

Alexander B. Christ, M.D.

Orthopaedic Surgeon

Qualified Medical Evaluator

MAILING ADDRESS

8221 N. Fresno St

Fresno, CA 93720

(559) 222-2294

SUPPLEMENTAL REPORT

November 2, 2023

State Compensation Insurance Fund

P.O. Box 65005

Fresno, CA 93650

RE: Smith, Pepper
DATE OF EVALUATION: May 24, 2023
EMPLOYER: Dept. Motor Vehicles
DATE OF INJURY: July 31, 2022
CLAIM NO: 06758786

RE: Smith, Pepper
DOS: 11/2/2023
Page 2

FILE NO: 242797-1

FEE DISCLOSURE

ML 203-95: This is a Supplemental Medical-Legal Evaluation.

****This is a medical legal report and does not qualify for a PPO/Network discount.**

ML PRR: Record Review with report - Total includes review of cover letters and records: 53 pages.

REVIEW OF RECORDS

Fifty-three additional pages of medical records were available for review.

08/30/23. Eric E. Gofnung, D.C. (Chiro). P&S Date: 08/30/23. IMP RATING: 41% WPI (31% WPI for UE & 14% WPI for cervical spine). APPORTIONMENT: Based upon the patient's past medical history & available medical records, I apportion causation with regard to bilateral wrists 50% to prior injury resulting in bilateral carpal tunnel release in early 2000 & 50% to continuous trauma as discussed above. With regard to cervical spine, I apportion causation 100% to continuous trauma as discussed above as the patient returned to full duty without restrictions and was declared MMI on 07/12/21. FUT MED: Provisions should be made for further chiropractic, acupuncture, physiotherapy care, &

treatment, to include both medical & surgical treatment. Diagnostic studies of x-rays, MRIs, & psychological & interventional pain management consultation on an as-needed basis. (p. 1, MR1)

DIAGNOSES

1. Posttraumatic stress disorder.
2. Neck pain.
3. Left shoulder pain.

DISCUSSION

Ms. Smith claims cumulative trauma from July 31, 2021 to July 31, 2022 of a specific event on June 2, 2022 while working as a Manager Level I at The Department of Motor Vehicles in West Hollywood. After being threatened by a customer, she has complained of head, neck and shoulder pain. She returned to work full time as of March 6, 2023 in the same occupation. She has undergone MRIs of the Left Shoulder and C-Spine as well as Nerve Conduction Studies of the Bilateral Upper Extremities which were normal.

She had previously been evaluated by Chiropractor E. Gofnung and given a 41% whole person impairment rating, 31% whole person impairment for the upper extremity and 14% whole person impairment for the cervical spine. Regarding the upper extremities, impairment rating was based upon grip strength impairment. Regarding cervical spine, impairment rating was performed based upon range of motion method and disc protrusion. While multi-level disc protrusions were noted in her cervical spine, I have not had the opportunity to review that report. However and more importantly, EMG of the Bilateral Upper Extremities performed January 27, 2023 demonstrated a normal electrodiagnostic study. Furthermore, the patient did not actually sustain physical trauma to the cervical spine as a result of the specific event in question. Regarding her shoulders and elbows, she has full range of motion.

CAUSATION

The diagnosed conditions are causally related to cumulative trauma that the patient sustained during her usual and customary duties of employment. She has a history of previous neck pain for which she has sought care. She is now working full-time full-duty.

DISABILITY STATUS

The patient returned back to working full-time, full-duty the same job.

AMA IMPAIRMENT RATING AND ANALYSIS

Regarding patient's stress and psychiatric symptoms, this should be evaluated by PQME Psychiatrist.

Regarding the patient's neck, based upon Table 15-5 on Page 392, of The AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, her symptoms correlate to DRE Cervical Category I with 0% impairment of the whole person. Most importantly, she had a normal EMG with no physical examination or electrodiagnostic evidence of radiculopathy and no physical impact to the neck. Therefore, it is my opinion that this impairment rating is more accurate than the one presented by Dr. Gofung, as DRE Method is preferred range of motion method unless special circumstances arise.

Regarding the arms and shoulders, the patient has full range of motion and therefore has no ratable impairment.

APPORTIONMENT

The patient has a previous history of known neck pain as a function of the previous car accident and explosion across the street from her work in 2017. Therefore it is my opinion, that 50% of the patient's current impairment of the neck is related to the industrial injury in question and 50% to other factors.

FUNCTIONAL CAPACITY

The patient is able to perform her usual and customary job duties at this time. She may continue to work full-time, full-duty.

FUTURE MEDICAL CARE

The patient requires provisions for future medical care. This includes physical therapy, chiropractic care, acupuncture, medication management for neck pain. She may require future imaging studies in the form of radiographs or MRIs. Most importantly, she should be evaluated by a psychiatrist for her disturbances, sleep, mood and stress related to these events.

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Thank you for the opportunity to evaluate this examinee. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

ATTESTATION

I, Alexander B. Christ, M.D., personally took the examinee's history, reviewed the medical records, performed the physical examination, and dictated this report. All of the opinions expressed in the report are mine. In the preparation of the report Jeniffer De La Rosa, MT, arranged all of the records in chronological order and prepared a list and excerpt of records for my review. I personally then reviewed all of the available medical records and the excerpt prior to the preparation of my report. Staff time has not been included in the calculation of time spent on this report. The entire report was personally reviewed by me and signed on the date and county as indicated.

I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 to the best of my knowledge and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

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.

Sincerely,

Alexander B. Christ, M.D.

Orthopaedic Surgeon

Signed this _____ day of _____ 2023 in _____ County in the State of California.

RE: Smith, Pepper
DOS: 11/2/2023
Page 5

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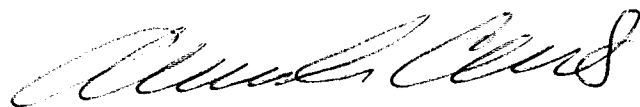
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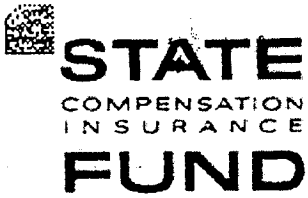
Sincerely,



Alexander B. Christ, M.D.

Orthopaedic Surgeon

Signed this 17th day of Dec 2023 in Los Angeles County in the State of California.



5/22/1971
SUPPLEMENTAL

242797-1
RECEIVED
NOV 06 2023
BY: NA

November 2, 2023

Alexander Christ
Alexander B Christ, Md
8221 N Fresno St
Fresno CA 93720-2041

Claim Number: 06758786
Employee: Pepper Smith
Date of Injury: 07/31/2022

Dear Dr. Christ

Thank you for your service as the Panel Qualified Medical Evaluator. Please review the enclosed report from Primary Treating Physician Dr. Gofnung and issue a supplemental report discussing if you agree or disagree with the determinations made by Dr. Gofnung.

State Fund has complied with Labor Code section 4862.3. I further attest the total number of pages provided herein is 52 pages. This packet may include the non-billable, non-informational blank backsides of double-sided documents and are excluded from the total page count provided above. I certify that the same is true of my own knowledge, except as to those matters which upon my information or belief I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: November 2, 2023

Signature: John Merritt

Sincerely

John Merritt

John Merritt
(714) 347-5121

Enc: List of Records

cc: Natalia Foley, 751 S Weir Canyon Rd, Ste 157-455, Anaheim, CA 92808-9280

43007231 000000107 00001 00026 06758786

Claim Number: 06758786
Employee: Pepper Smith
Date of Injury: 07/31/2022

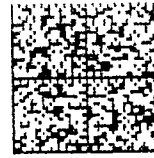
ATTENTION: MEDICAL PROVIDERS

Previously Sent- Previously reviewed attachments/documents are not billable.

COPIES - Please dispose the records in a manner that ensures medical confidentiality or return them to State Fund for disposal.

ATTENTION : STATE FUND
If records are returned, do not reimage.

| Name | Date | Previously Sent |
|--------------------|-------------|------------------------|
| Eric Gofnung, D.C. | 08/30/2023 | |



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er Christ
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CA 93720-2041

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: Pepper Smith v State Compensation Insurance Fund
(employee name) *(claims administrator name, or if none employer)*

Claim No.: 06758786 **EAMS or WCAB Case No. (if any):** _____

I, Audrey Amesqua, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: 8221 N. Fresno St, Fresno, CA 93720
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service.
(Messenger must return to you a completed declaration of personal service.)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

| <u>Means of service:</u> <i>(For each addressee, Enter A-F as appropriate)</i> | <u>Date Served:</u> | <u>Addressee and Address:</u> |
|---------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------|
| B | 12/20/2023 | Pepper Smith, 7033 2nd Ave. Los Angeles CA 90043 |
| B | 12/20/2023 | State Compensation Insurance Fund, P.O. Box 65005 Fresno CA 93650 |
| B | 12/20/2023 | Workers Defenders Law Group, 751 S. Weir Canyon Rd., Ste. 157 455 Anaheim CA 92 |
| | | |
| | | |
| | | |

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

Date: 12/20/2023

A. Amesqua

(Signature of Declarant)

Audrey Amesqua

(Print Name)