

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323) 933-2444 • Fax (323) 933-2909

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On August 27, 2021, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd., Suite 604, Los Angeles, CA 90048.

On 27 day of August, 2021, I served the within concerning:

Patient's Name: Johnson, Marvetta
Claim Number: Unassigned
WCAB / EAMS case No: ADJ14891825

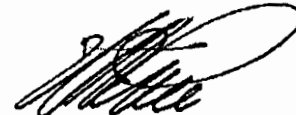
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|--|--|
| <input checked="" type="checkbox"/> MPN Notice | <input checked="" type="checkbox"/> Initial Consultation Report – <u>8/6/2021</u> |
| <input checked="" type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2) |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Permanent & Stationary Evaluation Report – |
| <input checked="" type="checkbox"/> Request for Authorization – <u>8/6/2021</u> | <input type="checkbox"/> Post P&S Follow Up - _____ |
| <input checked="" type="checkbox"/> Itemized – (Billing) / HFCA – <u>8/6/2021</u> | <input type="checkbox"/> Review of Records - _____ |
| <input type="checkbox"/> QME Appointment Notification | <input type="checkbox"/> PQME / Med Legal Report - _____ |
| <input type="checkbox"/> Primary Treating Physician's Referral | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

Law offices of Natalia Foley
751 S Weir Canyon Ste 157-455
Anaheim, CA 92808

Sedgwick
P.O. Box 51350
Ontario, CA 91761

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 27 day of August, 2021.



ILSE PONCE

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Employer and/or Workers' Compensation Insurance Carrier:

Los Angeles County Probation Dept

9150 B. Imperial Hwy

Downey, CA 90242

Re: Patient -
Social Security # -
Date Of Injury -
Employer -
Claim Number -

Marveta Johnson

546.19 7076

11.6.20

LA County Probation Department

Designation of Primary Treating Physician
and/or Request of Change of Physician
&
Authorization For Release Of Medical Records

To Whom It May Concern:

I, Marveta Johnson, request a change of primary treating physician and/or request to be treated by a doctor of chiropractic and designate Dr. Eric E. Gofnung as my primary treating physician pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. Please accept my signature below as confirmation of my designation of Dr. Eric E. Gofnung as my primary treating physician. Pursuant to California Labor Code 4601, a request for change of physician may be made at any time.

I request all available present and future medical records to be forwarded to Dr. Eric E. Gofnung for review and comment. Please accept my signature below as my full authorization for release of my medical records and my authorization to release all necessary medical information regarding my condition to all parties involved, which include, but are not limited to my employer and/or their worker's compensation insurance company, to process the claim.

Please refer to the letterhead for Dr. Eric Gofnung's information.

Thank you for your assistance with this claim.

With Kind Regards,

Signature: X Marveta Johnson

Printed: Marveta Johnson

Date: 8.6.21

ERIC E. GOFNUNG CHIROPRACTIC CORP.

SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048, Tel. (323) 933-2444, Fax (323) 933-2909

August 6, 2021

Law offices of Natalia Foley
751 S Weir Canyon Ste 157-455
Anaheim, CA 92808

Re: Patient: Johnson, Marvetta
EMP: Los Angeles County Probation Dept.
INS: Sedgwick
Claim #: Unassigned
WCAB #: ADJ14891825
DOI: 11/06/2020
D.O.E./Consultation: August 6, 2021

Primary Treating Physician's Initial Evaluation Report And Request for Authorization

Time Spent Face to face:	50 mins
99354/99355	0 Unit

Time spent for prolonged non face-to-face		Total 99358 Units (first 31 to 60 minutes per day = 1 unit)	Total 99359 Units (61+ minutes, 30 minute increments = 1 unit, not to exceed 60 minutes (total 120 or 2 units) per day)
Records Review	00 Mins		
Report Preparation	Exceeded 30 Mins		
		1 units	0 units

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on August 6, 2021, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **Dr. Gofnung is the PTP and the patient was examined by Dr. Gofnung.** The patient was examined with the aid of a chaperone by name Antonietta Schultz.

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The history of injury as related by the patient, the physical examination findings, my conclusions and overall recommendations are as follows.

This authorization for treatment is made in compliance with Labor Code 4610 and 8 CCR 9792.6(o) and therefore serves as a written request for authorization for today's evaluation/consultation and treatment recommendations as described in this report. Please comply with Labor Code 4610, 8 CCR 9792.11 – 9792.15, 8 CCR 10112 – 10112.3 (formerly 8 CCR 10225 – 10225.2) and Labor Code 5814.6. Please comply with Sandhagen v. State Compensation Insurance Fund (2008) 44 Cal. 4 ch 230. Please comply with Jesus Cervantes v. El Aguila Food Products, Inc. and Ciga, et al., WCAB en banc, 7-0, November 19, 2009. Be aware that Labor Code 4610(b) requires the defendant to conduct utilization review on any and all requests for treatment. Furthermore, Labor Code 4610 Utilization Review deadlines are mandatory. It is the defendant's duty to forward all consultation and treatment authorization requests to utilization review. Be aware the defendant and insurance company has five working days to authorize, delay, modify or deny a request for all treatment, but 10 days for spinal surgery. Please issue timely payment for medical care and treatment rendered in order to avoid payment of interests and penalties, per labor codes referenced. Failure of the defendant or insurance company to respond in writing within five working days results in an authorization by default. Furthermore, failure to pay for "self-procured" medical care when utilization deadlines are missed triggers penalties for the defendant or the insurance company due to violation of 8 CCR 10225 – 10225.2 and Labor Code 5814/5814.6 and 4603.2b. When there is a dispute with regard to treatment, the right to proceed with the Labor Code 4062 process belongs exclusively to the injured employee. If the treatment recommendations are not authorized by the insurance carrier, this report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager.

Job Description:

Ms. Marvetta Johnson was employed by Los Angeles County Probation Department as a senior detention service officer at the time of the injury. She began working for this employer in November of 2008. She worked full time.

Job activities included supervising minors officers and making sure operations and functions are performed, as well as assist officers when necessary. She used a computer for daily functions, looking up minors' information, providing shift conditions, and charting.

The physical requirements consisted of sitting, walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, climbing, and kneeling.

The patient is a right-hand dominant female, and she would use the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, keyboarding, writing,

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pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level. The patient was required to lift and carry objects while at work.

The patient worked 8 hours per day and five days a week. Normal work hours were 6 a.m. to 2 p.m. She did not take a lunch or rest break. The job involved working 70% indoors and 30% outdoors.

The patient last worked with the Los Angeles County Probation Department was on March 2, 2021. She does note she worked for one day on June 3, 2021. She is currently not working as her employer was unable to accommodate her modified restrictions.

There was no concurrent employment at the time of the injury. The patient denies working for any new employer.

PRIOR WORK HISTORY:

The patient has worked for the above employer for 13 years.

HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:

SPECIFIC INJURY: 11/06/2020

The patient states that while working at her usual and customary occupation as a detention service office for Los Angeles County Probation Department, she sustained a work related injury to her left shoulder, arm, back, left hip, left knee, and left ankle. The patient explains that she was assisting another office in restraining a combative minor, and in the process, she fell and hit her left elbow and left knee and landed on the left side of her body on a cement surface. She stood to her feet, and experienced pain in her left shoulder/arm, elbow, low back, left hip, and left knee. She reported the injury to her employer and was referred to Immediate Care in Paramount. X-rays of the left shoulder and the left knee were obtained.

Physical therapy was initiated two times per week for 12 sessions for her left shoulder and knee, temporarily providing some pain improvement.

In early 2021, the patient was referred for an MRI scan of her left shoulder. She was diagnosed with stiffness in her left shoulder.

In early 2021, she experienced severe pain in her left shoulder and left hip. She sought medical care with Kaiser Urgent Care. She was evaluated and underwent one injection for pain.

In early 2021, the patient was referred to Dr. Parks, an orthopedic specialist, for evaluation. One injection to her left hip region was administered. Dr. Parks recommended surgery to her left shoulder, at which time Ms. Johnson requested a second opinion.

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In June of 2021, she was called back to work. She was assigned to sit in a hallway for approximately five hours and began to experience throbbing pain in her left knee and left shoulder, and left elbow. She was sitting in an oversized chair with a broken armrest. She reported the pain and was released early for the day. She only worked for one day.

Subsequently, the patient relates she experienced a flare-up in her left knee and began to have pain in her left ankle which she attributes to overcompensating.

The patient sought medical care on her own. She presented to a chiropractor Dr. Web from June 6, 2021, through July 7, 2021, once to twice per week for physical therapy, alternating between her lower left side and her left shoulder. She believed he might have done a few treatments for her left knee. Dr. Web placed her on temporary total disability. The patient reports her workers' compensation case is accepted and insurance did not authorize further treatment with Dr. Webb. Patient report claim is accepted for left shoulder, elbow and knee.

In early July of 2021, the patient sought legal representation.

On July 7, 2021, she returned to Dr. Parks released her to work with modified restrictions. Her employer was unable to accommodate her restrictions, and she continued on TTD.

She has a follow-up appointment with Immediate Care on August 4, 2021.

The patient initially reported her injury to the employer on November 6, 2020. After reporting the injury to the employer, the patient was provided with an Employee Workers' Compensation Claim Form. She was provided with medical attention. Information regarding Medical Provider Networks and their rights if they are injured was posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to Medical Provider Networks and their rights if injured at work. Upon reporting their injury, they were not provided information relating to Medical Provider Networks and their rights if injured at work.

The patient presents to this office for further evaluation.

CURRENT COMPLAINTS:

Left Shoulder:

The pain is moderate to severe, and the symptoms occur constantly, in the left shoulder. There is throbbing and aching pain. The pain radiates into her neck and left elbow. There is popping and crunching in her left shoulder and neck region. She experiences weakness and a restricted range of motion for the shoulder. She complains of stiffness and experiences increased pain with the repetitive movement of the arm/shoulder, backward, lateral, and overhead reaching, pushing, pulling, heavy lifting and carrying, and repetitive use of the left upper extremity. The pain is worse in the morning. She is not able to sleep on the left shoulder due to the pain. She has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

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Left Elbow:

The pain is slight, and the symptoms occur constantly in the left elbow. There is stiffness in her left elbow. Her pain increases with pushing and with any lifting.

Lower Back:

The pain is moderate to severe, and the symptoms occur constantly, in the lower back, which increases becoming aching, sharp, throbbing, and stabbing. The pain radiates down her buttocks and back of her left leg and knee. The pain increases with activities of standing or walking as well as sitting over 60 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 15 pounds, going from a seated position to a standing position and twisting and turning at the torso. She complains of muscle spasms. She complains of pain and difficulty with intimate relations/sexual activity due to increased pain in her lower back. The patient denies experiencing bladder or bowel problems. She does awaken from sleep as a result of the low back pain. The patient self-restricts by limiting her activities. Pain spray provides her pain improvement, but she remains symptomatic.

Left Hip:

The pain is moderate to severe, and the symptoms occur constantly, in the left hip, at times becoming aching and stabbing pain and tightness. Her pain travels to her left leg. She has stiffness and a grinding sensation in the left hip. She experiences tingling in the left leg. Her pain increases with moving her leg or getting up from a seated position. She has difficulty sleeping and awakens with pain and discomfort. Her pain level becomes worse in the evening and worse in the morning.

Left Knee:

The pain is moderate, and the symptoms occur intermittently, in the left knee at times becoming an aching and throbbing pain. The pain increases with flexing, extending, prolonged standing and walking, going up and downstairs, bending, stooping, and squatting. She has difficulty kneeling, squatting, ascending and descending stairs, and walks with an uneven gait. The patient reports locking at times in the left knee.

Left Ankle:

The pain is slight to moderate, and the symptoms occur intermittently in the left ankle. The pain increases with prolonged walking and when shifting her weight to alleviate her knee and hip pain.

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Psyche:

The patient has continuous anxiety, stress, and depression due to the trauma incurred from the injury, chronic pain, and disability status, as well as a previous work-related injury. She denies suicidal ideation.

The patient has difficulty sleeping, often obtaining a few hours of sleep at a time. She worries about her medical condition and the future.

The patient's condition has worsened due to a lack of medical treatment and activities of daily living.

PAST MEDICAL HISTORY:

Illnesses:

The patient has hypertension and diabetes, which is controlled by medication.

Injuries:

Approximately 20 years ago, while working for a different employer, she sustained an injury to her neck, back, and right hand due to cumulative trauma. The patient underwent right trigger finger surgery. She attended physical therapy, and medication was prescribed. The patient relates she made a full recovery.

On July 14, 1999, while working for a different employer, she sustained an injury to her right upper extremity due to cumulative trauma. Treatment included examination and prescribed medication. The patient relates she made a full recovery.

On July 10, 2009, while working for the same employer, she sustained an injury to her neck, left shoulder, left hip, left knee, and left lower back. Treatment included examination, x-rays, MRI scans, EMG/NCV, injection to her left shoulder and left hip, physical therapy, acupuncture, chiropractic therapy, and prescribed medication. This case was settled with compensation and was awarded future medical. The patient underwent surgery on her left shoulder. The patient continued to have pain in her left shoulder and lower back due to this injury.

On January 25, 2019, while working for the same employer, she sustained an injury to the left shoulder, arm, left thigh, and lower back. Treatment included examination and physical therapy. This case is still pending. She continued to have pain in her left shoulder, arm, left thigh, and lower back.

On March 14, 2019, while working for the same employer, she sustained an injury to the left shoulder, left neck, left-back, left thigh, and left knee. Treatment included examination and

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physical therapy. She continued to have pain in her left shoulder, left neck, left-back, left thigh, and left knee.

On July 29, 2019, while working for the same employer, she sustained an injury to her left shoulder and left lower back. Treatment included examination and physical therapy. She continued to have pain in her left shoulder and left lower back.

On August 18, 2019, while working for the same employer, she sustained an injury to her psyche. She experienced low energy, tension, stress, and anxiety. Treatment included examination and psychological counseling once a week and a psychiatrist. She continues treatment through the present time.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking:

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

Surgeries:

The patient has undergone the following surgeries:

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

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7) Partial hysterectomy in 2019

Hospitalization:

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to the specific injury on November 6, 2020, as related to the left elbow, left knee and left ankle. The patient reports her left shoulder, back, left hip, and psyche preexisting injuries worsened due to 11/6/20 work injuries.

REVIEW OF SYSTEMS:

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, social withdrawal, emotional problems, and stress.

ACTIVITIES OF DAILY LIVING:

Self-Care - Personal Hygiene: As a result of the industrially related injury, the patient states: Difficulty with combing hair, and dressing by self, with a rating of 1/5.

Physical Activities: As a result of the industrially related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3/5.

Travel: As a result of the industrially related injury, the patient states: Difficulty with riding in a car, driving a vehicle, restful night sleep pattern, and sexual function, with a rating of 4-5/5.

FAMILY HISTORY:

Mother is 76 years old and is in good health.

Father is deceased and passed away from natural causes.

The patient has three siblings. They are well and in good health.

There is no known history of colon cancer, breast cancer, or heart problems.

SOCIAL HISTORY:

Ms. Marvetta Johnson is a 53-year-old single with two children.

The patient has a bachelor's degree.

The patient consumes no alcohol and does not smoke.

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Formerly, she exercised moderately, rode her bike, and skated. Currently, her activities are limited due to this work-related injury.

The patient does not participate in any sports activities.

The patient has no hobbies.

Physical Evaluation (August 6, 2021) – Positive Findings:

General Appearance:

The patient is a 53-year-old female, right-hand dominant who appeared reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3. She is not pregnant.

Vital Signs:

Pulse: 66
Blood Pressure: 112/68
Height: 5'5"
Weight: 220

Cervical Spine:

Gross deformity, edema, swelling, erythema and surgical scars are not present upon visual examination of the cervical spine. Torticollis is not present.

Tenderness and spasm is not present over the paravertebral musculature, upper trapezius musculature, suboccipital musculature, sternocleidomastoid musculature and occiput bilaterally. Tenderness and hypomobility is not present over the vertebral regions from C1 to C7.

Cervical compression, cervical distraction and shoulder depression tests are negative bilaterally. Valsalva orthopedic tests are negative.

Ranges of motion of the cervical spine were performed without pain and spasm.

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	50
Extension	60	60
Right Lateral Flexion	45	45
Left Lateral Flexion	45	45
Right Rotation	80	80

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Left Rotation	80	80
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Shoulders & Upper Arms:

Right Shoulder:

Deformity, dislocation, edema, swelling, erythema, surgical scars and lacerations are not present upon visual examination of the right shoulder. The shoulder is held in a nonantalgic position.

Tenderness and spasm are not present over the supraspinatus musculature, infraspinatus musculature, teres (minor/major) musculature, subscapularis musculature, periscapular musculature and deltoid musculature. There is no tenderness over the subacromial bursa and subdeltoid bursa. The acromioclavicular joint, glenohumeral joint and clavicle are not tender. The triceps and biceps brachii muscles are without tenderness and spasm bilaterally and appear intact and without evidence of rupture.

Apprehension, Dugas, Hawkins and Impingement Sign orthopedic tests are negative.

Left Shoulder:

On inspection, healed arthroscopic scars were present.

Tenderness was noted over the anterior shoulder over the anterior supraspinatus near insertion, subacromial-subdeltoid bursa, acromioclavicular joint, and periscapular musculature.

Left Apprehension and Hawkins tests were positive.

Ranges of motion of the right shoulder and left shoulder were within normal limits.

<i>Shoulder Ranges Of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	180	180	180
Extension	50	50	50
Abduction	180	180	180
Adduction	50	50	50
Internal Rotation	90	90	90
External Rotation	90	90	90

Elbows & Forearms:

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Right Elbow:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the right elbow.

Tenderness is not present over the lateral epicondyle, medial epicondyle and cubital tunnel. Tenderness is not present over the flexor muscle group and extensor muscle group of the forearm.

Valgus and Varus Stress Tests are negative. Cozens' (resisted wrist extension) and Golfers' (resisted wrist flexion) tests are negative.

Tinel's sign at the right elbow and left elbow is negative.

Left Elbow:

Tenderness was noted over the left extensor muscle group.

Valgus and Varus Stress Tests are negative. Cozens' (resisted wrist extension) and Golfers' (resisted wrist flexion) tests are negative bilaterally.

Tinel's sign at the right elbow and left elbow is negative.

Ranges of motion of the bilateral elbows were normal.

<i>Elbow Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	0
Supination	80	80	80
Pronation	80	80	80

Wrists & Hands:

Deformity, dislocation, amputation, edema, swelling, erythema, scars, and lacerations are not present upon visual examination of the wrists and hands.

Tenderness is not present over the volar and dorsal crease of the wrist bilaterally. Tenderness is not present over the carpal tunnel and carpals bilaterally. There is no tenderness over the distal ulna and radius bilaterally. There is no tenderness noted over the anatomical snuff box and triangular fibrocartilage complex bilaterally. There is no mechanical block noted during ranges of motion of the wrist. There is no tenderness over the thenar hand musculature, hypothenar hand musculature and intrinsic hand musculature bilaterally.

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Tinel's sign, Finkelstein's test, Phalen's test and reverse Phalen's test are negative bilaterally.

Ranges of motion of the right wrist and left wrist were accomplished without pain, spasm and weakness.

<i>Wrist Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

Finger ranges of motion were performed without pain. Triggering of the digits and mechanical block is not present. Tenderness is not present at the digits. Thumb abduction is 90 degrees bilaterally. Thumb adduction reaches the head of the 5th metacarpal bilaterally.

Bilateral hand digit ranges of motion were grossly within normal limits.

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

Right: 8/10/12
Left: 2/4/2

The patient reported increased left shoulder pain during gripping.

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally **with exception of muscle strength was 5/5 bilaterally, all other myotomes 5/5.**

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

Sensory Testing:

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C5 (deltoid), C6 (lateral forearm, thumb & index finger), C7 (middle finger), C8 (little finger & medial forearm), and T1 (medial arm) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel.

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	35	34.5
Forearms	20	20.5

Thoracic Spine:

Gross edema, swelling, erythema and scars are not present upon visual examination of the thoracic spine. The thoracic spine has a normal kyphotic curvature.

Tenderness and spasm is not present over the paravertebral musculature, trapezius, rhomboid, latissimus dorsi musculature and interscapular region bilaterally. Tenderness and hypomobility is not present over the vertebral regions from T1 to T12.

Kemp's test elicited increased pain in the left low back area.

Thoracic spine ranges of motion were restricted due to low back pain.

Lumbar Spine:

Examination revealed tenderness over the bilateral paralumbar musculature. Left sacroiliac joint hypomobility present. Tenderness was present at L4-L5 vertebral regions with hypomobility.

Left sacroiliac joint compression test is positive. Milgram's test positive.

Straight Leg Raising Test (supine / seated) was positive bilaterally with back pain.

Right: 65 degrees.

Left: 45 degrees.

Range of motion of lumbar spine with decreased and painful, measured as follows: .

<i>Lumbar Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	40
Extension	25	15
Right Lateral Flexion	25	15
Left Lateral Flexion	25	10

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Hips & Thighs:

Right Hip & Thigh:

Deformity, dislocation, edema, swelling, erythema, scars and lacerations are not present upon visual examination of the hips and thighs.

Tenderness and spasm is not present over the greater trochanteric region, hip bursa, hip abductor, hip adductor, quadriceps, biceps femoris musculature and femoroacetabular joint.

Patrick Fabere test and Hibb's test are negative.

Left Hip & Thigh:

Tenderness was noted over the greater trochanteric region and hip bursa.

Left Patrick Fabere test was positive with increased left hip pain predominately over the greater trochanteric region.

Hip ranges of motion were normal with pain at extremes of ranges of motion on the left, particularly flexion, abduction and external rotation.

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	120	120
Extension	30	30	30
Abduction	45	45	45
Adduction	30	30	30
External rotation	45	45	45
Internal rotation	45	45	45

Knees & Lower Legs:

Right Knee:

Visual examination of right knee and lower leg does not identify deformity, dislocation, edema, swelling, erythema, scars and lacerations.

Tenderness is not present over the quadriceps tendon, patella, infrapatellar tendon, tibial tuberosity, medial joint line, lateral joint line and popliteal fossa. Palpation of the lower leg muscles/regions was unremarkable for tenderness at the gastrocnemius, tibialis anterior (*dorsiflexion & inversion*) and peroneal musculature (*lateral ankle-eversion*).

Re: Patient: Johnson, Marvetta
 DOI: 11/06/2020
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McMurray's test, Varus Stress test, anterior drawer test and posterior drawer test are negative.

Left Knee:

Tenderness was noted over the medial greater than lateral joint line.

Left McMurray's test was positive.

Range of motion of the knees, right normal and left was decreased and painful, measured as follows:

<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	110	135
Extension	0	0	0

Ankles & Feet:

Right Ankle & Foot:

Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Left Ankle & Foot:

Tenderness was present over the left sinus tarsi.

Ranges of motion were normal at both ankles with pain upon extreme of inversion, plantar flexion, and dorsiflexion.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual

Re: Patient: Johnson, Marvetta
 DOI: 11/06/2020
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Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

Ankle Dorsiflexion (L4), Great Toe Extension (L5), Ankle Plantar Flexion (L5/S1), Knee Extension (L3, L4), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5.

Squatting is performed without pain.

Heel and toe walking is performed without difficulty.

The patient's gait does demonstrate antalgia and compensation. The patient ambulates without assistive devices, including crutches, cane, walker or a wheelchair.

Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are normal and 2/2.

Sensory Testing:

L3 (*anterior thigh*), L4 (*medial leg, inner foot*), L5 (*lateral leg and midfoot*) and S1 (*posterior leg and outer foot*) dermatomes are intact bilaterally upon testing with a pinwheel.

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	60	60.5
Calf - at the thickest point	40	39.5
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	106	106

Diagnostic Impressions:

1. Lumbar myofasciitis, M79.1.

Re: Patient: Johnson, Marvetta
DOI: 11/06/2020
Date of Exam: August 6, 2021

2. Left sacroiliac joint dysfunction, sacroiliitis, M53.3.
3. Lumbar facet-induced versus discogenic pain, M47.816.
4. Left shoulder tenosynovitis/bursitis, M75.52.
5. Left shoulder impingement syndrome, M75.42.
6. Left shoulder status post arthroscopic surgery around 2011 with aggravation due to November 6, 2020 industrial injury, Z53.33.
7. Left brachioradialis tendinitis, M75.22.
8. Left trochanteric bursitis, M70.62.
9. Left knee internal derangement, rule out, M23.92.
10. Left ankle sinus tarsi syndrome, G57.50.
11. Anxiety and depression, F41.9, F34.1.
12. Insomnia, G47.00.

Treatment Plan:

The patient is recommended comprehensive treatment course consisting of chiropractic manipulations and adjunctive multimodality physiotherapy to include myofascial release, hydrocollator, infrared, cryotherapy, electrical stimulation, ultrasound, strengthening, range of motion (active / passive) joint mobilization, home program instruction, therapeutic exercise, intersegmental spine traction and all other appropriate physiotherapeutic modalities **for lumbar spine, left shoulder, left hip, and left knee at twice a week for four weeks with a followup in four weeks.**

The patient is **recommended at this time MRI of her left knee as well as x-rays of the lumbar spine, left elbow, left shoulder, and left ankle.**

The patient is **recommended left knee stabilizer brace and left hip trochanteric brace to use based on pain levels.**

The patient is **recommended psychiatric or psychological evaluation for further workup of psych-related issues and interventional pain management evaluation for further workup for spine-related complaints and pharmacological management to explore interventional pain management options.**

Re: Patient: Johnson, Marvetta
DOI: 11/06/2020
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The patient is **recommended orthopedic evaluation for further workup of left upper extremity in view of history of prior left shoulder surgery.**

Medical Causation Regarding AOE/COE:

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to left upper extremity, back, left lower extremity are industrially related and secondary to 11/06/2020 while working for Los Angeles County Probation Department as a senior detention service officer.

Please note the patient reported worsening of her preexisting back and shoulder conditions and the patient reported developing left ankle pain due to favoring her knee as well as her left hip while walking or sitting or standing or ascending or descending stairs.

Causation related to psych is deferred to appropriate specialist of psychiatrist versus psychologist.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

Permanent and Stationary Status:

The patient's condition is not permanent and stationary.

Work Status/Disability Status:

The patient was returned to modified duty at this time on 08/06/21, precluding work with the left arm at or above shoulder height. Precluding lifting in excess of 15 pounds and furthermore restricted to occasional basis. The patient is precluded from bending and stooping, as well as repetitive forceful gripping, grasping, torquing, pulling, or pushing. The patient is precluded from squatting, kneeling, and climbing and prolonged standing and walking. The patient must be able to sit as needed in a comfortable chair with a back support. The patient should use lumbar spine orthosis, left hip trochanteric brace, left knee brace while working.

If modified duty as indicated is not provided, then the patient is considered temporarily totally disabled until reevaluation in four weeks.

Disclosure:

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

Re: Patient: Johnson, Marvetta
DOI: 11/06/2020
Date of Exam: August 6, 2021

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "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 I have indicated I have 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 compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

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

Should you have any questions with regard to this consultation please contact me at my office.

Re: Patient: Johnson, Marvetta
DOI: 11/06/2020
Date of Exam: August 6, 2021

Sincerely,



Eric E. Gofnung, D.C.
Manipulation Under Anesthesia Certified
State Appointed Qualified Medical Evaluator
Certified Industrial Injury Evaluator

Signed this 18 day of August, 2021, in Los Angeles, California.

EEG:svl

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<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): Johnson, Marvetta	
Date of Injury (MM/DD/YYYY): 11/06/2020	Date of Birth (MM/DD/YYYY): 12/11/1967
Claim Number:	Employer: Los Angeles County Probation Dept.

Requesting Physician Information

Name: Eric Gofnung, DC	
Practice Name: Eric Gofnung Chiro Corp.	Contact Name: Ilse Ponce
Address: 6221 Wilshire Blvd Suite 604	City: Los Angeles State: CA
Zip Code: 90048 Phone: (323) 933-2444	Fax Number: (323) 903-0301
Specialty: Chiropractor	NPI Number: 1821137134
E-mail Address: ilse.ponce@att.net	

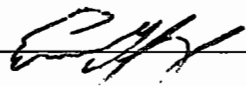
Claims Administrator Information

Company Name: Sedgwick		Contact Name:
Address: P.O. Box 51350		City: Ontario State: CA
Zip Code:	Phone: (909) 942-8918	Fax Number:
E-mail Address:		

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.)
Sacroiliac Joint Sprain	S33.6XXA	Chiro Initial Consultation	99204	1 Time
Lumbar Facet	M47.816	Progress Report	WC002	
Shoulder Tenosynovitis	M65.812	Transcription	99199	
Hip Trochanteric Bursitis	M70.62			
Knee Internal Derangement	M23.92			

Requesting Physician Signature: 	Date: 08/06/2021
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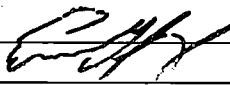
Claims Administrator/Utilization Review Organization (URO) Response

<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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E-mail Address: ilse.ponce@att.net									
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Sacroiliac Joint Sprain	S33.6XXD	Electrical Stimulation	G0283	2 x a week for 4 weeks					
Lumbar Facet	M47.816	Therapeutic Exercises	97110						
Shoulder Tenosynovitis	M65.812	Massage Therapy	97124						
Hip Trochanteric Bursitis	M70.62	CMT 3-4 regions	98941						
Knee Internal Derangement	M23.92	Extraspinal Manipulation w/spinal	98943						
Requesting Physician Signature: 					Date: 08/06/2021				
Claims Administrator/Utilization Review Organization (URO) Response									
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Sacroiliac Joint Sprain	S33.6XXD	X-rays of		
Lumbar Facet	M47.816	lumbar spine		
Shoulder Tenosynovitis	M65.812	left shoulder		
Hip Trochanteric Bursitis	M70.62	left elbow		
Knee Internal Derangement	M23.92	left ankle		

Requesting Physician Signature: 	Date: 08/06/2021
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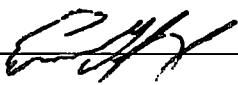
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Sacroiliac Joint Sprain	S33.6XXD	MRI of							
Lumbar Facet	M47.816	left knee							
Shoulder Tenosynovitis	M65.812								
Hip Trochanteric Bursitis	M70.62								
Knee Internal Derangement	M23.92								
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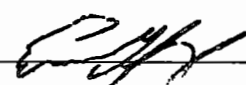
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Sacroiliac Joint Sprain	S33.6XXD	left knee stabilizer brace		
Lumbar Facet	M47.816	left hip trochanteric brace		
Shoulder Tenosynovitis	M65.812			
Hip Trochanteric Bursitis	M70.62			
Knee Internal Derangement	M23.92			

Requesting Physician Signature:  Date: 08/06/2021

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:
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Comments:

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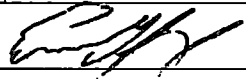
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 E-mail Address:

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.)
Sacroiliac Joint Sprain	S33.6XXD	Orthopedic Consultation		
Lumbar Facet	M47.816			
Shoulder Tenosynovitis	M65.812			
Hip Trochanteric Bursitis	M70.62			
Knee Internal Derangement	M23.92			



Requesting Physician Signature: Date: 08/06/2021

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:

**State of California, Division of Workers' Compensation
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): Johnson, Marvetta

Date of Injury (MM/DD/YYYY): 11/06/2020

Date of Birth (MM/DD/YYYY): 12/11/1967

Claim Number:

Employer: Los Angeles County Probation Dept.

Requesting Physician Information

Name: Eric Gofnung, DC

Practice Name: Eric Gofnung Chiro Corp.

Contact Name: Ilse Ponce

Address: 6221 Wilshire Blvd Suite 604

City: Los Angeles

State: CA

Zip Code: 90048

Phone: (323) 933-2444

Fax Number: (323) 903-0301

Specialty: Chiropractor

NPI Number: 1821137134

E-mail Address: ilse.ponce@att.net

Claims Administrator Information

Company Name: Sedgwick

Contact Name:

Address: P.O. Box 51350

City: Ontario

State: CA

Zip Code:

Phone: (909) 942-8918

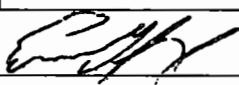
Fax Number:

E-mail Address:

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

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Sacroiliac Joint Sprain	S33.6XXD	interventional pain management		
Lumbar Facet	M47.816	Consultation		
Shoulder Tenosynovitis	M65.812			
Hip Trochanteric Bursitis	M70.62			
Knee Internal Derangeme	M23.92			

Requesting Physician Signature: 

Date: 08/06/2021

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:

**State of California, Division of Workers' Compensation
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): Johnson, Marvetta
 Date of Injury (MM/DD/YYYY): 11/06/2020 Date of Birth (MM/DD/YYYY): 12/11/1967
 Claim Number: Employer: Los Angeles County Probation Dept.

Requesting Physician Information

Name: Eric Gofnung, DC
 Practice Name: Eric Gofnung Chiro Corp. Contact Name: Ilse Ponce
 Address: 6221 Wilshire Blvd Suite 604 City: Los Angeles State: CA
 Zip Code: 90048 Phone: (323) 933-2444 Fax Number: (323) 903-0301
 Specialty: Chiropractor NPI Number: 1821137134
 E-mail Address: ilse.ponce@att.net

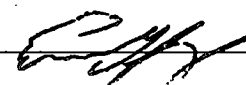
Claims Administrator Information

Company Name: Sedgwick Contact Name:
 Address: P.O. Box 51350 City: Ontario State: CA
 Zip Code: Phone: (909) 942-8918 Fax Number:
 E-mail Address:

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.)
Anxiety	F41.9	psychiatric vs. psychological Consultation		

Requesting Physician Signature:  Date: 08/06/2021

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:

ERIC E. GOFNUNG, D.C., QME

SPORTS MEDICINE AND REHABILITATION

6221 Wilshire Boulevard, Suite 604 λ Los Angeles, California 90048 λ Tel. (323) 933-2444 λ Fax (323) 933-2909

Date: 8/6/21

To Employer: LA County Probation Dept
Sedgwick
RE: Employee/ Injured worker: Marveta Johnson
SS# and/or Date of birth: 12111967
Date of Injury: 11/6/20
Claim #:
WCAB #:
EAMS Case #: ADJ14891825

The patient named above has designated: [] Eric Gofnung, D.C. [] Mayya Kravchenko, D.C. [] Jyrki Suutari, D.C. as their Primary Treating Physician. The patient is being scheduled to be seen in our office for evaluation and treatment of their industrially related injuries.

Please inform us if you have an established Medical Provider Network (MPN)? Please provide us with the following information so that we can inform and provide the injured worker with the proper information on how to select a treating physician from the employer's MPN.

Per Title 8 CCR 9767.5 an employer's MPN must have at least three (3) physicians in my area of specialty, of Chiropractic, to treat the injured worker. These three chiropractors must be within 30 minutes or 15 miles of a covered employee's residence or workplace.

Please list the names and phone numbers of these three (3) Chiropractors on the following lines:
_____, D.C.; (_____) _____ - _____
_____, D.C.; (_____) _____ - _____
_____, D.C.; (_____) _____ - _____

If this list of three Chiropractors in the employer's MPN is not forwarded to our office within five (5) days, we will take this to mean that you do not have three chiropractors on your MPN list within 30 minutes or 15 miles of the covered employee's residence or workplace.

If so, then the patient has requested this office to evaluate and to treat his/her industrially related medical needs and we will proceed to evaluate and treat the injured worker as needed on an industrial basis.

If you, the insurance company/employer, fail or refuse to furnish treatment to the injured worker, then the expense incurred for medical services furnished will be due as per Section 5402, subdivision (b) and (c). 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. If payment of this bill is denied; we will pursue provisions under L.C. 4603.2

As of 06/01/04, 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 employer please provide immediate payment.

Patient's name: Marveta Johnson Signature: [Handwritten Signature]