

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 September 14, 2022, 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 14 day of September, 2022, I served the within concerning:

Patient's Name: Smith, Pepper

Claim Number: Unavailable

WCAB / EAMS case No: ADJ16540205

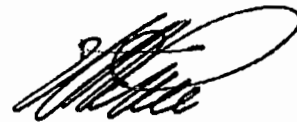
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|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> MPN Notice | <input checked="" type="checkbox"/> Initial Consultation Report – <u>9/2/2022</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 checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Permanent & Stationary Evaluation Report – _____ |
| <input checked="" type="checkbox"/> Request for Authorization – <u>9/2/2022</u> | <input type="checkbox"/> Post P&S Follow Up - _____ |
| <input checked="" type="checkbox"/> Itemized – (Billing) / HFCA – <u>9/2/2022</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:

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Suite 157-455
Los Angeles, CA 90048

SCIF
P.O. Box 65005
Fresno, CA 93650

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 14 day of September, 2022.



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:

State of California Betty T Yee State Controller
PO Box 942850
Sacramento, CA 94250

SCIF

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

PEPPER SMITH
559 89 8475
6/2/22 : CT: 7/31/21-7/31/22
DMV - WEST HOLLYWOOD

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

To Whom It May Concern:

I, Pepper Smith, 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 [Signature]

Printed: PEPPER SMITH

Date: 9/2/22

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.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health				
<input type="checkbox"/> Check box if request is a written confirmation of a prior oral request.				
Employee Information				
Name (Last, First, Middle): Smith, Pepper				
Date of Injury (MM/DD/YYYY): 07/31/2022		Date of Birth (MM/DD/YYYY): 05/22/1971		
Claim Number:		Employer: State OF California Betty T Yee State Co.		
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: SCIF		Contact Name:		
Address: P.O. Box 65005		City: Fresno	State: CA	
Zip Code: 93650-5005	Phone:	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.)
Cervical Facet	M53.82	Chiro Initial Consultation	99204	1 Time
Thoracic Facet	M41.34	Progress Report	WC002	
Lateral Epicondylitis	M77.12	Transcription	99199	
Carpal Tunnel Syndrome	G56.03			
De Quervain Tenosynoviti	M65.4			
Requesting Physician Signature: 		Date: 09/02/2022		
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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- New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
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Employee Information

Name (Last, First, Middle): Smith, Pepper
 Date of Injury (MM/DD/YYYY): 07/31/2022 Date of Birth (MM/DD/YYYY): 05/22/1971
 Claim Number: Employer: State OF California Betty T Yee State Co.

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

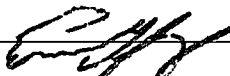
Claims Administrator Information

Company Name: SCIF Contact Name:
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 Zip Code: 93650-5005 Phone: Fax Number:
 E-mail Address:

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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Facet	M53.82	Electrical Stimulation	G0283	1 x a week for 6 weeks
Thoracic Facet	M41.34	Therapeutic Exercises	97110	
Lateral Epicondylitis	M77.12	Massage Therapy	97124	
Carpal Tunnel Syndrome	G56.03	CMT 1-2 regions	98940	
De Quervain Tenosynoviti	M65.4	Extraspinal Manipulation w/spinal	98943	

Requesting Physician Signature:  Date: 09/02/2022

Claims Administrator/Utilization Review Organization (URO) Response

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

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

Comments:

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Date of Injury (MM/DD/YYYY): 07/31/2022 Date of Birth (MM/DD/YYYY): 05/22/1971
Claim Number: Employer: State OF California Betty T Yee State Co.

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: SCIF Contact Name:
Address: P.O. Box 65005 City: Fresno State: CA
Zip Code: 93650-5005 Phone: Fax Number:
E-mail Address:

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Cervical Facet	M53.82	MRI of Cervical Spine		
Thoracic Facet	M41.34	X-rays of cervical spine,		
Lateral Epicondylitis	M77.12	left elbow,		
Carpal Tunnel Syndrome	G56.03	bilateral wrists and hands		
De Quervain Tenosynovitis	M65.4	NCV/EMG of upper extremities		

Requesting Physician Signature:  Date: 09/02/2022

Claims Administrator/Utilization Review Organization (URO) Response

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

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

Comments:

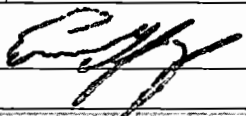
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E-mail Address: ilse.ponce@att.net				
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Cervical Facet	M53.82	Bilateral Carpal Tunnel splint		
Thoracic Facet	M41.34	and thumb spica		
Lateral Epicondylitis	M77.12	Orthopedic Surgical Consultation		
Carpal Tunnel Syndrome	G56.03	interventional pain management		
De Quervain Tenosynovitis	M65.4	evaluation		
Requesting Physician Signature: 		Date: 09/02/2022		
Claims Administrator/Utilization Review Organization (URO) Response				
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Zip Code: 93650-5005	Phone:	Fax Number:		
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Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical Facet	M53.82	internal medicine evaluation		
Thoracic Facet	M41.34			
Lateral Epicondylitis	M77.12			
Carpal Tunnel Syndrome	G56.03			
De Quervain Tenosynovitis	M65.4			
Requesting Physician Signature: 		Date: 09/02/2022		
Claims Administrator/Utilization Review Organization (URO) Response				
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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

September 2, 2022

Workers Defenders Law Group
Natalia Foley, ESQ.
751 S. Weir Canyon Road Suite 157-455
Los Angeles, CA 90048

Re: Patient: Smith, Pepper
SSN: XXX-XX-XXXX
EMP: State of California
INS: Unavailable
Claim #: Unavailable
WCAB #: ADJ16540205
DOI: CT: 07/31/2021-07/31/2022
D.O.E./Consultation: September 2, 2022

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

Time Spent Face to face:	35 Mins
Time Spent on Report Preparation	30 Mins

Dear Gentilepersons:

The above-named patient was seen for a Primary Treating Physician's Initial Evaluation on September 2, 2022, 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 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

Re: Patient: Smith, Pepper
DOI: CT: 07/31/2021-07/31/2022
Date of Exam: September 2, 2022

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.

This medical history was obtained with the assistance of medical historian Irma Chavira.

JOB DESCRIPTION:

Ms. Smith was employed by the State of California as a DMV Manager at the time of the injury. She began working for this employer on October 29, 1999. The patient worked full time.

Job activities included supervising, doing transactions, handling customer concerns and complaints, documentation and scheduling new hires, and customer services, working at a desk, using a computer and right handed mouse.

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

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, pushing, and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient worked eight hours per day and five days a week. Normal work hours were 8 a.m. to 5 p.m. Lunch break was 60 minutes. Rest break was 15 minutes. The job involved working 100% indoors.

Re: Patient: Smith, Pepper
DOI: CT: 07/31/2021-07/31/2022
Date of Exam: September 2, 2022

Prior to her initial evaluation on September 2, 2022, the patient was currently working at her usual and customary job duties with the above employer.

PRIOR WORK HISTORY:

The patient worked for the above employer for 22 and a half years.

HISTORY OF INJURY AND TREATMENT AS PRESENTED BY PATIENT:

CUMULATIVE TRAUMA: 07/31/2021-07/31/2022

The patient states that while working at her usual and customary occupation as a DMV Manager for the State of California, she sustained a work-related injury to her neck, Shoulders, arms, wrist, hand, thumbs, sleep difficulty, and psyche, which the patient developed in the course of employment due to continuous trauma dated July 31, 2021, to July 31, 2022. The patient explains she developed neck pain in March 2020 while working due to an explosion. She received treatment through WC, but her neck progressively worsened due to prolonged posturing while using the monitor and developed worsening left elbow, bilateral thumb and hand pain and numbness due to prolonged keyboarding. The patient explains that on June 2, 2022, she assisted a technician with a customer complaining about making a payment. Ms. Smith and the technician explained that he needed to provide the insurance information, and the customer began to raise his voice. He complained about using the Kiosk and continued to yell. He became more upset and continued to yell, take her picture, and ask for her name. She walked away three times. She noted her manager and admin manager were at her seats watching but did not come to assist her. She became anxious and upset. She threw her hands up and told the customer she could not help him. He continued to yell as she tried to move away from him. She refused to provide him with her last name. He threatened to punch her in her mouth. Her office manager proceeded to assist him in another window, but Ms. Smith felt a lack of concern for her well-being. She experienced a headache and tension in her neck, and the left side of her left shoulder and arm was numbing and tingling. She also experienced aggravated blood pressure at the time of the incident.

On the next day, June 3, 2022, she called her employer and reported the injury. She reported to Kaiser on the job for evaluation. She complained of a headache and numbness in her left shoulder and arm. The doctor told her she would attend to her head and psychological symptoms but needed to report the injury to her insurance carrier (Kaiser), where she had a previous claim. The doctor told her they would not send her to a hostile and stressful environment with headaches and numbness. She was advised to take Ibuprofen. She was taken off work for three weeks.

She returned to work on June 27, 2022, and the numbness and headaches resolved. However, assisting difficult or angry customers triggers her headaches, numbness, and pain. She tries to avoid difficult customers and requests help from her managers. She works with ongoing pain and discomfort.

Re: Patient: Smith, Pepper
DOI: CT: 07/31/2021-07/31/2022
Date of Exam: September 2, 2022

She has an appointment for a psychological evaluation in September 2022.

In July 2022, she began experiencing abdominal pain. On June 8, 2022, She presented to her PCP by telemedicine. Subsequently, she presented to urgent care for evaluation. A CT scan and an ultrasound were performed. She was told this could be brought on by stress.

Subsequently, she returned to urgent care due to ongoing stomach pain. A colonoscopy was performed on July 25, 2022.

The patient initially reported her injury to the employer on June 3, 2022. 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 her rights if she was injured was posted in her place of work on the walls in a common area. Upon being hired, she was provided information relating to Medical Provider Networks and her rights if injured at work. Upon reporting her injury, she was provided information relating to Medical Provider Networks and her rights if injured at work.

The patient presents to this office for further evaluation.

CURRENT COMPLAINTS:

Neck:

The patient complains of radiating pain to left upper extremity to above forearm and extending to the hands at times.

There is radiating pain from the neck into the shoulders and head, and she has been experiencing frequent headaches. She is experiencing numbness and tingling sensations. The pain is moderate, and the symptoms occur intermittently in the neck. The pain is aggravated by turning her neck to the left side and overhead, reaching with her left arm. There are stiffness and a restricted range of motion in the head and neck. The pain level varies throughout the day. Pain medication and medicated cream, and CBD oil provide pain improvement, but the patient remains symptomatic.

Bilateral Shoulders/Arms:

The pain radiates into the span of her shoulders. The pain is moderate to severe, and the symptoms occur intermittently in both shoulders. There is numbness in the arms and hands. The patient complains of stiffness and experiences increased pain with repetitive motion of the arms/shoulders. The pain is aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting, and carrying greater than 3-5 pounds, and repetitive use of the bilateral upper extremities. Pain level varies throughout the day, depending on activities. The patient has difficulty falling asleep and awakens throughout the night due to the pain and discomfort.

Re: Patient: Smith, Pepper
DOI: CT: 07/31/2021-07/31/2022
Date of Exam: September 2, 2022

Upper-Back:

The pain is moderate, and the symptoms occur intermittently, in the upper-back. The pain increases with twisting and turning at the waist, forward bending, pushing, pulling, and lifting and carrying. Patient complains of tightness in the upper back. There is numbness.

Lower Back:

The patient denies pain in her lower back.

Bilateral Legs:

The patient denies pain in her bilateral lower legs.

Psyche:

The patient has episodes of anxiety, stress, and depression due to chronic pain and disability status. The patient denies suicidal ideation.

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

The patient's condition has persisted due to continued work, lack of medical treatment, and activities of daily living.

PAST MEDICAL HISTORY:

Illnesses:

The patient reports a history of intermittent high blood pressure, which she relates was aggravated at the time of the injury.

Injuries:

In March of 2020, while working for the same employer, she suffered an injury to her neck and left shoulder. The patient explains that there is a DWP plant location near her place of employment. There was an explosion, and while she quickly walked over, there was a second explosion. She jerked around to her left side, sustained an injury to her neck and left shoulder, and experienced a severe headache. She was referred for medical care with Kaiser on the Job. Treatment included medicated creams, pain medication, physical therapy, and acupuncture treatment. She does return to the doctor for follow-ups when needed. She continued to have pain in her neck and left shoulder. She has not seen a doctor for about 8 to 9 months.

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In 2001, while working for the same employer, she suffered bilateral carpal tunnel syndrome due to cumulative trauma. In 2001 the patient underwent right carpal tunnel surgery, and six months later, she underwent left carpal tunnel surgery. This case was settled with compensation. She relates she fully recovered.

In 2018, the patient was involved in an auto accident when she rear-ended another vehicle. She sustained an injury to her lower back. Treatment included examination, prescribed medication, and physical therapy. She relates she fully recovered.

The patient denied any new injuries.

Allergies:

The patient denied any known allergies.

Medications:

The patient is taking Norco for stomach pain.

Surgeries:

2001: Right carpal tunnel surgery
2001: Left carpal tunnel surgery
1996: Tubal ligation
1999: 2 atopic pregnancies
1999: Removal tube for atopic pregnancy
2017: Hysterectomy
2021: Gallbladder removal surgery

Hospitalization:

The patient denied any hospitalization.

REVIEW OF SYSTEMS:

A 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:

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.

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Travel: As a result of the industrially related injury, the patient states: Difficulty with driving, restful night sleep pattern, and sexual function, with a rating of 3/5.

FAMILY HISTORY:

Mother is deceased and passed away from cancer.

Her Father is deceased and passed away from heart disease.

The patient has two siblings who are alive and in good health. Two siblings passed from drugs and alcohol.

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

SOCIAL HISTORY:

Ms. Smith is a 51-year-old divorced female with four children.

The patient completed some college.

The patient consumes occasional alcohol and does not smoke.

The patient walks and rides her bike for exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

Physical Evaluation (September 2, 2022) – Positive Findings:

General Appearance:

The patient is a 51-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.

Vital Signs:

Pulse: 75
Blood Pressure: 143/101
Height: 5'3"
Weight: 210

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Cervical Spine:

Tenderness was noted over bilateral paravertebral and upper trapezius musculature with myospasming, greater on the left side. Tenderness was noted over the vertebral regions from C3 through C7 over the bilateral facet joints, greater on the left side.

Bilateral shoulder depression tests were positive.

Ranges of motion of the cervical spine were decreased and painful, as follows:

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	45
Extension	60	40
Right Lateral Flexion	45	20
Left Lateral Flexion	45	25
Right Rotation	80	55
Left Rotation	80	45

Shoulders & Upper Arms:

Deformity, dislocation, edema, swelling, erythema, surgical scars and lacerations are not present upon visual examination of the shoulders. The shoulders are 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 bilaterally. There is no tenderness over the subacromial bursa and subdeltoid bursa bilaterally. The acromioclavicular joint, glenohumeral joint and clavicle are not tender bilaterally. 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 bilaterally.

Ranges of motion of the right shoulder and left shoulder were performed without pain, spasm or weakness.

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<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:

Right Elbow & Forearm:

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 bilaterally.

Tinel's sign at the right elbow is negative.

Left Elbow & Forearm:

Examination revealed tenderness over the lateral epicondyle and extensor/brachioradialis musculature.

Left Cozens' test was positive.

Tinel's sign at the left elbow is negative.

Ranges of motion for the right and left elbows were accomplished without pain and spasm and were as follows:

<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

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Wrists & Hands:

Surgical scars were noted over the bilateral volar crease over the carpal tunnel secondary to carpal tunnel release surgery which was done in about 2001.

Tenderness was noted over the volar crease over the carpal tunnel and carpals as well as over the radial styloid, anatomical snuff box and thenar region.

Bilateral Tinel's sign and Finkelstein's test were positive.

Ranges of motion of the right wrist and left wrist were normal with discomfort at extremes.

<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

Fingers:

Tenderness over the bilateral thumbs at the carpometacarpal and metacarpophalangeal joints.

Bilateral hand digit range of motion is grossly within normal limits with pain during range of motion of the thumbs.

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:

Left: 0/0/0.

Right: 0/0/0.

There is no pain during grip strength testing.

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 the exception of left wrist extension 4/5, bilateral finger flexion 4/5, all other myotomes 5/5.

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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:

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, **with the exception of hypoesthesia in the right hand median nerve distribution.**

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	30.5	31
Forearms	22	21.5

Thoracic Spine:

Tenderness was noted over the bilateral paravertebral and trapezius musculature with tenderness at T1 to T4 vertebral regions with hypomobility.

Thoracic spine ranges of motion were performed without pain and spasm.

<i>Thoracic Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	60	60
Extension	0	0
Right Rotation	30	30
Left Rotation	30	30

<i>Lower Extremity Measurements Circumferentially & Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	60	59.5
Calf - at the thickest point	41	40.5
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	93	93

Diagnostic Impressions:

1. Cervical myofasciitis, M79.1.
2. Cervical facet-induced versus discogenic pain, M53.82.

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3. Cervical radiculitis, rule out, M54.12.
4. Thoracic spine myofasciitis, M79.1.
5. Thoracic facet-induced versus discogenic pain, M54.6.
6. Left elbow lateral epicondylitis and brachioradialis tendinitis, M77.12/M75.22.
7. Bilateral de Quervain tenosynovitis of the thumbs, M65.4.
8. Bilateral carpal tunnel syndrome, G56.03.
9. Status post bilateral tunnel release surgery in 2001 with aggravation.
10. Hypertension, I10.
11. Anxiety and depression, F41.9, F34.1.
12. Gastritis, K29.70.

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 cervical spine, thoracic spine, left elbow and forearm, bilateral wrists, hands and thumbs at once a week for six weeks with a followup in six weeks.**

Diagnostic studies recommended:

- 1) The patient is recommended **MRI of the cervical spine.**
- 2) The patient is recommended **x-rays of the cervical spine, left elbow, bilateral wrists and hands.**
- 3) The patient is recommended **NCV/EMG studies of upper extremities.**

Left bilateral carpal tunnel splints and thumb Spica to use as necessary based on pain levels.

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Specialty evaluations recommended:

- 1) The patient is recommended **orthopedic surgical consultation** for further workup of bilateral upper extremity complaints as this patient is status post carpal tunnel release surgery in 2001 with aggravation.
- 2) The patient is recommended **interventional pain management evaluation** for further workup of cervical spine radicular complaints and pharmacological management to explore need for injections.
- 3) The patient is recommended **internal medicine evaluation** for further workup of hypertension and gastritis as related to causation, nature and extent, and management. The patient should need internist for further workup of hypertension and gastritis.

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 cervical spine, thoracic spine, and bilateral upper extremities are industrially related and secondary to continuous trauma from 07/31/2021 to 07/31/2022 while working for State of California as a DMV Manager.

Please note causation as related to hypertension and gastritis is deferred to appropriate specialist of internist.

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

Please note that this patient does have prior work-related injury while working for the same employer from March of 2020 to her cervical spine and left shoulder she explains; however, her condition significantly worsened while working due to continue work until present. Apportionment will be an issue and will be discussed when the patient's condition reaches permanent and stationary status. Please note apportionment is also an issue as related to bilateral wrists and hands as this patient did have prior carpal tunnel release surgery due to work-related carpal tunnel syndrome working for same employer.

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.

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Work Status/Disability Status:

The patient was returned to modified duties on 09/02/2022. No prolonged posturing. No lifting in excess of 10 pound and furthermore restricted to occasional basis. No repetitive or forceful gripping, grasping, torquing, pulling or pushing. No prolonged computer work or writing. She must use right epicondylitis brace and bilateral carpal tunnel and thumb splint as needed while working. The patient should be able to rest every 10 minutes of every hour worked as is limited to working 4 hours per day. The patient must work in an ergonomic chair and desk setup.

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

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 it's 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;

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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.

Sincerely,



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

Signed this 12 day of September, 2022, in Los Angeles, California.

EEG:svl

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: 9 / 2 / 22

To Employer: State of California Betty T Yee State CO
SCIE
RE: Employee/ Injured worker: Pepper Smith
SS# and/or Date of birth: 5/22/71
Date of Injury: CT: 7/31/21 - 7/31/22
Claim #:
WCAB #:
EAMS Case #: ADJ16540205

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: Pepper Smith

Signature: X [Signature]

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

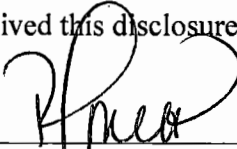
Disclosure. You may be referred to one or more of the physicians or other health care practitioners listed below. They or their family members may provide services to or have another financial interest directly or indirectly with each other.

Eric Gofnung, DC, David Feder, LAc. Mayya Kravchenko, DC.

If you would like to know of alternatives to any of them or to any other health care practitioner or facility you are referred to, please let your examining or treating doctor or his or her office staff know.

Complaints. If you have any questions, concerns, or complaints regarding any referral or any other service, please contact your doctor or his or her office manager. Your confidential communications will be protected. You have the right to file a complaint with the doctor's state licensing agency: for a chiropractor, it would be the Board of Chiropractic Examiners, 2525 Natomas Park Drive, Suite 260, Sacramento, CA 95833; for a podiatrist, the Board of Podiatric Medicine, 2005 Evergreen Street, Ste. 1300, Sacramento, CA 95815-3831; for an allopathic physician (M.D.), the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815; for an acupuncturist, the California Acupuncture Board, 1747 N. Market Blvd, Suite 180, Sacramento, CA 95834, and for an osteopath (D.O.), the Osteopathic Medical Board of California, 1300 National Drive, Suite #150, Sacramento, CA 95834-1991.

I have received this disclosure:

X 

Signature of patient
FEDDER SHULTZ

Type or print name of patient

Date signed by patient: 9/2/22
Date received by patient: 9/2/22

KC
Office staff initials