



EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



- Certified, American Board of Orthopedic Surgery

AAOS American Academy of Orthopedic Surgeons

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

American College of Spine Surgery

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

5651 SEPULVEDA BLVD., STE 201
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724 CORPORATE CENTER DRIVE
SECOND FLOOR
POMONA, CA 91768
PH. (909) 622-6222
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Patient Name : Pepper Smith
Date of Service : June 21, 2023
Claim # : 06758786
Employer : State of California Betty T Yee State
Date of Birth : May 22, 1971
Date of Injury : 07/31/2021
CT:7/31/2021 to 7/31/2022
File # : 20078796

FOLLOW-UP REPORT OF A SECONDARY PHYSICIAN

The patient is returning to my attention following her previous clinical visit on April 26, 2023, and she is now status post medical-legal evaluation on May 24, 2023. We are awaiting the full and final report of that practitioner.

Physical examination again showed spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine. The left shoulder had impingement and Hawkins signs with range of motion in flexion and abduction less than 100 degrees. Loss of sensation in the left C6 and C7 dermatomes. The left wrist also had positive Phalen and reverse Phalen signs with decreased grip strength and distal radial tenderness over the hands. Tenderness was noted in the left lateral epicondyle.

Medications have been refilled.

Her current modifications for work to be deferred to the primary treating physician, and the patient will return to my attention in four to six weeks. It is our hope to be in possession of the Medical-Legal Evaluator's full, and final recommendations at the time of her return.

DIAGNOSIS:

354.0 Carpal Tunnel Syndrome
723.1 Cervicalgia
726.2 Shoulder Region Disorders Not Elsewhere Classified
M54.2 Cervical Pain
M75.40 Impingement syndrome
shoulder

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G56.00 Carpal tunnel syndrome
M77.10 Lateral epicondylitis
elbow
726.31 Medial Epicondylitis
727.04 Radial Styloid Tenosynovitis

We are requesting that all the patient medical records, related or unrelated to this case be sent to our attention for review which will be incorporated in accessing the treatment and medical legal issues.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Jason Perez and Emily Shemwell. Sherry Leoni, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.

Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.

June 23, 2023

Date



Nicholas Cascone, P.A.C



Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

*Dr. Gofnung
6221 Wilshire Blvd. #604 {By Fairfax}
Los Angeles, CA 90048
Attn: Eric Gofnung, DC*

*Workers Defenders Law Group

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June 21, 2023
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8018 E. Santa Ana Cny #100-215
Anaheim Hills, CA 92808

*SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650
Attn: James Kim

PROOF OF SERVICE
STATE OF CALIFORNIA

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 6/26/2023 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Pepper Smith
File Number: 20078796
Claim #: 06758786
DOS: 6/21/2023

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Eric Gofnung, DC
Dr. Gofnung
6221 Wilshire Blvd. #604 {By Fairfax}
Los Angeles, CA 90048

Workers Defenders Law Group
8018 E. Santa Ana Cny #100-215
Anaheim Hills, CA 92808

James Kim
SCIF - LA (CLM# ENDING IN 00-49)
PO BOX 65005
Fresno, CA 93650

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 6/26/2023 at

Smith, Pepper

June 21, 2023

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A handwritten signature in cursive script that reads "Emily Shemwell". The signature is written in black ink and is positioned above a horizontal line.

Emily Shemwell