



THE DENTAL TRAUMA CENTER

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INITIAL REPORT IN THE FIELD OF DENTISTRY AND REQUEST FOR AUTHORIZATION

DATE: June 22, 2023
CLAIM: Unknown
WCAB: AHM
Case #: ADJ17289751
Date of Injury: CT 1/14/22 to 1/3/23
Date of current exam: June 5, 2023

Patient

Last Name: Androsov
First Name: Ivan
Sex: M
Date of Birth: April 25, 1981
SS: xxx-xx-0116
Occupation: Salesperson
Address: 1300 Larrabee St #2
City: W. Hollywood
State: CA
Zip: 90069
Phone No.: 786-327-9418

Claims Administrator/Insurer

Name: Sedgwick
Address: P.O. Box 14522
City: Lexington
State: KY
Zip: 40512
Phone: 562-981-0286

Employer

Name: Macy's Inc / Bloomingdales
Address: 14060 Riverside Drive
City: Sherman Oaks
State: CA
Zip: 91423

Demand is hereby made for service of all medical reports relating to this claim, pursuant to CCR 10635(c).

**Please note:
If payment of this bill is denied, we will pursue provisions under L.C. 4603.2**

**Please note:
Labor Code 5402 (b)(c), requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. As of 6/01/04, Labor Code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed).**

Accordingly, it would be requested that the defendant please provide immediate payment.

**Please note:
Any report necessary for the billing company to fulfill its business obligation to the insurance company should be secured from the insurance company.**

Hawthorne
(310) 644-d456

Los Angeles/Beverly Hills
(323) 933-3522

Reseda
(818) 789-3319

Sacramento
(916) 631-7268

Orange County
(714) 549-9977

San Bernardino/Riverside
(909) 888-2628

**INITIAL REPORT IN THE FIELD OF DENTISTRY
AND REQUEST FOR AUTHORIZATION**

THIS IS AN EXAMINATION REPORT. THIS REPORT WILL BE INCORPORATED INTO THE PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT AND, AS SUCH, WILL BE RELIED UPON AND WILL BE PART OF THE PRIMARY TREATING PHYSICIAN'S MEDICAL-LEGAL OPINION. USE OF THE CONTENTS OF THIS REPORT AND ITS OPINIONS AND CONCLUSIONS ARE FOR PROVING OR DISPROVING A CONTESTED CLAIM.

This examination is an extensive oral cranial examination in that one hour was spent in evaluating Mr. Androsov, ¼ hour was spent reviewing records, two hours were spent in interpretation of the diagnostic findings, and issues of medical causation are discussed.

I base my conclusions on the history given by the patient, clinical examination of the patient, diagnostic tests, and review of any medical records made available at the time of examination.

I hereby reserve the right to change and/or alter any of my opinions, statements, and conclusions stated herein, following the provision of any new medical and/or dental records not provided at the time of examination.

JOB DESCRIPTION

Mr. Androsov states he worked as a Salesperson for Macy's Inc dba Bloomingdales, Inc. He worked 7-8 hours per day, 5 days per week.

Mr. Androsov states his job entailed prolonged walking, standing, twisting, bending forward, pushing, pulling, lifting up to a maximum of 25-30 lbs, and carrying up to a maximum of 25-30 lbs.

CURRENT WORK STATUS

Ms. Androsov states that he is still working for the same employer, but with light duty restrictions.

HISTORY OF INDUSTRIAL INJURY

Mr. Androsov states that frmo CT 1/14/22 to 1/3/23, he was involved in industrial injuries in the course of performing his usual and customary job duties.

Mr. Androsov reports that as a result of performing repetitive work activities such as prolonged walking, standing, twisting, bending forward, pushing, pulling, lifting up to a maximum of 25-30 lbs, and carrying up to a maximum of 25-30 lbs., he developed the gradual onset of pain in her neck, shoulders, arms, wrists, hands, lower back, left leg, and in her knees.

He also states that he worked in a hostile work environment wherein he was harassed and was falsely accused of stealing; rumors began to spread that he was involved. He states that as a result of being falsely accused, he developed emotional stress.

Mr. Androsov finds that in response to his industrial related orthopedic pain, he has also developed emotional stressors. Mr. Androsov finds he is clenching his teeth and bracing his facial musculature in response to his orthopedic pain, and also in response to the emotional stressors experienced. This has caused him to develop facial and jaw pain.

Mr. Androsov is right hand dominant. Mr. Androsov reports that due to the industrial exposure, he has pain and weakness in his shoulders, arms, and wrists. Mr. Androsov reports these orthopedic injuries are compromising and impairing his ability to perform proper and adequate oral hygiene procedures of brushing and flossing of his teeth and gums.

Mr. Androsov is taking the medication of Ibuprofen, 3-4 times per week, on an industrial basis.

He is also taking Propranolol and another unknown heart medication.

TREATMENT RECEIVED FOR THE INDUSTRIAL INJURY

Mr. Androsov has received treatments acupuncture.

PAST MEDICAL HISTORY

Mr. Androsov reports having heart valve prolapse and a heart arrhythmia, as well as stomach acids coming up into his mouth.

PRIOR SURGERIES

Mr. Androsov underwent an undisclosed surgery to his right testicle, but has since recovered.

PRIOR INJURIES

Mr. Androsov cannot recall sustaining any prior injuries.

SUBSEQUENT INJURIES

Mr. Androsov states he has not been involved in any injuries subsequent to the industrial injury.

SOCIAL HISTORY

Mr. Androsov does not smoke and has never been a smoker.

PAST DENTAL HISTORY

Mr. Androsov states he was last seen by a private dentist a few months prior to this examination.

His private dentist is Arthur Khachatryan at (323)401-6132.

He states that he broke a tooth supporting a lower right bridge approximately 4 months prior to this examination.

I request my office be provided with all of Mr. Androsov's prior dental x-rays and records for my review and comment, as necessary.

PATIENT ATTESTATION

Mr. Androsov attested to me in writing that to the best of his knowledge and recall, he did not have any previous permanent disabilities or impairments with regard to his dental, facial, and jaw areas.

SUBJECTIVE COMPLAINTS

Headaches

- Intermittent to frequent, moderate headaches in the bilateral temple areas and at the top of the head
- Headache pain described as dull and aching
- Headaches occurring about 50% of the time
- Headache intensity of 6-7 on a Visual Analog Scale of 0 to 10

Facial Pain

- Frequent, slight to moderate facial pain on the right side
- Frequent moderate to severe facial pain on the left side
- Facial pain described as burning and sharp
- Facial pain occurring about 70% of the time
- Right facial pain intensity of 4-5 on a Visual Analog Scale of 0 to 10
- Left facial pain intensity of 6-8 on a Visual Analog Scale of 0 to 10
- Facial pain aggravated by eating hard or chewy foods
- Facial pain aggravated by prolonged continuous speaking up to 5-10 minutes
- Facial pain aggravated by intense kissing / oral activities

- Facial pain interfering with ability to sleep
- Facial pain interfering with ability to participate in social activities
- Facial pain interfering with relationship with family members / significant other
- Facial pain interfering with ability to concentrate
- Facial pain causing irritability/anger
- Facial pain causing increased anxiety and stress

Dental

- Clenching and grinding his teeth and bracing his facial musculature in response to the industrial related orthopedic pain and resultant emotional stressors
- Grinding his teeth at night during sleep
- Difficulty in eating hard foods due to facial pain
- Difficulty in eating chewy foods due to facial pain
- Facial pain upon smiling
- Soreness of face/jaw upon waking in the morning
- Headaches in temple areas upon waking in the morning
- Limited opening of the mouth when compared to before the injury
- Bite feels off
- Feeling of a dry mouth
- Feeling his mouth is dry when eating a meal
- Need to sip liquids to aid in swallowing dry food
- Bleeding of the gums

ORAL MALODOR COMPLAINT

- Mr. Androsov states that since the industrial injuries he has experienced bad breath.
- Mr. Androsov rates the amount of times that people tell him about his bad breath as a 6 on a VAS.
- Mr. Androsov rates the intensity of his bad breath as a 6-7 on a VAS.
- Mr. Androsov states that his bad breath is present 60% of the time.
- Mr. Androsov rates the amount of his bad breath interfering with his ability to interact with other people as an 8 on a VAS.
- Mr. Androsov rates the amount of his bad breath interfering with his ability to interact with family members as an 8 on a VAS.
- Mr. Androsov rates the amount of his bad breath interfering with his ability to have intimate kissing with his significant other as a 10 on a VAS.
- Mr. Androsov rates the amount of his bad breath causing him to be embarrassed as a 10 on a VAS.
- Mr. Androsov rates the amount of his bad breath causing him to be stressed and anxious as a 10 on a VAS.

Sleep Disturbances

- Snoring
- Gasping for air during sleep
- Waking with heart beating uncontrollably
- Breathing stops during sleep
- Feeling fatigued during the day

Other relating complaints are:

- Ringing in the right and left ears
- Speech difficulties of hoarseness and a "cotton mouth" effect as well as an indistinct articulation
- People asking him to repeat himself due to speech being unintelligible

EPWORTH SCALE

Mr. Androsov states he has a tendency to doze while:

- sitting and reading
- watching TV
- sitting inactive in a public place
- being a passenger in a motor vehicle for an hour or more
- lying down in the afternoon
- sitting quietly after lunch (no alcohol)

The results of this test show a total score of 13, which suggests the presence of daytime drowsiness.

ACTIVITIES OF DAILY LIVING (ADL)*

<u>ACTIVITY</u>	<u>EXAMPLE</u>	<u>DIFFICULTY</u>
Self Care Personal Hygiene	Brushing Teeth	Severe Due to shoulder arm wrist injury
	Flossing Teeth	Severe Due to shoulder arm wrist injury
Communication	Speak for Extended periods of time	Moderate to Severe Can speak maximum of 5-10 minutes Due to pain in facial musculature

	Speaking	Moderate Due to dryness of the mouth causing hoarseness
	Indistinct Articulation	Moderate Due to facial pain Due to dryness of mouth
Motor Function	Mastication	Moderate Due to pain in facial musculature
	Tasting	Moderate Due to dryness of the mouth causing a change in taste Bland
	Swallowing	Moderate Due to the dryness of the mouth
	Bruxism	Moderate In response to pain In response to stress
Sexual Function	Kissing, Oral Activities	Moderate Due to pain in facial musculature

**Adapted with changes from the American Medical Association Fifth Edition, 2004*

CLINICAL EXAMINATION OF THE TEMPOROMANDIBULAR JOINT

Pain was elicited upon palpation of the:

- Lateral condyle of the right temporomandibular joint
- Lateral condyle of the left temporomandibular joint
- Left condylar head via the external auditory meatus

CLINICAL EXAMINATION OF THE MUSCULAR SYSTEM

Subjective pain was elicited and objective palpable taut bands were found upon palpation of the:

- Right temporalis muscle
- Left temporalis muscle
- Right masseter muscle
- Left masseter muscle

Mr. Androsov informed us that when we objectively palpated the taut band in his temporalis and masseter muscles on the right and left sides, this reproduced his facial pain complaint.

MANDIBULAR RANGE OF MOTION

Please Note: According to the State of California Disability Standards, the minimal normal range of motion of opening of the mouth is an interincisal opening of 38.1 mm.

Upon examination, Mr. Androsov was objectively found to exhibit:

- Maximum interincisal opening of 52 mm without pain
- Maximum right lateral excursion of 10 mm without pain
- Maximum left lateral excursion of 10 mm without pain
- Maximum protrusion of 5 mm without pain

INTRA-ORAL EXAMINATION

Upon examination, I determined Mr. Androsov exhibits:

- At maximum intercuspitation: Class II occlusion
- Overbite: 5 mm
- Overjet: 3 mm
- Dental midline shift to the left: 1 mm
- Missing Teeth #30, 31, and 32
- Fractured restorations #28 and 29
- Recession of the gum tissues around teeth #2 and 3
- Objectively-disclosed bacterial biofilm deposits on his teeth and around his gum tissues

OBJECTIVE CLINICAL FINDINGS CONFIRMING BRUXISM / CLENCHING AND BRACING OF THE FACIAL MUSCULATURE

- Teeth indentations/Scalloping of the right and left lateral borders of the tongue
- Bite mark line/Buccal mucosal ridging of the inner right and left cheeks
- Wear on the surfaces of the teeth
- Abrasion on tooth #3

DIAGNOSTIC TESTING

ULTRASONIC DOPPLER AUSCULTATION ANALYSIS

The recorded objective data verified and confirmed:

- No Internal Derangements / dislocations of the discs and crepitus sounds were ultrasonically auscultated in the right and left Temporomandibular Joints upon translational and lateral movements of the mandible

SURFACE ELECTROMYOGRAPHY

sEMG studies were performed on the masseter, anterior temporalis, sternocleidomastoid, and trapezius muscles and confirmed:

- Elevated muscular activity; with incoordination and aberrant function of the facial musculature was confirmed

DIAGNOSTIC TEMPERATURE GRADIENT STUDIES

Temperature Gradient Studies performed for Mr. Androsov reveal abnormal temperature readings comparing one side of the facial musculature to the other side.

DIAGNOSTIC AUTONOMIC NERVOUS SYSTEM TESTING

Diagnostic Autonomic Nervous System Testing, consisting of Pulse Oximetry during the patient's performance of the Mueller Maneuver, revealed results within normal limits.

DIAGNOSTIC α -AMYLASE ENZYME ANALYSIS

Diagnostic α -Amylase Analysis, consisting of laboratory spectrophotometric analysis of the amount of α -amylase enzyme present, was performed, and an α -amylase enzyme concentration of 130 KIU / Liter was objectively measured. The spectrophotometric testing is calibrated where normal concentrations of α -amylase enzyme should be less than 45 KIU / Liter.

DIAGNOSTIC SALIVARY FLOW AND BUFFERING TESTS

Diagnostic salivary flow and buffering tests revealed:

- Observable dry mouth, dry lips, cracked lips

The standard of care objective test advocated by the American Dental Association to prove whether definite qualitative changes of the saliva are

present or not was performed (and the results photographed). A tongue depressor adheres to the inside of Mr. Androsov's cheeks, which conclusively document with certainty that Mr. Androsov does indeed have qualitative changes in his saliva, which has resulted in the increased surface tension of the salivary liquid.

"In addition to conducting visual inspection, the dentist can use a tongue blade to assess tissue dryness. To do so, he or she places a dry tongue blade against the buccal mucosa; if the tongue blade adheres to the mucosa while the dentist attempts to lift it away, this is an indication of tissue dryness and reduced salivary secretion. (*Journal of the American Dental Association, Vol. 134, May 2003, Page 615*).

RADIOGRAPHIC RESULTS

To be determined when Mr. Androsov returns to our Hawthorne, Reseda, and/or Anaheim offices for x-rays or presents us with x-rays taken at another dental office.

DIAGNOSTIC PHOTOGRAPHS

Diagnostic photographs document scalloping on the lateral borders of the tongue. The photographs document bite mark lines on the inside of the cheeks. The photographs document wear on the surfaces of the teeth. The photographs document the Xerostomia / Anti-Cholinergic side effect where, due to qualitative changes of the saliva, a tongue depressor sticks to the inside of the cheek - even when not held by hand. The photographs document receding gum tissues as well as objectively-disclosed bacterial biofilm deposits on Mr. Androsov's teeth and around his gum tissues.

REVIEW OF RECORDS

Of the medical records provided for review, only the material immediately following was sufficiently significant to be quoted/paraphrased. The remainder of the material reviewed was either irrelevant to the decisions required today, or was redundant to the information presented in this section.

Primary Treating Physician's Initial Evaluation Report from Koruon Daldalyan, MD dated March 22, 2023

- The patient has been examined by Dr. Gofnung.
- The patient was diagnosed with hypertension (2019) and hyperlipidemia (2022).
- The patient reports complaints of headaches, jaw pain, and jaw clenching.
- Subjective complaints included headaches, jaw pain, and jaw clenching.

- Objective findings included bilateral TMJ tenderness.
- Diagnoses included
 1. TMJ syndrome
 2. Bruxism
 3. Tension headaches

DIAGNOSIS OF INDUSTRIAL RELATED CONDITIONS

After a review of Mr. Androsov's history, clinical examination, and a review of medical records, the diagnoses are:

F45.8	Aggravated Bruxism / Clenching and Grinding of the Teeth and Bracing of the Facial Muscles of Mastication
M79.1	Myalgia of the Facial Muscles of Mastication
G50.0	Trigeminal Nerve Pain / Central Sensitization
M65.80	Capsulitis; Inflammation of the Right and Left Temporomandibular Joints
K05.6	Aggravated Inflammation of the Gums
R19.6	Halitosis

DISCUSSION

Upon examination, I found Mr. Androsov presents with objective clinical findings of bruxism where Mr. Androsov is clenching and bracing his facial musculature. The objective findings were teeth indentations/scalloping on the lateral borders of the tongue bilaterally as well as bite mark lines on the insides of the cheeks. Mr. Androsov also presents with wear of the surfaces of his teeth. Mr. Androsov also presents with abfraction on the surface of his tooth. Upon examination, his facial muscles of mastication, which are involved in bruxism, were found to be painful upon palpation and I objectively palpated taut bands within his facial muscles of mastication.

Mr. Androsov may not have been aware that he had prior episodes of bruxism which can be due to obstructions of the airway during sleep or due to a prior non-industrial habit of bruxism due to extra-pyramidal occurrences in the brain. These preexisting episodes of bruxism can be present and not necessarily cause any facial pain, headaches, or TMJ area pain.

However, it is with reasonable medical probability that the industrial exposure which caused Mr. Androsov to have resultant orthopedic pain would have aggravated any preexisting bruxism. The scientific literature has documented that a person can have bruxism in response to pain. Mr. Androsov reports he finds he is clenching his teeth and bracing his facial musculature in response to his orthopedic pain.

"Patients who experience deep pain input seem to find themselves clenching more."

Management of Temporomandibular Disorders and Occlusion. Okeson, JP. Elsevier Publishing Co. 2013, page 305.

"Many patients will increase their level of tooth clenching and grinding when they experience emotional stress, psychological imbalance or pain."

http://www.aaop.org/content.aspx?page_id=22&club_id=508439&module_id=108085

American Dental Association's Specialty Board of Orofacial Pain --American Academy of Orofacial Pain

"According to Seraidarian et al., pain state, mainly chronic, has been described by the literature as a factor associated with bruxism. The results of this present study corroborate this finding because we verified a statistically significant correlation between sleep bruxism and chronic pain ($p < 0.001$). It is noteworthy to mention that 52% of the patients with sleep bruxism exhibited chronic pain."

Evaluation of correlation among sleep bruxism and depression levels, chronic pain and nonspecific physical symptoms according to axis II of the Research Diagnostic Criteria/Temporomandibular Disorders. RSBO. 2014 Oct-Dec;11(4):352-9 Dias et al.

The scientific literature has documented that pain can cause psychological distress. The scientific literature has also documented that persistent pain is extremely distressing and psychological problems may become evident if the pain lasts for a continuous period of time.

Feuerstein M, Huang GD, Pransky G. Work style and work-related upper extremity disorders. In: Gatchel RJ, Turk DC, editors. Psychosocial factors in pain. New York: Guilford; 1999. p. 175-92.

Gatchel RJ. Psychological disorders and chronic pain: Cause and effect relationships. In: Gatchel RJ, Turk D, editors.

Psychological approaches to pain management: A practitioner's handbook. New York: Guilford; 1996. p. 33-52.

Mr. Androsov states his resultant facial and jaw pain have caused increased stress and anxiety.

It is with reasonable medical probability that the industrial exposure which caused Mr. Androsov to have resultant stress would have aggravated any preexisting bruxism. The scientific literature has documented that a person can have bruxism in response to stress. Mr. Androsov reports he finds he is clenching his teeth and bracing his facial musculature in response to his stress.

"It's called bruxism, and often it happens as we sleep, caused not just by stress and anxiety..."

Position paper of the American Dental Association
<http://www.ada.org/public/topics/grinding.asp>

"A major cause of Bruxism is stress."

Position paper of the California Dental Association
http://www.cda.org/popup/Grinding_of_Teeth

"Therefore, chronic psychological stress may contribute to symptoms of TMJ diseases by a variety of mechanisms. These may include an increased occurrence of parafunctional habits such as clenching and bruxism that intensify or sustain joint loading."

Temporomandibular Disorders, an Evidence-Based Approach to Diagnosis and Treatment, Laskin DM, Greene CS, Hylander WL. Quintessence Publishing Co. page 117

"Many patients will increase their level of tooth clenching and grinding when they experience emotional stress, psychological imbalance or pain."

http://www.aaop.org/content.aspx?page_id=22&club_id=508439&module_id=108085

American Dental Association's Specialty Board of Orofacial Pain --American Academy of Orofacial Pain

As discussed above, the scientific literature has documented that a person can have bruxism of clenching and bracing of the facial muscles of mastication in response to pain as well as in response to stress.

Therefore, it is with reasonable medical probability that Mr. Androsov's bruxism was aggravated on an industrial basis.

Upon examination, I found Mr. Androsov has Myalgia of his facial muscles of mastication where palpation of the musculature evoked subjective tenderness and there were objective palpable taut bands within the musculature. A sEMG, which is approved by the American Dental Association to be used as an aid in the diagnosis of Orofacial Disorders, revealed elevated muscular activity with incoordination and aberrant function of the facial musculature.

Upon examination, I found Mr. Androsov has Capsulitis of his right and left temporomandibular joints where palpation of the lateral poles of the condyles and through the external auditory meatus evoked tenderness which denotes edema and inflammation of the joints.

Upon oral examination, I found Mr. Androsov's periodontal health reveals recession of the gum tissues, which are objective findings of Mr. Androsov having inflammation of the gums.

Even if Mr. Androsov had prior inflammation of the gums due to prior gastric reflux and dental neglect, there are numerous industrial related factors that, with reasonable medical probability, at the very least, would be contributing to, aggravating, accelerating and/or lighting up any prior inflammation of the gums.

As discussed above, Mr. Androsov states he has industrial related injuries to his shoulders, arms, and wrists. Proper oral hygiene of brushing and flossing of the teeth and gums requires fine hand manipulation and manual dexterity using both hands raised up to the mouth. Given Mr. Androsov's industrial injuries, coupled with his indication that he experiences difficulty brushing and flossing his teeth due to facial pain, it is with reasonable medical probability that Mr. Androsov is not performing proper and adequate oral hygiene. Therefore, with reasonable medical probability, the inflammation of Mr. Androsov's gums has been contributed to by the industrial injury.

Evaluation of Mr. Androsov's saliva reveals objective evidence of qualitative changes of the saliva where a tongue depressor sticks to the inside of his cheeks. Mr. Androsov is taking the medication of **Ibuprofen** which is documented to have the major adverse and key side effect of causing qualitative changes of the saliva. Stress also causes qualitative changes of the saliva. These qualitative changes of the saliva have been documented in the scientific literature to contribute to dental decay and inflammation of the gums. (Position Paper of the American Dental Association's Council of Scientific Affairs. *Journal of the American Dental Association, Vol. 134, May 2003*)

The scientific literature has also documented that inflammation of the gums can be aggravated by stress, increased production of salivary amylase caused by stress and pain, gastric reflux, a loss of sleep, and the body's increased production of cortisol due to pain. The scientific literature has also documented that bruxism aggravates inflammation of the gums.

Mr. Androsov is suffering from Halitosis which is a perceived oral malodor whose intensity is beyond a socially acceptable level. Halitosis can be measured or, in some cases, is a "Pseudohalitosis" which is defined as a self perception of an obvious malodor that is not perceived by others, although the patient stubbornly complains of its existence.

Oral production of malodorous substances is most commonly associated with the by-products of oral bacterial metabolic degradation. These products result from the oral bacteria fermentation of proteins, peptides and mucins. The most malodorous compounds are volatile sulfur compounds, among which are hydrogen sulfide, methyl mercaptan, and dimethyl sulfide.

With reasonable medical probability, oral malodor has been caused or contributed to by Mr. Androsov's inability to perform proper and adequate oral hygiene procedures of brushing and flossing of his teeth and gums due to his industrial related upper extremity injuries.

The science has documented that Halitosis can also be caused by numerous other industrial related factors:

- Oral malodor can be caused or contributed by inflammation of the gums.

- Oral malodor can be caused or contributed by the side effect of medications.
- Oral malodor can be caused or contributed by qualitative changes of saliva caused as a side effect of medications or by the anti-cholinergic side effect of stress.
- Oral malodor can be caused or contributed by increased levels of cortisol produced by the body in response to pain and/or stress.
- Oral malodor can be caused or contributed by gastric reflux, where stomach acids enter the oral environment.

Therefore, there are numerous industrial related factors which, with reasonable medical probability, contributed to the Mr. Androsov's Halitosis.

DIFFERENTIAL DIAGNOSIS

An examining doctor's opinion for causation must be based on a reliable differential diagnosis formed after taking a history, physical examination, diagnostic tests and, if available, a review of prior medical records. I have considered this for Mr. Androsov.

The reader must remember: **Treatment is not apportioned!**

TEMPORAL CONNECTION BETWEEN INDUSTRIAL EXPOSURE AND THE SUBSEQUENT INJURIES IN MY AREA OF EXPERTISE

In my discussion section above, I discussed how, with reasonable medical probability, the industrial exposure and its resultant orthopedic pain and emotional stressors have developed consequential and derivative injuries for Mr. Androsov in the area of dentistry.

Even if Mr. Androsov had these dental problems prior to the industrial exposure, it is with reasonable medical probability that his dental problems were contributed to and aggravated on an industrial basis.

While I understand that one of the arguments a person may bring up is latency of when these dental problems started to occur, one has to understand that latency is individual and depends on the intensity of exposure and predilection of the individual.

CONCLUSION

Based on the methodology used by dental physicians in the field of Dentistry, I have:
1) Shown data to support generic causation; 2) Ruled out other well-accepted risk factors in the patient; and 3) Shown a clear temporal relationship between the industrial exposure and trauma, resultant emotional stressors, side effect of the **Ibuprofen** medication taken on an industrial basis, and the diagnoses presented regarding Mr. Androsov.

Based on the available data, the history provided to me by Mr. Androsov, my objective findings, the scientific literature, and my expertise in the field, it is my opinion that, with reasonable medical probability, Mr. Androsov's presenting complaints and clinical symptoms in my area of expertise were caused or aggravated on an industrial basis.

TREATMENT PLAN

Please Note: I researched the ACOEM guidelines, the MTUS guidelines, and the ODG guidelines, where, to the best of my knowledge, none of these guidelines discuss the treatment of inflammation of the gums, treatment with an Orofacial Pain Occlusal Orthotic Device, or treatment with a Nocturnal Orthopedic Repositioning Device for nighttime bruxism.

Section 4604.5(d) of the Labor Code states: *"for all injuries not covered by the official utilization schedule adopted pursuant to Section 5307.27, authorized treatment shall be in accordance with other evidence-based medical treatment guidelines that are recognized generally by the national medical community and scientifically based."*

The dental specialty of Orofacial Pain has been established by the American Dental Association, and its specialty association has published standard of care guidelines for the assessment, diagnosis, and management of Orofacial Pain in the following text:

Orofacial Pain Guidelines for Assessment, Diagnosis, and Management, Sixth Edition.
Leeuw, Reny de, editor. | Klasser, Gary D., editor. American Academy of Orofacial Pain. 2018 Quintessence Publishing Co, Inc.

On page 170 it states:

"Conservative (ie. reversible), noninvasive treatment such as self-management instructions, behavioral modification, physical therapy, medications, and orthopedic appliances are endorsed for the initial care of nearly all TMDs."

Greene CS. Managing the care of patients with temporomandibular disorders: A new guideline for care. J Am Dent Assoc 2010; 141:1086–1088

On page 181 of the Sixth Edition of the *Orofacial Pain Guidelines for Assessment, Diagnosis, and Management* published by the American Academy of Orofacial Pain, it states:

"Orthopedic appliances, including interocclusal splints, orthotics, orthoses, bite guards, bite planes, night guards, or bruxism appliances, are routinely used in the treatment of TMDs. Based on current theory, removable acrylic resin appliances that cover the teeth have traditionally been used to alter occlusal relationships and to redistribute occlusal forces, to prevent wear and mobility of the teeth, to reduce bruxism and parafunction, to treat masticatory muscle pain and dysfunction, to treat painful TMJs, and to alter structural relationships in the TMJ."

Treatment Plan for Mr. Androsov

Orofacial Pain Occlusal Orthotic Device for **Daytime Use**

The primary purpose of the Orofacial Pain Occlusal Orthotic Device is to relieve facial muscle, ligament, and nerve impingement. This appliance serves to maintain the stomatognathic musculature at their proper resting length, from origin to insertion, thus decreasing pain and improving function. The appliance also decreases the inter-capsular joint pressure placed upon the TMJ from clenching and bracing of the facial musculature. The appliance also protects wearing down and fracture of the teeth from the extreme pressures placed on the teeth from bruxism. This appliance is fabricated and customized in our in-house dental laboratory with a multiple-day process inclusive of in-person adjustments as necessary.

Nocturnal Orthopedic Repositioning Device for **Nighttime Use**

I must treat Mr. Androsov with a daytime Occlusal Orthotic Device for his bruxism and resultant facial pain and/or TMJ Disorder. However, the scientific literature has documented that if a person such as Mr. Androsov wears a regular daytime Occlusal Orthotic Device during sleep, this may cause or increase any underlying obstructions of the airway that may be present which can be dangerous and life threatening.

*"Traditionally, dentists treat bruxism with an oral appliance, generically called a night guard appliance. However, it has been documented that when a regular bruxism night guard appliance is given to a patient to wear during sleep, this appliance can exacerbate nighttime obstructions of the airway. Therefore, the standard of care is that a patient cannot use a daytime bruxism oral appliance while sleeping, day or night. Rather, patients must use an oral sleep appliance such as a mandibular advancement or tongue-retaining appliance during sleep. The oral sleep appliance serves to not only protect from the ill effects of bruxism, but also to bring the mandible and tongue forward, thereby, promoting opening of the airway." **Journal of the California Dental Association**, August 2016. Volume 44. No. 8 page 510*

Therefore, the standard of care in dentistry is to also fabricate a separate highly specialized and unique Nocturnal Orthopedic Repositioning Device that not only treats bruxism that occurs during the night, but also prevents and/or manages any underlying obstructions of the airway that are present (*Journal of the California Dental Association*, August 2016. Volume 44. No. 8 Page 510). This appliance is fabricated and customized in our in-house dental laboratory and is adjusted in person, as needed, over multiple weeks.

The reader must understand that the Nocturnal Orthopedic Repositioning Device cannot be used during the daytime because of the inability to speak and function while it is in the mouth.

Therefore, Mr. Androsov requires an oral appliance for daytime use as well as a separate oral sleep appliance for nighttime use.

Treatments for **Inflammation of the Gums**

Dental treatment of Scaling of the teeth and gums with fluoride and Saliva Substitutes due to industrially-aggravated inflammation of the gums.

The standard of care of the American Dental Association requires periodontal maintenance to be performed at least every 3 months.

Craniofacial Exercises
Physical Medicine Modalities as needed
Full mouth series radiographs
Panorex

Radiological Referral for Functional MRI (fMRI) of the Thalamus and Brain. An RFA requesting this fMRI will be submitted along with this report. (The benefits of which are discussed in the Chronic Pain Medical Treatment Guidelines, 8 C.C.R. 9792.20-9792.26, Pg. 48 of 127)

Internal / Occupational Medicine Consultation and Monitoring

Bacteria and inflammatory processes from inflammation of the gums readily enter the bloodstream and have been implicated in an increased risk of heart problems, high blood pressure, high cholesterol, stroke, arthritic conditions, kidney disease, and diabetes, as well as a significantly increased risk for the development of cancer throughout the body.

Therefore, Mr. Androsov will require monitoring throughout his lifetime with treatment as necessary on an industrial basis. I recommend that he continue to see Dr. Daldalyan fro this issue.

Pulmonologist Evaluation

I recommend Mr. Androsov be referred to an Internal Medicine physician specializing in Pulmonology and/or Sleep Medicine in order to assess his sleep condition and to also determine whether he would benefit from undergoing Polysomnographic Studies to prove/disprove AOE/COE, for diagnosis purposes, to determine any impairments or apportionment (if necessary), and to recommend treatment (as necessary) on an industrial related basis.

Psychiatric/Psychological Examination and Treatment

To address Mr. Androsov's complaints of emotional stressors.

Duration of Treatment Frequency of Treatment

3 months
1 time per month

Estimated date of completion of treatment: August 23, 2023

Disability Status in My Area of Expertise

Mr. Androsov is Temporarily Partially Disabled.

Mr. Androsov has not been discharged.

The condition is not Permanent and Stationary.

Preclusions/Work Restrictions in my Area of Expertise

Since Mr. Androsov suffers from Myalgia of the facial musculature, activities should be prophylactically restricted so as not to aggravate his musculature. The work restrictions are designed to avoid or prevent undue pain, avoid causing an increase in symptoms that would lead to a longer period of temporary disability, avoid causing increased permanent disability, and prevent exacerbation that would increase the need for medical care.

These activities include:

- Avoidance of a cold environment which will cause increased myalgia and Trigeminal Nerve Pain
- Avoidance of cradling a phone by bending the head to the side
- Avoidance of extensive talking of 15 minutes straight, without a 10 minute rest
- Avoidance of improper posture due to a non-ergonomically designed environment

Since Mr. Androsov is clenching and grinding his teeth and bracing his facial musculature, restrictions involving emotional stress must be given consideration. These restrictions contemplate Mr. Androsov avoiding undue emotional stress and strain.

Thank you for your confidence in our office.

If I can be of any further assistance, or if you have any questions, please contact our office.

PLEASE NOTE: Labor Code 5402 (b)(c), requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. As of 6/01/04, Labor Code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the defendant please provide immediate payment.

I request that the claims adjuster please provide copies of all medical records, personnel records, investigative reports or any other relevant discovery materials. These data are essential to evaluating complex matters of causation and apportionment. It would also be appreciated if the claims adjuster would provide notification of any scheduled dental Agreed Medical Examinations, defense dental QME examinations or panel dental QME examinations, and/or any reluctance to make reimbursement for a comprehensive permanent and stationary evaluation from this office. I request that the adjuster please advise this office if the applicant is not an employee, was the initial aggressor, did not timely report the injury, filed a fraudulent claim or was otherwise not legally eligible for benefits. I request that the adjuster please also submit any information relevant to any important upcoming court dates, in particular any expedited hearings or Mandatory Settlement Conferences; and please provide notification of any dentist's depositions.

If there are any valid objections such that there would not be authorization for the requested treatment at this office, I request that the adjuster please report the basis for such denial within seven days.

DISCLOSURE NOTICE

In accordance with Labor Code Section 4628, I solely performed the interview with Mr. Androsov. I solely performed the physical examination and I solely took the patient's history of injury and medical history. I performed the examination in its entirety at my office. I reviewed the medical records as required and I personally signed this report.

To the best of my knowledge, the evaluation and the time performing it were in accordance with the guidelines of the Industrial Medical Council of Administrative Director to the extent that those guidelines exist.

I did not bill for any other medical-legal evaluations or diagnostic procedures or diagnostic services performed by independent contractors.

"The undersigned declares under penalty of perjury that to the best of my knowledge I am not in violation of L.C. 5703 or L.C. 139.3. 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 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."

David Schames DDS

David Schames, DDS
CA Lic. #62773

Clinical Instructor: White Memorial Craniofacial Pain TMJ Clinic

Executed at: Hawthorne, CA

Date: 6/29/2023

Address: 12243 S. Hawthorne Blvd., Hawthorne, CA 90250

Telephone: (310) 644-6456

Fax: (310) 644-5963

PROOF OF SERVICE BY MAIL - 1013a 2015,5 C.C.P.

RE: Ivan Androsov , 1300 Larrabee St Apt 2 , West Hollywood, CA 90069 WCAB#: Adj17289751

I am employed in the County of Los Angeles, State of California; I am over the age of eighteen years and I am not a party to the within action; my business address is: 12243 Hawthorne Blvd., Hawthorne, California, 90250.

On June 30, 2023 I served the following:

- (X) Initial Consultation Report Dated 06/22/2023
- (X) ADA Dental Claim Forms and Summary Bill Dated 06/29/2023

On the interested parties in this action by placing the true copy thereof, enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Hawthorne, California, addresses as follows:

APPLICANT ATTORNEY: Workers Defenders Law Group, 751 S Weir Canyon Rd Ste 157-4, Anaheim, Ca 92808

INSURANCE CARRIER: Sedgwick Cms Lexington, PO BOX 14522, Lexington, KY 40512

NOTICE TO THE CARRIER: If your defense attorney is not listed above, please consider this our request that you provide us with the name, address, and phone number of your defense counsel immediately.

I certify (or declare,) under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed on 06/30/2023 at Hawthorne, California

Signature of Declarant



Full Name of Declarant: Stephanie Mosqueda

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): Androsov Ivan
 Date of Injury (MM/DD/YYYY): 01/14/2022-01/03/2023 Date of Birth (MM/DD/YYYY): 04/25/1981
 Claim Number: Employer: Macys Inc DBA Bloomingdales

Requesting Physician Information

Name: David Schames, D.D.S.
 Practice Name: The Dental Trauma Center Contact Name:
 Address: 12243 South Hawthorne Blvd City: Hawthorne State: CA
 Zip Code: 90250 Phone: 310-644-6456 Fax Number: 310-644-5963
 Specialty: Dentistry NPI Number: 1134551690

E-mail Address:

Claims Administrator Information

Company Name: Sedgwick CMS Contact Name:
 Address: PO BOX 14522 City: Lexington State: KY
 Zip Code: 40512 Phone: Fax Number:

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Emotional Stressors in Response to Pain Causing and/or Contributing to Bruxism and Resultant Facial Pain/ Headaches, and TMJ Disorder	F45.42	Referral for Psychological/ Psychiatric Consultation and Treatment, as necessary		The Patient requires a Psych Consultation and Treatment, as necessary, in regards to patient's complaints of emotional stressors

Requesting Physician Signature: *David Schames DDS* Date: 6/30/23

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:

Comments:

PROOF OF SERVICE BY MAIL - 1013a 2015,5 C.C.P.

RE: Ivan Androsov , 1300 Larrabee St Apt 2, , West Hollywood, CA 90069 WCAB#: Adj17289751

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INSURANCE CARRIER: Sedgwick Cms Lexington, PO BOX 14522, Lexington, KY 40512

I certify (or declare,) under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed on 06/30/2023 at Hawthorne, California

Signature of Declarant: _____

Full Name of Declarant: Stephanie Mosqueda

State of California, Division of Workers' Compensation

**REQUEST FOR
AUTHORIZATION**

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Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request	<input type="checkbox"/> Resubmission – Change in Material Facts
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health	
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.	

Employee Information

Name (Last, First, Middle): Androsov Ivan	
Date of Injury (MM/DD/YYYY): 01/14/2022-01/03/2023	Date of Birth (MM/DD/YYYY): 04/25/1981
Claim Number:	Employer: Macys Inc DBA Bloomingdales

Requesting Physician Information

Name: David Schames, D.D.S.	
Practice Name: The Dental Trauma Center	Contact Name:
Address: 12243 South Hawthorne Blvd	City: Hawthorne State: CA
Zip Code: 90250 Phone: 310-644-6456	Fax Number: 310-644-5963
Specialty: Dentistry	NPI Number: 1134551690
E-mail Address:	

Claims Administrator Information

Company Name: Sedgwick CMS	Contact Name:
Address: PO BOX 14522	City: Lexington State: KY
Zip Code: 40512 Phone:	Fax Number:

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Internal Medicine Consultation and treatment, as necessary, due to aggravated periodontal disease which has health implications on the overall health of patient	Z00	Referral to Internist for Consultation and Treatment, as necessary		

Requesting Physician Signature: <i>David Schames DDS</i>	Date: <i>4/30/23</i>
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Claims Administrator/Utilization Review Organization (URO) Response

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied or Modified (See separate decision letter)	<input type="checkbox"/> Delay (See separate notification of delay)
<input type="checkbox"/> Requested treatment has been previously denied		
<input type="checkbox"/> Liability for treatment is disputed (See separate letter)		

Authorization Number (if assigned):	Date:
Authorized Agent Name:	Signature:
Phone:	Fax Number:
E-mail Address:	
Comments:	

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I certify (or declare,) under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed on 06/30/2023 at Hawthorne, California

Signature of Declarant: _____

Full Name of Declarant: Stephanie Mosqueda

State of California, Division of Workers' Compensation

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Employee Information

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 Zip Code: 90250 Phone: 310-644-6456 Fax Number: 310-644-5963
 Specialty: Dentistry NPI Number: 1134551690

E-mail Address:

Claims Administrator Information

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Facial Myofascial Pain	M79.1	Treatment of a Orofacial Pain Occlusal Orthotic	D8210	To be replaced or relined as needed due to normal wear and tear

Requesting Physician Signature: *David Schames DDS* Date: 01/30/23

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
 Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned): Date:
 Authorized Agent Name: Signature:
 Phone: Fax Number: E-mail Address:
 Comments:

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Executed on 06/30/2023 at Hawthorne, California

Signature of Declarant: _____

Full Name of Declarant: Stephanie Mosqueda

**State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

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Zip Code: 90250 Phone: 310-644-6456	Fax Number: 310-644-5963
Specialty: Dentistry	NPI Number: 1134551690

E-mail Address:

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Aggravated Inflammation of the Gums	K05.6	Periodontal Scaling (4 Quadrants), every three months for one year, followed by reassessment	D4341 (for each of the 4 quadrants)	Full Mouth Periodontal Scaling to be performed on All 4 Quadrants, every three (3) months
				<small>Position paper of the American Dental Association's Specialty Board, the American Academy of Periodontology: J Periodontol 2003;74:1395-1401.</small>

Requesting Physician Signature: <i>David Schames DDS</i>	Date: 6/30/23
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Claims Administrator/Utilization Review Organization (URO) Response

<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay)	
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)	
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Full Name of Declarant: Stephanie Mosqueda

State of California, Division of Workers' Compensation

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E-mail Address:

Claims Administrator Information

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Obstructions of the Airway During Sleep (Which Causes Bruxism with Resultant Facial Pain)	G47.36 (F45.8 which causes resultant M79.1)	Treatment of a Nocturnal Orthopedic Repositioning Device	E0486	To be replaced or refined as needed due to normal wear and tear, and/or due to it being lost

Requesting Physician Signature: *David Schames DDS* Date: 4/30/23

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay)
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Authorization Number (if assigned): Date:
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Signature of Declarant: _____

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