

## Del Carmen Medical Center

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### **Koruon Daldalyan, M.D.**

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October 12, 2021

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

PATIENT: Marvetta Johnson  
DOB: December 11, 1967  
OUR FILE #: 210292  
SSN: XXX-XX-7076  
EMPLOYER: Los Angeles County Probation Department  
9150 E. Imperial Hwy  
Downey, CA 90242  
WCAB #: ADJ14891825  
CLAIM#: Unavailable  
DATE OF INJURY: CT June 1, 2019 to June 22, 2021  
DATE OF 1<sup>ST</sup> VISIT: September 1, 2021  
INSURER: Sedgwick CMS  
P.O. Box 51350  
Ontario, CA 91761  
ADJUSTOR: Christine Rowney  
PHONE #: \*\*\*

### **Primary Treating Physician's Progress Report**

Dear Ms. Foley,

The patient presents today, October 12, 2021, for reevaluation. The patient complains of left hip pain with radiation of pain down the left lower extremity. She will be provided a Toradol injection for pain today.

#### Current Medications:

The patient currently takes Meloxicam 15 mg daily, insulin NPH 20 units AM and 15 units HS, Flonase nasal spray 2 sprays in each nostril, Escitalopram 5 mg two tablets daily, Diclofenac Sodium topical gel to apply 4 times daily, Rosuvastatin

10 mg daily, Lisinopril/HCTZ 20-25 mg daily, Metformin 750 mg two tablets PM, Atenolol 25 mg daily, Glipizide XL 10 mg 2 tablets before breakfast, Pioglitazone 45 mg daily, an Albuterol inhaler 90 mcg 2 puffs 4 times daily, Duloxetine 60 mg daily, and Gabapentin 300 mg TID.

Physical Examination:

The patient is a right handed 53-year-old alert, cooperative and oriented African/American female, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 230 pounds. Blood Pressure: 124/59. Pulse: 60. Respiration: 16. Temperature: 90.5 degrees F. There were no abnormalities of the skin detected. The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination. Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits. The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted. The abdomen is globular, with epigastric tenderness and without organomegaly. Normoactive bowel sounds are present.

Special Diagnostic Testing:

A 12-lead electrocardiogram is performed revealing sinus bradycardia and a heart rate of 59 per minute.

Laboratory Testing:

A random blood sugar is performed today and is recorded at 267 mg/dL. The urinalysis performed by dipstick method was reported as negative.

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness
4. Visual difficulty
5. Ear pain
6. Sinus problems
7. Sinus congestion
8. Jaw pain
9. Jaw clenching

10. Dry mouth
11. Chest pain
12. Palpitations
13. Shortness of breath
14. Abdominal pain
15. Reflux symptoms
16. Nausea
17. Constipation
18. 50 pound weight gain
19. Urinary frequency and urgency
20. Sexual dysfunction
21. Cervical spine pain
22. Lumbar spine pain
23. Left shoulder pain
24. Left elbow pain
25. Left hip pain
26. Left knee pain
27. Left ankle pain
28. Bilateral foot pain
29. Peripheral edema and swelling of the ankles
30. Anxiety
31. Depression
32. Difficulty concentrating
33. Difficulty sleeping
34. Difficulty making decisions
35. Forgetfulness
36. Hair loss from the scalp
37. Intolerance to excessive cold

Objective Findings:

1. Epigastric tenderness
2. Tenderness of the left side of the cervical and thoracic spine and tenderness of the lumbar paraspinal musculature
3. Tenderness of the left shoulder, medial and lateral aspect of the left elbow and left wrist
4. Tinel's is positive at both wrists
5. Tenderness at the base of the 4<sup>th</sup> digit of the right hand
6. Tenderness of the left knee
7. An x-ray of the chest (two views) reveals increased bronchial markings bilaterally.
8. An x-ray of the left shoulder (two views) reveals mild osteoarthritic changes of the AC and glenohumeral joints.
9. An x-ray of the left elbow (two views) reveals mild degenerative joint disease along with an osteophyte at the olecranon process.

10. An x-ray of the left hip (two views) reveals degenerative joint disease that is mild to moderate.
11. An x-ray of the left knee (two views) reveals degenerative joint disease of a mild degree.
12. A pulmonary function test revealing an FVC of 1.26 L (35.1%), an FEV 1 of 1.17 L (41.4%), and an FEF of 1.51 L/s (56.0%). There was a 33.5% increase in FVC, a 41.6% increase in FEV 1, and a 28.1% increase in FEF after the administration of Albuterol.
13. A 12-lead electrocardiogram revealing sinus bradycardia and a heart rate of 52 per minute.
14. A pulse oximetry test is recorded at 98%.
15. A random blood sugar is recorded at 245 mg/dL.
16. The urinalysis is reported as 1+ protein.

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL AND LUMBAR SPINE, LEFT SHOULDER, LEFT ELBOW, LEFT HIP, LEFT KNEE AND BILATERAL FEET
2. CERVICAL SPINE SPRAIN/STRAIN
3. LUMBAR SPINE SPRAIN/STRAIN
4. TORN ROTATOR CUFF, LEFT SHOULDER, STATUS POST CUFF REPAIR SURGERY (2011/2012)
5. EPICONDYLITIS LEFT ELBOW
6. TENDINOSIS LEFT HIP
7. INTERNAL DERANGEMENT LEFT KNEE
8. COMPENSATORY RIGHT KNEE PAIN DUE TO LEFT KNEE INJURY
9. BILATERAL ANKLE SPRAIN/STRAIN
10. NEUROPATHIC PAIN BILATERAL FEET
11. STATUS POST PARTIAL HYSTERECTOMY (2019)
12. STATUS POST BREAST REDUCTION (1994)
13. STATUS POST CHOLECYSTECTOMY (2011/2012)
14. HYPERTENSION (2008) AGGRAVATED BY WORKPLACE INJURY
15. DIABETES MELLITUS TYPE II (2008) AGGRAVATED BY WORKPLACE INJURY
16. OCCUPATIONAL EXPOSURES TO DUST AND ASBESTOS
17. HEADACHES
18. DIZZINESS/LIGHTHEADEDNESS
19. VISUAL DIFFICULTY
20. SINUS CONGESTION, RULE OUT CHRONIC SINUSITIS
21. TMJ SYNDROME
22. BRUXISM
23. XEROSTOMIA
24. CHEST PAIN
25. HEART PALPITATIONS

26. SHORTNESS OF BREATH
27. GASTRITIS/GERD SECONDARY TO NSAID MEDICATIONS
28. IRRITABLE BOWEL SYNDROME MANIFESTED BY CONSTIPATION
29. 50+ POUND WEIGHT GAIN
30. URINARY FREQUENCY AND URGENCY
31. SEXUAL DYSFUNCTION
32. ANXIETY DISORDER
33. POSTTRAUMATIC STRESS DISORDER
34. DEPRESSIVE DISORDER
35. SLEEP DISORDER
36. DIFFICULTY WITH DECISION MAKING
37. DIFFICULTY WITH CONCENTRATION
38. FORGETFULNESS
39. ALOPECIA
40. INTOLERANCE TO EXCESSIVE COLD

Discussion:

The patient worked as a Senior Detention Officer for the Los Angeles County Probation Department and she supervised the staff and youths at the center. It was her job to secure proper operation of the facility. In August 2019, she noticed an open door and that some of the youths were out of their rooms who were trying to assault the patient. She closed the door and called for help, which never came. She then called 911 for officers to assist her. She states that since that time she has had been under a significant amount of stress from her superiors and the facility individuals as calling officers is considered an embarrassment to the detention center. As of March 2021, she was no longer able to continue working.

The patient was diagnosed with diabetes mellitus type II in 2008 and hypertension in that same year. However, since sustaining her injuries, she has worsening blood sugar and blood pressure levels. She often complains of increased anxiety and stress including posttraumatic stress from the incident that occurred in August 2019.

The patient worked in a closed facility and was often exposed to asbestos, as the facility was an old building. Overtime she began to develop sinus problems and sinus congestion. She also complained of shortness of breath often.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I

reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

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

Disability Status:

The patient is to continue on temporary and total disability until October 13, 2021.

Treatment:

The patient is to continue with her current medications. She is prescribed Lansoprazole 15 mg daily and Meloxicam 15 mg daily. She is given a Toradol injection today to help relief her pain. She is also prescribed Flurbiprofen topical cream to apply BID. The patient is referred for an MRI of the left hip. She will be reevaluated in six weeks.

Attestation:

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I, Marvin Pietruszka, M.D., and/or my associate, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA. X-rays, if taken, were administered by Jose Navarro, licensed x-ray technician #RHP 80136, and read by me. The chiropractic care and physical therapy treatments are provided under the direction of Ara Tepelekian, D.C.

The history was obtained from the patient and the dictated report was transcribed by Susan Jervis, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of \$64.50 per page for a total of 7 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,



Marvin Pietruszka, M.D., M.Sc., F.C.A.P.  
Clinical Associate Professor of Pathology  
University of Southern California  
Keck School of Medicine  
QME 008609

Sincerely,



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