

Babak Kamkar, OD

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April 28, 2021

Subsequent Injuries Benefits Trust Fund
SIBTF Sacramento
1750 Howe Avenue, Suite 370
Sacramento, CA 95825-3367

Natalia Foley, Esq.
Workers Defenders Law Group
8018 E Santa Ana Canyon, Suite 100-215
Anaheim Hills, CA 92808

RE: WILLIAMS, KEVIN
Social Security: XXX-XX-5680
DOB: 02/17/1964
Date of Injury: 11/13/2019
CT10/10/18 - 03/15/19
CT09/09/18 - 03/20/19
SIF Claim #: SIF12524618
WCAB Case No.: ADJ12524618
ADJ12524635
ADJ12743430

COMPREHENSIVE MEDICAL-LEGAL EVALUATION **SUBSEQUENT INJURY BENEFITS TRUST FUND**

To Whom It May Concern:

As requested, Mr. Kevin Williams, was evaluated at my Glendale office, at 1104 East Colorado Street, Glendale, California 91205 for a Subsequent Injuries Benefits Trust Fund Ophthalmological Evaluation on April 28, 2021.

I have received a cover letter dated April 16, 2021, from Natalia Foley, Esq., requesting a medical-legal report regarding the Ophthalmic aspects of Mr. Williams' case. The letter requests a report covering causation of complaints, apportionment, permanent disability, labor disablement, and any additive factors to the industrial injuries with the ending date 11/13/2019, related to my specialty.

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I had the opportunity to perform an evaluation for Mr. Kevin Williams in my Glendale office on April 28, 2021. The appointment began at 3:00 p.m. and concluded at 5:30 p.m. Diagnostic tests performed in my office included retinal photography and visual fields. Arrowhead Evaluation Services, located in Redlands, CA, helped facilitate this evaluation. This report will focus on the ocular and visual condition of the examinee.

Per the Official Medical-Legal Fee Schedule effective April 1, 2021, this evaluation qualifies for billing as ML-201, Comprehensive Medical Legal Evaluation.

Moreover, the evaluation qualifies for medical record review, MLPRR, a total of 606 pages of medical records were reviewed, resulting an additional 406 pages, as part of the comprehensive evaluation. The evaluation included a detailed history taking 45 minutes in time, involving multiple body parts, comprehensive dilated eye examination including evaluation of visual fields, panoramic fundus photography, extensive medical records review, and the preparation and editing of the report. Causation and apportionment are discussed. The medical records were accompanied by an attestation from Natalia Foley, Esq. I Babak Kamkar, OD, QME, verify under penalty of perjury, that I personally reviewed 606 pages of records received from the parties involved in this matter.

The appointment began with the explanation that the purpose of the visit was solely to evaluate and report on his case. He understood this purpose and had no questions. The following report contains my professional opinion and conclusions concerning this case.

PRE-EXISTING DISABILITY AND INDUSTRIAL DISABILITY

Mr. Williams had ocular complaints of painful irritated eyes, glare with lights, sun sensitivity, and blurry vision.

He stated that his eyes are very irritated and he constantly experiences dryness and redness in his eyes. He had noticed his ocular irritations since 2018, and thought over time, the exposure to the chemicals for cleaning when he was working at Walmart could have contributed to his red and painful eyes.

Mr. Williams reported experiencing debilitating glare with lights at night which has made him avoid driving at night for more than 7 years.

He reported being greatly bothered by light and sun. He has been experiencing sun sensitivity for more than 7 years. He stated that he constantly uses sunglasses outdoors. He also stated that when exposed to sun, he experiences burning in his eyes.

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Mr. Williams reported blurry vision. He started wearing glasses since the age of 50. The glasses were prescribed for near-sighted vision problems. He stated that he experiences blurry vision without glasses.

HISTORY OF INJURY

Mr. Williams was placed in different assignment while working in Walmart. He had to hold heavy boxes and heavy barrels with chemicals. Reportedly, on November 13, 2019 (he did not recall the exact day of the injury) he was assigned to grab heavy objects from his right side and move them to his left and put them on the floor. While holding these heavy objects, he experienced a sudden back pain. He reported this accident and was referred to the company clinic. He was prescribed medication, was given a back brace, and was referred to physical therapy for three times a week. He continued experiencing back pain and returned to work with lighter duties. He was terminated in April 2019 after working for a couple of months with light duties. He stated that he has been continuing to experience back pain.

HISTORY OF OTHER INJURIES

Mr. Williams did not report any other injuries.

JOB HISTORY AND DESCRIPTION

He reported he had a temporary position at QVC in Ontario, California, from December 2019 to February 2020.

From August 2015 to April 2019, he worked for Walmart with the position of rec team.

From July 2014 to August 2015, he worked for FedEx as a parcel sorter.

From September 2008 to July 2009, he worked for Menlo Worldwide as a lead.

From April 2007 to September 2009, he worked for Coastal Pacific as a picker.

From June 2002 to January 2003, he worked for UPS as a lead.

From May 1985 to September 1998, he worked for Vons Grocery as an order picker.

Prior to that he studied at Wilmington University, and received an AA degree.

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MEDICAL HISTORY

Mr. Williams reported a history of intestinal obstruction which required surgical intervention in 2018.

He reported right nephrectomy when he was 6-year-old, due to nonfunctioning.

Mr. Williams was diagnosed with hypercholesterolemia and has been taking medications to control it for 3 years.

He did not report any history of hypertension or diabetes.

FAMILY HISTORY

Mr. Williams did not report family history of any medical condition in their family.

SOCIAL HISTORY

Mr. Williams is currently married and has a daughter from his first marriage. He does not smoke or use recreational drugs but stated that he likes to drink 2 beers every night.

ALLERGIES

He did not report any allergies to medication.

RECORD REVIEW

Please see the section at the end of this report.

PRESENT MEDICATIONS

Mr. Williams is taking medication for hypercholesterolemia, but he did not recall its name.

ALLERGIES

Mr. Williams has no known allergies to medications.

PHYSICAL EXAMINATION

Examination revealed a 6-foot tall male, who appeared his stated age of 57. He was oriented to time, place, and person.

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Uncorrected Vision Far (20 feet):

Rt Eye	20/150
Lt. Eye	20/150
Both eyes	20/100

Uncorrected Vision Near (16 inches):

Rt Eye	RS 30
Lt Eye	RS 30
Both eyes	RS 30

Corrected vision: Mr. Williams had brought in a pair of glasses with bifocal lenses prescribed in July 2020. The powers were neutralized as follows:

OD -1.50 Sph
OS -1.50 Sph
ADD +2.00 OU

Visual acuity at far with these glasses:

Rt Eye	20/30
Lt. Eye	20/30
Both eyes	20/25

Visual acuity with these glasses at near (16 inches):

Rt Eye	RS 25
Lt Eye	RS 25
Both eyes	RS 20

Cover-uncover test showed no tropia.

Extraocular muscles were smooth and unrestricted.

Confrontation fields were full in all directions.

Near point of convergence was 18 cm.

Refractive findings were as follows:

OD -1.50 -0.50 x 160 20/25
OS -1.50 -0.50x 020 20/25
OU 20/20
Near add +2.00 OU

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External exam: Eyelids were positioned at normal positions in primary gaze. The tear breakup time was reduced to about 6 seconds in each eye.

By slit lamp biomicroscopy, conjunctiva was clear in both eyes. The cornea showed 2+ inferior superficial punctate keratitis in both eyes. The irides were flat and brown color in both eyes. The crystalline lens was clear without cataract in both eyes. The anterior chamber was deep and quiet in both eyes. The angles were open in both eyes.

He was extremely sensitive to bright lights during the examination.

Pupils in both eyes were 5 mm in dim lighting and 2 mm in bright lighting with brisk direct and consensual reflexes. Using the APD Tester™ device, there was no afferent pupillary defect.

Intraocular pressures (IOP) were measured by Goldmann Applanation Tonometry. Right eye measured as 12 mmHg and the left eye measured as 12 mmHg at 3:55 p.m.

The patient was dilated with standard dilating drops of 1% tropicamide and 2.5% phenylephrine in both eyes. Fundus exam was performed through dilated pupils.

The vitreous humor was clear in both eyes.

There was normal retinal vasculature without crossing defects in both eyes. There were no retinal hemorrhages, exudates, or cotton-wool spots in either eye.

The macula of both eyes appeared homogenous and avascular. The optic nerves appeared with sharp borders. The cup-to-disc ratios were estimated as 0.4 in the right eye and 0.5 in the left eye. No retinal tears or holes were detected in the peripheral retina of both eyes.

DIAGNOSTIC STUDIES:

The following are Diagnostic Studies performed as part of this evaluation.

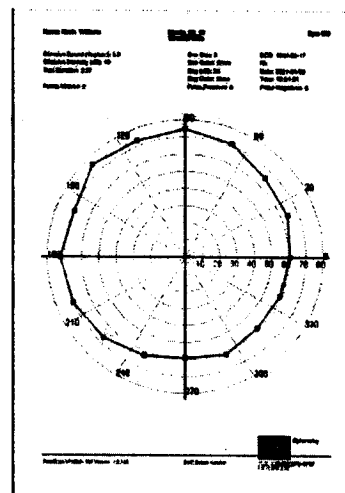
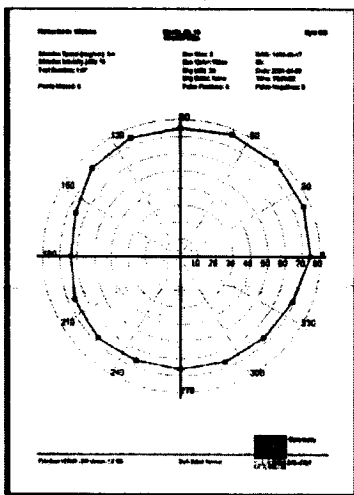
1. Fundus Photography, CPT Code: 92250
Associated ICD-10 code: H53.71
 - Fundus photography was performed by Optos instrument. This technology allows detailed panoramic 200-degree views of the retina. Wide field red-green and auto-fluorescent images of the right retina were obtained. The images were interpreted as normal for both eyes.

2. Visual Fields, CPT code: 92082
Associated ICD-10 code: H53.1

- Visual Field Study was performed using a kinetic strategy from non-seeing to seeing along 16 meridians for the right eye. This method is used to quantify defects in the visual fields in accordance with the disability rating system of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. Various threshold static visual fields strategies are generally used for ocular disease evaluations and monitoring; however, they do not correspond as well as suprathreshold kinetic strategy for disability rating purposes. The results are plotted in the figures below. The kinetic visual field plots for Mr. Williams were interpreted as full in both eyes. The reliability for both eyes was excellent.

Figure 1 Left Eye Kinetic Visual Field

Figure 2 Right Eye Kinetic Visual Field



The impairment related to field restrictions in this case are considered in the Impairment section further in this report.

DIAGNOSES

1. Dry eye syndrome, pre-existing, ICD-10 code: H04.123
2. Subjective visual disturbances, pre-existing, ICD-10 code: H53.1
3. Glare sensitivity pre-existing, ICD-10 code: H53.71
4. Myopia, bilateral, natural, ICD-10 code: H52.13
5. Presbyopia, natural, ICD-10 code: H52.4

DISCUSSION

The focus of this evaluation and report is to identify any current ocular conditions, their likely causation and how they are labor-disabling, and those prior to the industrial injury, their causation and how they were labor-disabling. In addition, work preclusions also must be identified.

In my evaluation of Mr. Williams, I found that he has several subjective ocular and visual complaints that began prior to the subsequent industrial injury. I also found clinical signs that support his complaints. While several of his ocular diagnoses are labor-disabling, not every diagnosis is labor-disabling. For example, myopia and presbyopia are correctable with eyeglasses and are not considered labor-disabling.

A. Ocular irritations from dry eye syndrome

In my evaluation of Mr. Williams, I found that he has moderate to severe dry eye syndrome. He exhibited 2+ superficial punctate keratitis (SPK) in the inferior portion of his cornea in both eyes. SPK is an eye disorder characterized by the death of small groups of cells on the surface of the cornea. It may be caused by exposure to environmental elements, autoimmune conditions, side effect of medications, or anatomical anomalies. The eyes become irritated, watery, and sensitive to light, and vision may be affected.

Mr. Williams has had symptoms of painful ocular irritations at least since 2018 and believes exposure to chemicals at his work has probably increased his dry eye condition.

Dry eye syndrome is labor-disabling. It limits a person in working in front of a computer screen for extended periods, in dusty or windy environments, in jobs with differing humidity conditions such as kitchens or laundry facilities. There are many other examples where dry eye syndrome causes work preclusions. Work preclusions for this case is discussed further in this report.

The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, considers dry eye syndrome as bodily pain and allows up to a maximum of 3% disability rating. In this case, I believe, currently and **pre-existing** to the subsequent industrial injury there has been 2% disability from dry eye syndrome. This opinion is justified because of the level of the symptoms and ocular signs observed and my over 30 years of clinical experience.

B. Light and glare sensitivity

As stated, Mr. Williams also complains of visual disturbances. They include experiencing photophobia (light sensitivity) and glare sensitivity at night. He recalls having symptoms of light and glare sensitivity since he turned 50 years old, about 7 years ago. He received his first pair of prescription glasses at that age but continued to experience light and glare sensitivity. He uses sunglasses during the day and avoids driving at night.

Photophobia and glare sensitivity are labor disabling. The AMA Guides allows for individual adjustment for conditions such as photophobia and glare sensitivity. It allows up to the maximum of 15% for individual adjustment. Specifically, on page 297, it states:

“Although visual acuity loss and visual field loss represent

significant aspects of visual impairment, they are not the only factors that can lead to a loss of functional vision. This edition of the Guides does not provide detailed scales for other functions, such as: ...Glare sensitivity (veiling glare), delayed glare recovery, photophobia (light sensitivity), and reduced or delayed light and dark adaptation... Binocularity, stereopsis, suppression, and diplopia.

If significant factors remain that affect functional vision and that are not accounted for through visual acuity or visual field loss, a further adjustment of the impairment rating of the visual system may be in order. The need for the adjustment, however, must be well documented. The adjustment should be limited to an increase in the impairment rating of the visual system (reduction of the FVS) by, at most, 15 points.”

In the precedence case of Michele Tousley vs. Dept of Interior, State of Utah, the individual adjustment for glare and decrease in contrast sensitivity was determined as 15%. With the severity of her symptoms in mind, I see reasonable medical justification of allowing **10.0% pre-existing** individual adjustment for Mr. Williams. This opinion is based on the level of his symptoms, on my clinical experience of over 30 years, and the above-mentioned case.

C. Blurry vision

Mr. Williams had complaints of blurry vision since prior to his subsequent industrial injury. The examination showed myopia which was corrected to the visual acuity level of 20/25 in each eye and 20/20 binocularly. This mild reduction in visual acuity is likely related to the SPK of his corneas.

Reduced visual acuity is labor disabling. The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, has detailed instructions on calculating visual impairment. In the Guides, visual acuity of 20/25 is assigned a Visual Acuity Score (VAS) of 95 (Visual Acuity Impairment Rating of 5%), and visual acuity of 20/20 is assigned a Visual Acuity Score (VAS) of 100 (Visual Acuity Impairment Rating of 0%).

Using Table 12-3 of AMA Guides, on Page 284, the current Functional Acuity Score (FAS) is calculated as follows:

VASOU : $100 \times 3 = 300$
VASOD : $95 \times 1 = 95$

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VASOS : 95 x 1 = 95

ADD OU, OD, and OS = 490

Divide by 5 = 98 This is Functional Acuity Score (FAS)

Acuity related Impairment Rating is 2.0% (calculated as 100 – FAS).

There are no limitations in his peripheral vision. Kinetic visual field tests showed full peripheral vision in both eyes.

The AMA Guides, 5th Edition, has specific instructions on how to score the visual fields, starting on page 287. The guidelines dictate plotting the fields in 10 meridians, 2 in each upper quadrant and 3 in each lower quadrant. The following meridians were used to divide the 360-degree field: 25°, 65°, 115°, 155°, 195°, 225°, 255°, 285°, 315°, and 345°. The visual fields in this case are plotted and the missed points in each meridian are calculated as follows.

Right Eye

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10
315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for right eye (VFS_{OD}) is 100.

Left Eye

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10

315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for left eye (VFS_{OS}) is 100.

According to the 5th Edition of the AMA Guidelines, to calculate the visual field score for both eyes, an overlay grid is placed over the combination of the right and left visual fields. This grid contains points at the following radial locations: 1°, 3°, 5°, 7°, 9°, 15°, 25°, 35°, 45°, 55°, and 65°. Each meridian is then assessed to see if the point at that radial position is theoretically seen by the subject. The seeing locations are added together to find the visual field score for both eyes (VFS_{OU}).

25° Meridian → 10 points are seen = 10
65° Meridian → 10 points are seen = 10
115° Meridian → 10 points are seen = 10
155° Meridian → 10 points are seen = 10
195° Meridian → 10 points are seen = 10
225° Meridian → 10 points are seen = 10
255° Meridian → 10 points are seen = 10
285° Meridian → 10 points are seen = 10
315° Meridian → 10 points are seen = 10
345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for both eyes (VFS_{OU}) is 100.

Subsequently, FFS is calculated as follows:

VFS_{OU} : 100 x 3 = 300
VFS_{OD} : 100 x 1 = 100
VFS_{OS} : 100 x 1 = 100

ADD OU, OD, and OS = 500

Then divide by 5 = 100 This is Functional Field Score (FFS)

Field Related Impairment Rating for current time and pre-existing to the subsequent industrial injury is 0% (calculated as 100 – FFS).

With known FFS and FAS values the FVS is calculated as follows: $FVS = (FAS \times FFS) / 100$

FVS thus equals: $(98 \times 100) / 100 = 98.0 \%$ Functional Vision Score (FVS)

Therefore, the level of impairment rating based on the visual acuity loss and visual field loss is **2.0%**. The **pre-existing** level of impairment rating based on the visual acuity loss and visual field loss is likely also **2.0%**.

Having considered all aspects of the visual impairment in this case, we can combine them to achieve a total visual impairment rating. The current level of visual impairment in this case matches the level present prior to the industrial injury.

Current and Pre-existing ocular disability: 2.0% (dry eye) + 10.0% (photophobia and glare sensitivity) + 2.0% (visual acuity and visual fields impairment) = 14.0%.

Table 12-10, The Classification of Impairment of the Visual System (expanded) of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, is shown on page 298 of the Guides. With impairment rating of 14.0%, the table categorizes Claimant's visual impairment as Class 2, mild vision loss, in the range of 10 – 29%. From an ocular standpoint, Whole Person Impairment Rating (WPI), with an estimate of overall Activities of Daily Living ability loss, is also 14.0%.

This value is additive to all other impairments of the body since there is no overlap in the function of the eyes with respect to other body parts. The visual impairments in this case are labor disabling.

MAXIMUM MEDICAL IMPROVEMENT

From an ocular disability standpoint, it is my opinion that the examinee's current ocular condition has reached maximum medical improvement. The factors of pre-existing disability, namely dry eyes, photophobia, glare sensitivity, and reduced best-corrected visual acuity, were permanent and stationary prior to the date of subsequent industry injury in this case.

SUBJECTIVE FACTORS

Subjective factors of examinee's ocular conditions include ocular irritations, photophobia, glare sensitivity, and blurry vision.

OBJECTIVE FACTORS

Diagnostic objective findings in this case were:

- 1) Dry eye syndrome
- 2) Photophobia (Visual disturbances)
- 3) Reduced visual acuity

CAUSATION:

Natural causes, such as superficial punctate keratitis, have likely produced the ocular factors in this case.

APPORTIONMENT:

The industrial injury in this case did not cause any visual impairment. The level of pre-existing ocular impairment matches the current level. There is no apportionment in this case.

WORK PRECLUSIONS

Mr. Williams suffers from dry eye syndrome. Work preclusions include any job that increases dry eyes, such as working in windy environments, working long hours in front of a computer screen, working in air-conditioned rooms, or working with aerosolized chemicals.

He also suffers from sensitivity to light and glare. Work preclusions include working outdoors under the sun and working under bright artificial lights, such as stadiums and concert halls. Due to his disabling glare at night, any occupation that involves driving at night can be hazardous to him and others. Examples include delivery services, bus and transportation jobs, emergency vehicle jobs, police or security jobs, ride sharing jobs, chauffeur, etc. These work preclusions existed prior to his industrial injury, limiting his ability to compete in the workplace.

His visual acuity is considered at normal levels. Therefore, from visual acuity standpoint, there are no work preclusions. However, certain jobs do not allow a person to have nearsightedness, such as pilots and special operations officers.

FUTURE MEDICAL TREATMENT

Mr. Williams needs annual eye examinations for general ocular health and prescription glasses.

REASONS FOR OPINIONS

1. Review of available medical records.
2. Physical examination findings, which support the examinee's condition.
3. Correlation of the examinee's oral history compared to the records.
4. Credibility of the examinee.
5. Clinical experience and research.

Thank you for the opportunity to evaluate Mr. Williams. Please contact me if I can be of further assistance.

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COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. Partial compilation and excerpting of the medical records were completed by trained staff at Arrowhead Evaluation Services, Inc. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Pursuant to 8 Cal. Code Regs. Section 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. If necessary, I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Date of Signing of Report: June 1st, 2021, in Orange County, California

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MEDICAL RECORD REVIEW

WC Claim Form dated 09/03/19, w/DOI: 01/2019; CT: 11/2018 - 03/19/19. Stress and strain due to repetitive movement over period of time. Lower back/neck/shoulder.

WC Claim Form dated 09/03/19, w/DOI: CT: 10/2018 - 03/13/19. Stress due to hostile work environment.

Application for Adjudication dated 09/09/19, w/DOI: CT: 09/09/18 - 03/20/19. Stress and strain due to repetitive movement over period of time and due to lifting heavy boxes, injured lower back, neck, shoulders, lower extremities, reported to supervisor, sent to industrial clinic. Back, shoulders – scapula, upper extremities, neck, lower extremities – not specified. Employed by Wal-Mart Associates Inc. as a Record Processor.

Application for Adjudication dated 09/09/19, w/DOI: CT: 10/01/18 - 03/15/18. Stress due to hostile work environment racial and sexual harassment. Nervous system. Employed by Wal-Mart Associates Inc. as a Record Processor.

~~Compromise and Release~~ dated 11/13/19, w/DOI: CT: 10/10/18 - 03/15/19; CT: 09/09/18 - 03/20/19; 01/22/19. Pt developed stress and sustained injuries to neck, upper extremities, back, shoulders, and lower extremities. Employed by Walmart Inc. Settlement amount was \$ 15,000.00.

04/15/08 - Call Documentation by Rachel Go-Bulusan, RN at Kaiser. Pt c/o LBP since yesterday at 7/10, as he was working on his car. Tylenol provided partial relief. He was recommended symptomatic care, OTC NSAIDs, heat and stretches. Pt requested for off work note for 04/14/08 and 04/15/08. Pt assigned to chiro clinic as requested.

04/24/08 - Patient Message at Kaiser. Pt emailed Dr. Petrilla requesting for doctor's note to state that he was ill on 04/14/08 and 04/15/08 for FMLA.

04/24/08 - Call Documentation by Jeffery Petrilla, MD. Pt stated that the OWO should be for two days, but he was given only for one day. As he did not contact until 04/15/08, it was only stated in the OWO that pt was sick.

04/25/08 - Call Documentation by Jeffery Petrilla, MD. Advised to inform pt that OWO cannot be granted for the time before he contacted the office and that the OWO cannot be modified from how it was written in any format. Inform pt that generally FMLA is for serious medical conditions and not for just couple of days of OWO for back pain.

04/28/08 –Office Visit by Ernesto Ulysses Campos, DO at Kaiser. Pt c/o subacute L-sided LBP for 2 weeks. Hurt back with twisting motion while working on car. Associated symptoms include

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some slight numbness on left side. Unable to take higher doses due to having one kidney. Dx: 1) Strain of back. 2) Screening. Rx: Prednisone 20 mg, Nabumetone 500 mg. Plan: Reviewed x-rays with pt. No obvious fracture or dislocation noted. Decreased lordosis of L/S. Take NSAIDs with food. Ice or heat as needed for pain relief. Massage may help. Requested x-ray of lumbosacral spine. Ordered labs.

04/28/08 - X-ray of L/S interpreted by Monica Leung, MD at Kaiser.
Impression: Mild degenerative changes. No definite acute fx identified.

04/28/08 - Laboratory Rpt at Kaiser.

05/08/08 - Patient Message at Kaiser. Pt requested to file disability. Dr. Campos replied stating that the paperwork for FMLA/disability office will be done in Fontana and that he needs to contact them.

05/15/08 – Office Visit by Ernesto Ulysses Campos, DO at Kaiser. Pt presents with forms – return to work. He would like to go back to work. Pain almost completely resolved and is much improved. Dx: Strain of back. Plan: Recommend back to work with no restrictions. Advised to take NSAIDs, stretching and exercise, ice or heat. Cautioned with lifting and posture to avoid further injury.

04/05/16 - Patient Message at Kaiser. Email sent to pt for colorectal cancer screening.

04/15/16 - Office Visit by Christopher Yan, MD at Kaiser. Pt presents for annual physical exam.

09/08/16 - Patient Message at Kaiser. Email sent to pt regarding flu vaccine.

10/20/16 – Office Visit Grace Wan, MD at Kaiser. Visit for dizziness.

08/14/17 - Progress Notes by Diana Lee, OD. Pt c/o decreased vision distance. His last eye visit was 2 years ago. No ocular hx or family ocular hx. Never worn contact lens. PE: EOM full and intact in both eyes. Pupils: -APD, PERRLA. Acuity listed in Snellen – linear unless noted differently. Base exam: Visual Acuity: Right: 20/150. Left: 20/100 +3. Both 20/100. Tonometry. Right: 10.0. Left: 8.0. Main Exam: External Exam: Right: Normal. Left: Normal. Slit Lamp Exam: Both Eyes: Lids/Lashes: no lesions, normal configuration. Conjunctiva/Sclera: Clear. Anterior Chamber: no cell or flare, deep. Iris: round pupil, normal stroma. Lens: 1+ Nuclear sclerosis. Vitreous: Clear. Fundus Exam: Both: Disc: no pallor, margin distinct. C/D ratio: 0.4. Macula: no RPE changes, no retinopathy. Vessels: normal caliber. Periphery: undilated-Posterior Pole-no pathology noted. Refraction Exam: Visual Acuity: Right: 20/150. Left: 20/100 +3. Both 20/100. Manifest Refraction (Auto): Right: Sphere: -1.25. Cylinder: -0.25. Axis: 152. Left: Sphere: -1.00. Cylinder: -0.50. Axis: 87. Pupillary Distance: 63.0. Manifest Refraction #2. Right: Sphere: -1.25. Cylinder: Sphere. Dist: 20/20. Add: +2.00. Horz Prism: 0.00. Vert Prism: 0.00.

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Left: Sphere: -1.00. Cylinder: -0.50. Axis: 100. Dist: 20/20. Add: +2.00. Horz Prism: 0.00. Vert Prism: 0.00. Dist VA Both: 20/20. Keratometry (Automated): Right: K1: 42.00. Axis: 167. K2: 42.50. Axis: 77. Left: K1: 41.75. Axis: 103. K2: 42.00. Axis: 13. Final Rx: Right: Sphere: -1.25. Cylinder: Sphere. Add: +2.00. Left: Sphere: -1.00. Cylinder: -0.50. Axis: 100. Add: +2.00. Type: Bifocal. Dx: 1) B/L incipient cataract. 2) Presbyopia. 3) B/L myopia. 4) B/L astigmatism. Plan: Rx given for specs. Aftercare instructions on cataract provided. Ordered refraction assessment.

01/11/18 - Office Visit by Christopher Yan, MD at Kaiser. Visit for lab order request, health maintenance, urinary frequency and erectile dysfunction.

03/27/18 - Encounter Message by Christopher Yan, MD. This examiner reviewed pt's lab results.

03/28/18 - Encounter Message at Kaiser. Message regarding taking cholesterol med.

08/09/18 - Patient Message at Kaiser. Message regarding taking different Viagra.

08/09/18 - Prescriptions by Christopher Yan, MD.

09/14/18 - ED Provider Notes by Teri Vieth, MD at Kaiser. Visit for abdominal pain.

09/14/18 - CT of Abdomen & Pelvis without IV contrast Interpreted by Jerome Tsai, MD at Kaiser.

09/14/18 - H&P/Consult Note by Lori Chow, MD Jason Laird, PA-C. Visit for abdominal pain.

09/14/18 - Laboratory Rpt at Kaiser.

09/15/18 - X-ray of Abdomen interpreted by Jerome Tsai, MD at Kaiser.

09/15/18 - General Surgery Progress Note by Lori Chow, MD. Pt admitted for small bowel obstruction.

09/15/18 - Laboratory Rpt at Kaiser.

09/15/18 - Nursing Notes at Kaiser.

09/16/18 - General Surgery Progress Note by Lori Chow, MD at Kaiser. Pt's admitted for small bowel obstruction.

09/16/18 - X-ray of Abdomen Interpreted by Furhawn Shah, MD at Kaiser.

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09/16/18 - X-ray of KUB Interpreted by Furhawn A. Shah, MD at Kaiser.

09/16/18 - Care Planning Progress Note at Kaiser.

09/16/18 - Multi-discipline Progress Note at Kaiser

09/16/18 - Laboratory Rpt at Kaiser.

09/17/18 – Rhythm Strip at Kaiser.

09/17/18 - Care Planning Progress Note at Kaiser.

09/17/18 - General Surgery Progress Note by Lori Chow, MD. Pt's admitted for small bowel obstruction.

09/17/18 - Anesthesia Record at Kaiser.

09/17/18 - Operative Note by Lori Jeanine Huhta Chow, MD at Kaiser. Procedure performed is diagnostic laparoscopy, lysis of adhesions.

09/17/18 - X-ray of KUB Interpreted by Sangku Kang, MD at Kaiser.

09/17/18 - Multi-discipline Progress Note at Kaiser.

09/17/18 - Laboratory Rpt at Kaiser.

09/14/18 – 09/18/18. Flow sheets at Kaiser.

09/18/18 - General Surgery Progress Note by Lori Chow, MD. Pt is s/p intra-abdominal lysis of adhesion laparoscopic.

09/18/18 - Anesthesia Post-op Note by David Khatibi, MD at Kaiser.

09/18/18 - Laboratory Rpt at Kaiser.

09/18/18 - Discharge Planning Progress Note at Kaiser.

09/18/18 - Discharge Summary by Lori Chow, MD. Pt discharged s/p intra-abdominal lysis of adhesion laparoscopic.

01/03/19 –Encounter Message at Kaiser. Pt is requesting refill of Viagra.

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02/21/19 – Message Encounter at Kaiser. Pt he wants to switch from generic Sildenafil.

03/28/19 –Office Visit by Diana J. Lee, OD at Kaiser. Pt presents as he lost glasses. His last eye visit 1-2 years. He has never worn contact lens. Ocular History: nothing significant. Family Ocular Hx: nothing significant. Contact Lens Hx: never worn. Computer: +. PE: Extraocular motility OU: full and intact. Pupils: -APD, PERRLA. PD 63/60. Acuity listed in Snellen – linear unless noted differently. Base Exam: Visual Acuity 20/100-1 on right and 20/150 on left. Tonometry: Pressure 12.0 on right and 10.0 on left. Main Exam: Both Eyes: External exam: Normal. Slit Lamp Exam: Lids/Lashes: No lesions, normal configuration. Conjunctiva/Sclera: Nasal pinguecula. Cornea: clear. Anterior chamber: no cell or flare, deep. Iris: round pupil, normal stroma. Lens: trace nuclear sclerosis. Fundus Exam: Both Eyes: Vitreous: clear. Disc: no pallor, margin distinct. C/D Ratio: 0.45 on right 0.5 on left. Macula: no RPE changes, no retinopathy. Vessels: normal caliber. Periphery: undilated posterior pole, no pathology noted. Refraction Exam: Visual Acuity: Dist sc 20/100-1 on right, 20/150 on left. Manifest Refraction: Sphere: Right -1.25, left -1.00. Cylinder: Right -0.25, left -0.50. Axis: Right 153, left 87. Pupillary Distance 63.0. Manifest Refraction #2: Sphere: Right -1.25, left -1.00. Cylinder: Right -0.50, left -0.50. Axis: Right 155, left 90. Dist VA 20/20 B/L. Add +2.25 B/L. Keratometry: Right: K1 42.00. Axis 180. K2 42.25. Axis 90. Left: K1 41.75. Axis 124. K2 42.00. Axis 34. Spectacle Final Rx: ~~Sphere: Right -1.25, left -1.00. Cylinder: Right -0.50, left -0.50. Axis: Right 155, left 90. Add: +2.25 B/L. Frequency doubling technology n30-1 full/WNL OU. Dx: 1) Presbyopia. 2) B/L astigmatism. 3) B/L myopia. 4) B/L incipient cataract. 5) B/L pinguecula. 6) Screening for glaucoma. Plan: Prescription as per final spectacle rx. Results discussed with pt/~~ Next exam in one year.

08/01/19 – Call Documentation at Kaiser. Pt states B/L calf swollen up from ankles to mid-calf area x 1 week and is requesting appointment.

08/22/19 –Office Visit by Ameerah Ann Shaban, MD at Kaiser. Pt presents with B/L edema for 2 weeks and B/L ankle swelling x2 weeks, constant. Has one kidney (born with 3 kidneys and 2 removed at age 5 as were not functioning). Voiding normally. He does not exercise. Mother passed away in May and has been lazy and working from home and not moving around much. Has been wearing thermal socks/compression socks to bed. Dx: 1) Swelling of B/L legs. 2) Unhealthy drinking behavior. 3) Abnormal increased body weight. 4) Screening. 5) Hx of nephrectomy. 6) Hyperlipidemia. Plan: Pt's swelling may be due to prolonged sitting and dangling feet. Recommended compression stocking during day and leg elevation at home and exercise. Hold on diuretic until seeing kidney function and since BP normal. Pt states he will stop drinking alcohol on his own. Ordered labs. Recommended diet and exercise.

08/22/19 - Laboratory Rpt at Kaiser.

08/23/19 –Encounter Message by Ameerah Ann Shaban, MD. Informed regarding lab results.

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11/12/19 - Psychological Testing Rpt by Nelson J. Flores, PhD at Psychological Assessment Services. On the medical and psychiatric symptom checklist, pt reported a variety of symptoms indicating depression, anxiety, sleep difficulties, sexual difficulties, memory problems, attention span deficits, GI disturbances, and physical complaints. Summary: Pt was administered a comprehensive battery of psychological tests to help in the diagnosis of possible emotional and psychological disturbances. He completed the battery of psychological tests in a cooperative manner. During the pretest and the testing sessions, his mood was anxious and sad. He showed no impairment in his production of speech or his thought process. The results of the psychological tests suggest that pt is reporting minimal clinical levels of anxiety and severe levels of depression. The test data suggests that the pt's intellectual functioning appears to be impacted by his current set of symptoms. He was alert and there is no indication that the pt may be experiencing neuropsychological disturbances. On the Epworth Sleepiness Scale, there is an indication that pt is experiencing moderate excessive daytime sleepiness. On the Insomnia Severity Index, there is an indication that pt is experiencing moderate clinical insomnia. This examiner believes that the test results support the pt's complaints, clinical findings and diagnostic impression of this pt.

11/15/19 – Patient Message at Kaiser. Pt is requesting refill of generic Viagra.

03/04/21 – Patient Message at Kaiser. Pt had to cancel the appointment, having personal and financial problem. He lost family members to COVID-19, not working right now because of cutbacks. Reason for his appointment when he uses the restroom, his stream slows down or sometimes even stops. Also, he can be walking or just sitting around must go pee with no notice. It happens a lot when shopping all sudden must run to restroom to pee.

03/11/21 – Video Appointment Visit by Christopher Bing Yan, MD. Pt presents for urinary urgency.

03/25/21 – Telephone Appointment Visit by Kent Kiyoshi Miyamoto, MD at Kaiser. Pt presents with increased urine frequency.

(End of Record Review)

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or OME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: WILLIAMS, KEVIN v WAL-MART
(employee name) (claims administrator name, or if none employer)

Claim No.: SIF12524618 **EAMS or WCAB Case No. (if any):** ADJ12524618

I, RAYLENE TENORIO, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, REDLANDS CA 92374
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 this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in 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.

<u>Means of service:</u> <small>(For each addressee, enter A - E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>06/07/21</u>	<u>Subsequent Injuries Benefits Trust Fund - SENT ELECTRONICALLY</u>
<u>A</u>	<u>06/07/21</u>	<u>Natalie Foley, Esq. Workers Defenders Law Group 8818 E Santa Ana Canyon, Suite 100-215 Anaheim Hills, CA 92806</u>
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct. Date: 06/07/2021

Raylene Tenorio RAYLENE TENORIO
(signature of declarant) (print name)