthening utilizing a gym ball, McKenzie exercises, wall squats, and resistance band training. She was encouraged to do aqua therapy and swim and encouraged to go to a gym to do light resistance training to help maximize function and expedite recovery. She was instructed to avoid high impact type of activities. She was recommended to join a gym, and bike riding was also recommended for conditioning purposes as long as it is a cruiser type of bicycle on bike paths and plain roads if her pain levels allow.

Future medical care was recommended in the form of further chiropractic, acupuncture, physiotherapy care and treatment to include both medical and surgical treatment, diagnostic studies of x-rays, MRI and CT scans, electrodiagnostic studies, internal medicine consultation, orthopedic consultation, psychiatric, psychological, and interventional pain management consultation on an as-needed basis.

She stated that she additionally filed a workers' compensation claim for headaches; ocular and abdominal pain; and disorder of circulatory system, digestive system, and excretory system, which she attributes to work-related stress.

She reported that she was referred by her attorney to an internist in September of 2021 and was prescribed pain medication and medication for gastrointestinal esophageal reflux disease.

She stated that she sought treatment with her primary care physician because her insurance carrier denied authorization of Dr. Gofnung's' requests. She was diagnosed with a hiatal hernia and gastrointestinal esophageal reflux disease. It was recommended she

change her diet and exercise. She was administered analgesic injections for her chronic pain.

She indicates she returned to work light duties on January 5, 2023, with restrictions of no lifting over 20 pounds, no pushing, grasping over shoulder level, and predominantly sitting.

She states she remains under the care of her primary care physician where she is participating in individual psychotherapy once a week and is taking Ambien h.s. She is taking medications and participating in a home exercise program on an off and on basis due to her low energy level. She has ordered several different pain cream and sprays, purchased a home TENS unit, and pays for massages once a month.

On review of the available records, a primary treating physician's medical legal permanent & stationary evaluation dated October 26, 2022 notes that while working at her usual and customary occupation, she sustained a work related injury to her left shoulder, arm, back, left hip, left knee, and left ankle. She explains that she was assisting another officer in restraining a combative minor, and in the process, she fell and hit her left elbow and left knee and landed on the left side of her body on a cement surface. She stood to her feet, and experienced pain in her left shoulder/arm, elbow, low back, left hip, and left knee. X-rays of the left shoulder and the left knee were obtained.

Physical therapy was initiated two times per week for 12 sessions for her left shoulder and knee, temporarily providing some pain improvement. In early 2021, she was referred for an MRI scan of her left shoulder and was diagnosed with stiffness in her left shoulder. In early 2021, she experienced severe pain in her left shoulder and left hip. She was evaluated and underwent one injection for pain. In early 2021, one injection to her left hip region was administered.

In June of 2021, she was called back to work. She was assigned to sit in a hallway for approximately five hours and began to experience throbbing pain in her left knee and left shoulder, and left elbow. She reported the pain and was released early for the day.

Subsequently, she relates she experienced a flare-up in her left knee and began to have pain in her left ankle which she attributes to overcompensating. She presented to a chiropractor from June 6, 2021 through July 7, 2021, once to twice per week for physical therapy, alternating between her lower left side and her left shoulder. She was placed on temporary total disability.

On July 7, 2021, she was returned to work with modified restrictions. Her employer was unable to accommodate her restrictions, and she continued on TTD. She complained of slight to moderate and intermittent left shoulder pain, intermittent and slight to moderate low back pain with radiation to left lower extremity to above the knee, intermittent and slight left hip pain, intermittent and slight to moderate left knee pain, sleeping problems, anxiety and depression with complaints of chest pain which she associates with stress.

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Her medications included Atenolol, Lisinopril, insulin, Ambien, magnesium, melatonin, Glipizide, Metformin, and Pioglitazone.

The diagnostic impressions included lumbar myofasciitis; left sacroiliac joint dysfunction, sacroillitis; lumbar facet-induced versus discogenic pain and facet hypertrophy at L4-L5 levels causing associated bilateral neuroforaminal narrowing with contact on exiting nerve roots bilaterally with disc herniations; left shoulder tenosynovitis/bursitis with mild supraspinatus and subscapularis tendinosis and acromioclavicular degenerative disease; left shoulder impingement syndrome; left shoulder status post arthroscopic surgery around 2011 with aggravation due to November 6, 2020 industrial injury; left brachioradialis tendinitis; left trochanteric bursitis; intramuscular hyperintensity in the posterior horn of the medial meniscus suggestive of grade 2 meniscal signal changes as well as other finding suggestive of chronic partial tear/degeneration; left ankle sinus tarsi syndrome, resolving; anxiety and depression; insomnia; and flare-up of the left shoulder, lumbar spine and left hip.

The recommendations included a left hip MRI, continue with acupuncture treatment for relief of her industrial injuries, proceed with interventional pain management evaluation, an orthopedic surgical consultation, psychiatric versus psychological evaluation, and home exercises.

She was considered to have reached permanent and stationary status at that time. She was returned to work on October 26, 2022 with the following restrictions: no lifting in excess of 20 pounds and furthermore restricted to occasional basis; no use of the left arm at or above shoulder height; no repeated bending or stooping; no forceful torquing, pulling or pushing with the left upper extremity; no repetitive or forceful squatting, kneeling, climbing and prolonged standing; sit predominantly and stand as needed to stretch based on pain levels; and use a lumbar spine orthosis as well as left knee brace while working as needed.

This is a 55-year-old female who has reported several injuries during the course of her employment, on January 25, 2019 to the left side of her body, and again on March 14, 2019 and on July 29, 2019. She describes having sustained injury to her left shoulder and left arm radiating pain, neck and lower back, as well as injury to her hips and left lower leg.

She also reports that she was threatened with bodily harm on August 18, 2019, which she also found stressful.

The applicant states that she had injuries repeatedly, involving use of physical restraints during the course of her employment, which also involved the left ankle, left hip and left shoulder.

She also states on August 18, 2019 and November 6, 2020 she had injuries, reports headaches, ocular, abdominal pain, mid epigastric burning pain. She has insulin resistance, went up into her blood sugars and states the A1c has increased from 6 to 8.

She states that she had continuous trauma from June 16, 2019 to June 22, 2021. She states that during the course of her employment she had stress due to an unsafe environment and a lack of staff that put her life in danger several times. She reported it to her supervisor and then for whistle blowing she states that they retaliated against her and put her under investigation, which caused her a lot of stress.

She also noted that that the unsafe environment and the lack of staff really stressed her out during the course of her employment. She reports that at the beginning of her orthopedic complaints, all the way back to 2008 for left shoulder injury, and then repeated left sided injuries during the course of her employment, she took nonsteroidal anti-inflammatory medications. She took ibuprofen, does not recall the dosage, but she took it at least four to five times a week for the pain on her left side.

She indicates the pain was not controlled. Her mobility was reduced. Her walking, working out activities decreased during the course of her illnesses and she gained some 40 pounds. She said her weight was around 195 and then increased to 235. She gained some 40 pounds during the course of her employment with the orthopedic injuries. She states that due to her orthopedic injuries and the weight gain her insulin resistance went up and her A1c went up to 8 and she was placed on several new medicines, including Victoza, glipizide and other diabetic medications.

She states that the nonsteroidal anti-inflammatory medications led to chronic mid epigastric abdominal pain with associated GERD and dysphagia. She states that she was taking the nonsteroidal anti-inflammatory medications and then at some point she underwent an EGD sometime in the latter part of 2022 and they discovered that she had gastritis and she had some esophageal findings. She recalls they put her on Prilosec and she has been on that medication ever since, 20 mg a day.

She states the pain is still there, off and on, and she has GERD associated with acid reflux intermittently. She is now no longer taking the nonsteroidal anti-inflammatory medications. She states that she has her primary care through Kaiser, since 2008, from Downey Kaiser.

She states that in approximately in 2012 to 2014 she was diagnosed with hypertension and diabetes. She does admit to a poor diet, since she gained this weight. She admits to eating fast food, sweets and Popeye's chicken, Starbucks candy, snicker bars, and other kinds of candy that has contributed to her weight.

She states that she was under a lot of stress breaking up fights, and a lack of staff during the course of her employment, and the investigation when her employer retaliated against her after she whistle-blew about the lack of staff and dangerous environment.

CAUSATION:

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Comment on the orthopedic injuries is deferred to the Orthopedic Panel Qualified Medical Examiner. After I have had the opportunity to review a report by the Orthopedic Panel Qualified Medical Examiner referable to causation of the orthopedic injuries I would be able comment more definitively on causation in a supplemental report.

This is a 55-year-old female moderately obese with diabetes. She appears to have gained weight due to the orthopedic injuries, the lack of mobility, change in mobility, and also the diet attributed to the weight gain and stress at work leading her to gain weight 40 pounds and ended up increasing her insulin resistance. Medications for diabetes were added.

She did take nonsteroidal anti-inflammatory medications to treat her pain and was prescribed ibuprofen, and during the course of her injury she developed nonsteroidal anti-inflammatory gastritis.

She does not have a history of elevated blood pressures, but no out of controlled blood pressure or increased medication for hypertension, so exacerbation or aggravation of the blood pressure does not appear to be there.

I am requesting the entire set of medical records including records of her treating physicians, for review and comment in a supplemental report and reserve the opportunity to modify my opinions on diabetes mellitus and hypertension based on any new information that may be provided.

She does have a history of increased stress at work and increased weight due to orthopedic injuries at work for which she will need evaluations by an Orthopedic Panel Qualified Medical Examiner and a Panel Qualified Medical Examiner Psychiatrist.

I am requesting the records from Kaiser Downey for review to determine the evidence of aggravation of her diabetes, with increased medication and additional medications that were added for correlation with her history that her A1c increased during that time period.

She states she gained 40 pounds, which appears to have been contributed to by dietary intake, and may well have been contributed to by decreased level of functioning secondary to her orthopedic injuries, which can be further addressed after reviewing the report of the Orthopedic PQME.

She has problems sleeping and states that she only sleeps approximately four to six hours per night, and her quality of sleep is poor. She states she snores and she has some shortness of breath. On physical examination, she is a moderately-to-severely obese woman who has a large neck and oral mucosa, with a large tongue, and I the back of her uvula or pharynx cannot be visualized, consistent with obstructive sleep apnea.

Referable to multiple orthopedic complaints that she attributes to specific injuries at work on January 25, 2019, March 14, 2019, July 29, 2019, August 18, 2019 and November 6,

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2020, and a period of cumulative trauma from June 11, 2019 to June 22, 2021 comment is deferred to the Orthopedic Panel Qualified Medical Examiner.

As she has a history of taking nonsteroidal anti-inflammatory medications as treatment for her orthopedic injuries and has developed gastrointestinal complaints, it appears that she has developed GERD, abdominal pain and gastritis likely secondary to nonsteroidal anti-inflammatory medication usage.

Further comment on potential industrial aggravation of diabetes mellitus is deferred until I have had the opportunity to review her entire set of medical records.

She does have a history of hypertension, without a history of industrial aggravation; however, she does report increased body weight of 40 pounds and obesity can aggravate hypertension, which can be further addressed as to potential industrial contribution after I have had the opportunity to review her entire set of medical records.

Her body weight falls into the obese category, and she states she has had a 40 to 50 pound weight gain due to the stress of being under investigation and finding comfort in food. She also admits to having poor diet, eating fast food, sweets and Popeye's chicken, Starbucks candy, snicker bars, and other kinds of candy that has contributed to her weight on a non-industrial basis. After I have had the opportunity to review reports by the PQME Psychiatrist and PQME Orthopedist I would be able to comment further on causation of weight gain relating to the orthopedic injuries reported at work, stress involving work related activities and her employment, and non-industrial consumption of high caloric foods, in a subsequent report.

As obesity is a factor in developing sleep apnea, which can aggravate hypertension, after I have had the opportunity to review results of a sleep study, polysomnography, I would be able to comment further in a subsequent report.

Comment on her complaints of stress in the work environment, and investigation for being a "whistle blower", and feelings of anxiety, insomnia, paranoia and depression, is deferred to the Panel Qualified Medical Examiner Psychiatrist.

DISABILITY STATUS:

After I have had the opportunity to review the requested diagnostic studies I would be able to comment on disability status, in a subsequent report.

There does not appear to have been any period of temporary disability from an internal medicine standpoint, based on the information available to me.

FURTHER MEDICAL TREATMENT / DIAGNOSTIC STUDIES:

I am recommending a helicobacter pylori titer and stool antigen.

She is indicated for a CBC, CMP and urinalysis to evaluate for protein in the urine.

I am recommending an A1c, for comparison to prior A1c results in the medical records that are requested for review.

I am commending an echocardiogram to evaluate her cardiovascular heart condition.

She is indicated for a polysomnography test to rule out sleep apnea.

I am requesting her entire set of medical records, including records from her personal physicians, and the records from Kaiser Downey for review and comment in a subsequent report.

IMPAIRMENT:

Impairment can be addressed when found to have reached maximum medical improvement, following review of the requested records for clarification of industrial causation.

APPORTIONMENT:

Considering her history of hypertension and diabetes having been diagnosed in 2008, and her history that she began working for this employer in November of 2008, it appears that diabetes mellitus and hypertension were pre-existing conditions.

She has reported chronic pain from orthopedic injuries, which can aggravate diabetes and hypertension conditions, and work related stress which can also be a potential aggravating factor, apportionment will need to be addressed when found to have reached maximum medical improvement, should the requested records support aggravation of hypertension and/or diabetes mellitus

Her diet of high caloric foods, on a non-industrial basis, contributing to obesity and development of sleep apnea which can aggravate diabetes and hypertension conditions, will also need to be discussed referable to apportionment when found to have reached maximum medical improvement.

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Any additional medical records that may be provided, including records from her personal physicians, Kaiser Downey, will be reviewed and commented upon in a supplemental report.

DISCLOSURE:


These reports are being submitted pursuant to the applicant's claim(s) for Workers' Compensation benefits for alleged industrial injury/injuries, and are submitted in compliance with the Workers' Compensation Laws of the State of California. They are submitted/intended to address the issues required by the California Labor Code in Workers' Compensation claims, and involve those symptoms which the undersigned, as an internal medicine specialist, believes have been involved in, or which may be related to, the injury/injuries alleged. Unrelated symptoms/conditions have not been assessed/addressed. The opinions expressed herein are entirely my own.

DECLARATION

In compliance with recent Workers' Compensation legislation [Labor Code Section 4628 (j) and 5703 (a) (2)] and Insurance Code Section 556, I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and 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 that 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. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (3) of Labor Code Section 139.2 and 5307.6.

If you have any further questions regarding this applicant, please do not hesitate to contact me.

Date 05/03/2023

Signed 
Randall A. Caldron, M.D.

Dated and signed in Los Angeles County, CA.

RC:wp

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
AME OR OME DECLARATION OF SERVICE OF MEDICAL-LEGAL REPORT [Lab. Code § 4062.3(f)]

CASE NAME: Marvetta Johnson v. Los Angeles County Probation Department
(Employee name) (Employer)

CLAIM NO.: 419-01553-D; 419-02165-D; 420-00359-D; 420-00878-D; 421-00578-D; 22000460D EAMS or WCAB NO.: ADJ12198746; ADJ12198788; ADJ12430393; ADJ14891813; ADJ14891825; ADJ12566243

- I, Alejandra Espinosa, declare:
1. I am over the age of 18 and not a party to this action.
 2. My business address is: 12815 Huffmeister Rd., Cypress, TX 77429
 3. On the date shown below, I served the attached original or a true and correct copy of the original comprehensive medical-legal report on each person or firm named below by placing it in a sealed envelope addressed to the person or firm named below and by:
 - A. Depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B. Placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with the practices of this business for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited following the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C. Placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D. Placing the sealed envelope for pick-up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service).
 - E. Personally delivering the sealed envelope to the person or firm named below at the address shown below.

MEANS OF SERVICE	DATE SERVED	ADDRESSEE AND ADDRESS SHOWN ON ENVELOPE:
B	<u>06/23/2023</u>	WCAB (AHM) 1065 N. Pacific Center Drive, Suite 170 Anaheim, CA 92806
B	<u>06/23/2023</u>	Sedgwick Claims Management Services Attn: Gary Wallace, Claims Examiner Post Office Box 51350 Ontario, CA 91761
B	<u>06/23/2023</u>	Christina A. Oshinuga, Esq. Bolen & Associates 133 North Altadena Drive, Suite 420 Pasadena, CA 91107
B	<u>06/23/2023</u>	Natalia Foley, Esq. Workers Defenders Law Group 751 S. Weir Canyon Rd, Suite 157-455 Anaheim, CA 92808
B	<u>06/23/2023</u>	Marvetta Johnson 1022 West 138th Street Compton, CA 90222

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

06/23/2023 Alejandra Espinosa Alejandra Espinosa
Date served (Printed Name) (Signature Of Declarant)