

EDWIN HARONIAN, M.D.

— DISORDERS & SURGERY OF THE SPINE —



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

AdminSure
3380 Shelby Street
Ontario, CA 91764
Attn: Shannon Rocha

Patient Name : Patricia Bush
Date of Service : June 3, 2019
Claim # : 18-138707
Employer : Pomona Valley Hospital Medical Center
Date of Birth : March 10, 1961
Date of Injury : 11/10/2018
File # : 20052853



- 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

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FOLLOW-UP REPORT AND REVIEW OF DIAGNOSTIC STUDIES OF A PRIMARY TREATING PHYSICIAN

The patient is presenting to my attention and continues to complain of pain in the left shoulder and left knee. She is currently working, however, she does continue to be symptomatic. She has difficulty with lifting, pushing, pulling, overhead and over the shoulder activities and prolonged sitting, standing, and walking. She describes popping, clicking, and instability in the left knee. She states that the pain awakens her at night.

Loss of motor function over the left shoulder and left knee is noted to be grade 4/5 with decreased range of motion. Impingement, Hawkins, and Yergason's testing is noted to be positive over the left shoulder. An apprehension test is negative over the left shoulder. Patellar crepitus is noted over the left knee with medial and lateral joint line tenderness.

The conditions, risks, benefits, and alternatives have been discussed with the patient, and the patient has verbalized understanding.

MRI of the left knee was reviewed today. This reveals a longitudinal horizontal oblique tear of the body and posterior horn of the medial meniscus along with the low-grade partial tear of the ACL. Mild

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degenerative changes are noted. MRI of the left shoulder was reviewed revealing tearing of the anterior-inferior labrum and focal high-grade cartilage loss of the inferior glenoid. Tendinosis of the low-grade partial tearing of the supraspinatus and infraspinatus tendon is seen as well as moderate acromioclavicular joint osteoarthritis.

The option for cortisone injection to the left shoulder and left knee have been discussed with the patient. She declines to have injections done. She was provided with the option for surgical intervention to the left shoulder and left knee. She will think about her options that were provided to her on today's visit in regards to surgical intervention.

Medications will be provided to her today. Left knee support is being requested, so that the patient can use while she is working to reduce the stress over the left knee, reduce her pain, and allow her to be more functional in the workplace.

I will re-evaluate the patient in four weeks.

DIAGNOSIS:

S43.409D Shoulder Sprain/Strain,

M54.17 Radiculopathy, lumbosacral region,

S83.90XD Sprain of knee

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, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, 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 7, 2019

Date

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

SL

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*Law Offices of Natalia Foley
8306 Wilshire Blvd, #115
Beverly Hills, CA 90211

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 6/12/2019 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Patricia Bush

File Number: 20052853

Claim #: 18-138707

DOS: 6/3/2019

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:

Shannon Rocha
AdminSure
3380 Shelby Street
Ontario, CA 91764

Law Offices of Natalia Foley
8306 Wilshire Blvd, #115
Beverly Hills, CA 90211

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 6/12/2019 at



Emily Shemwell