



JONATHAN T. NASSOS, M.D.

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

Patient Name : Patricia Bush
Date of Service : May 20, 2021
Claim # : 18-138707
Employer : Pomona Valley Hospital Medical Center
Date of Birth : March 10, 1961
Date of Injury : 11/10/2018
File # : 20052853

INITIAL ORTHOPEDIC EVALUATION OF A SECONDARY PHYSICIAN

The above captioned patient, a 60-year-old right-hand dominant female, presented in my Pomona office, located at 724 Corporate Center Drive, 2nd Floor, Pomona, California 91768, on May 20, 2021, for an orthopedic evaluation.

The following is a presentation of my initial evaluation and over all recommendations. The history was obtained by my medical historian, Mr. Edgar Montano. I then reviewed the history in detail with patient.

HISTORY OF INJURY:

Ms. Bush, Patricia is a 60-year-old right-hand-dominant female who sustained industrial injuries on November 10, 2018, while working as a Licensed Psyche Technician with Pomona Valley Hospital Medical Center.

The patient states on November 10, 2018, during the course of employment, she was getting up out of her chair, took two steps, slipped and fell. She states there were no cautions signs that the floor had recently been mopped and was

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wet. She landed to her left shoulder and left knee and experienced immediate pain to these areas. She reported the injury to her supervisor and was referred for medical care.

On November 10, 2018 she was initially examined by the emergency room physician at Pomona Valley Hospital Medical Center in Pomona. She was referred to the urgent care in Chino. She was placed off duty two days. The patient was already scheduled to be off duty and was given medication for pain and inflammation. The patient returned to work regular duties. She received some physical therapy to her left shoulder and left knee, providing her temporary pain relief. The patient has not had any diagnostics.

She has continued working full duty

On February 11, 2019 she was examined in our office by Dr. Edwin Haronian. She was taken off work and placed on TTD. **X-rays to her left shoulder** was taken. An **MRI study to her left shoulder, and left knee** was performed. PRP injections for her left knee were requested, however it was denied by the insurance provider. She was prescribed medication for pain, gastritis and inflammation. Physical therapy to her left shoulder and left knee three times a week, with no pain relief. She **underwent left shoulder arthroscopy surgery on July 30, 2019**, followed with post op physical therapy to her left shoulder, which worsen her pain. She also **underwent left knee arthroscopy surgery on December 3, 2019**, followed with physical therapy to her left knee, with no pain relief. She was referred to an internal medicine physician. The patient is being referred in house for a comprehensive orthopedic evaluation to her left knee. She periodically followed for pain evaluations and medications and she was last examined on April 26, 2021.

On March 26, 2020 she was examined by Dr. William H. Mouradian M. D. in the capacity of PQME in Long Beach. She **underwent a PQME evaluation. X-rays to her left knee** was taken. A total knee replacement to her left knee was suggested if the injections did not help with her pain. She was seen twice.

She presents to my office today for a comprehensive orthopedic evaluation.

JOB DESCRIPTION:

The patient began employment with Pomona Valley Hospital Medical Center on May 14, 2017 as a Licensed Psyche Technician.

She worked twelve hours per day, three days per week and overtime. Her job duties at the time of injury included: passing medication, doing vitals, charting, assessing patients for the unit, therapeutic counseling. Some lifting and carrying as well as restraining of patients and administering injections.

The precise activities required entailed a combination of extensive standing, walking, and sitting, as well as continuous maneuvering of her arms and hands, and repetitive bending, stooping,

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squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 50 pounds, ascending and descending

CURRENT WORK STATUS:

The patient is currently not working. She last worked on July 21, 2019, as she was placed on TTD and she has not worked since.

She is currently receiving worker's compensation disability benefits.

EMPLOYMENT HISTORY:

The patient states prior to working with Pomona Valley Hospital Medical Center, she worked at Corona Regional Medical Center Psyche Ward as a Licensed Psyche Technician for approximately six years.

PRESENT COMPLAINTS:

Left Knee:

The patient complains of constant aching in the left knee, becoming sharp and shooting with standing and walking. She has clicking, popping and locking in her left knee. She has episodes of swelling in the knee. Her knee has given out, causing her to lose her balance. She has difficulty standing and walking for a prolonged period of time. She has difficulty ascending and descending stairs and walks with an altered gait. Her pain level varies throughout the day depending on activities. She awakens with pain and discomfort. Heating and ice packs, resting, and pain medication provide her pain improvement, but she remains symptomatic. She uses a knee brace.

MEDICAL HISTORY:

The patient has a history of hypertension and high cholesterol, controlled with medications.

The patient has no known history of heart disease, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

SURGERIES:

As noted above, the patient underwent surgery to her underwent left shoulder arthroscopy surgery on July 30, 2019 and underwent left knee arthroscopy surgery on December 3, 2019

PRIOR/SUBSEQUENT INJURIES:

The patient denies any previous or subsequent accidents or injuries.

MEDICATIONS:

The patient is currently taking prescribed pain medication, and anti-inflammatory agents, but cannot recall the names of these. She is taking prescribed medication for hypertension, high cholesterol, but cannot recall the names of these.

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ALLERGIES:

The patient has no known allergies to any medications.

SOCIAL HISTORY:

The patient is single and has no children. She does not drink and does smoke about four cigarettes per day.

FAMILY HISTORY:

Her mother has hypertension and diabetes.

HOBBIES:

The patient enjoys walking, and exercising, however, she is currently not able to participate in these, as a result of her pain.

ACTIVITIES OF DAILY LIVING:

The patient states that prior to the above noted injury she had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury noted above, there are episodes of increased, causing her difficulty with showering, dressing, grooming, and with household chores. She avoids standing, walking, sitting, and driving for prolonged periods of times. She avoids lifting greater and is more aware of proper body mechanics.

PHYSICAL EXAMINATION:

HEIGHT: 5'4"

WEIGHT: 223 pounds

Lower Extremities:

Patient has an antalgic gait and is ambulating with no assistive device.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	4/5	5
Knee Flexion	5	4/5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact

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L5 Lateral Leg, Mid Foot	Intact	Intact	Intact
S1 Post. Leg, Outer Foot	Intact	Intact	Intact

Knee Examination:

Knee Range of Motion	Right	Left	Normal
Flexion	125°	120°	135°
Extension	0°	0°	0°

On visual inspection, there is an incision noted on the left, but no erythema, ecchymosis, deformity or defect about the knee. No patellar crepitus is noted. No tenderness is noted with firm compression. Patellar grind is negative. There is no swelling noted. Posterior to the knee there is no fullness and no masses were palpable. **There is medial joint line tenderness noted on the left**, but no lateral joint line tenderness noted. There is no tenderness at the patellar tendon insertion at the distal pole of the patella. **Tenderness is noted at the medial patellar facet on the left**, but not at the lateral patellar facet. There is no valgus or varus instability at 0° or 30°. There is no anterior or posterior instability at 0° or 90°. McMurray's is negative. Lachman's is negative. **Tenderness to palpation was noted over the medial femoral condyle on the left.**

REVIEW OF DIAGNOSTIC STUDIES:

I have obtained and reviewed four views of the left knee including standing AP, 45-degree flexion PA, lateral, and sunrise views. No acute fractures noted. No lesions are noted. Mild joint space narrowing is noted.

I have been able to review a left knee MRI performed on August 25, 2020. This is a non-contrast MRI. Moderate grade cartilage loss is noted in the medial femoral tibial compartment, which appears advanced since previous exam. Low-grade cartilage loss is seen in the lateral femoral tibial compartment which appears stable. There was advanced tearing of the body and the posterior horn of the medial meniscus. Partial tearing of the ACL.

I have been able to review an AME report from Dr. Mouradian from January 14, 2021. He states continued treatment includes an injection of local anesthetic and a steroid to the left knee for diagnostic purposes. I strongly caution the examinee that if she did not receive moderately good pain relief in the first couple of hours after the shot, it was unlikely that additional surgery would be beneficial.

IMPRESSION:

Status post left knee arthroscopy with medial compartment chondromalacia and medial meniscus tear.

DISCUSSION:

I discussed additional treatment with the patient during today's visit. The patient states that she underwent an injection couple of months ago to the knee joint. She had absolutely no pain relief

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even within the first hour or two after the injection. I let her know that this is not a good sign that an additional surgery would be beneficial. I am in complete agreement with Dr. Mouradian regarding this. I also questioned her how this was injected. She was in a seated position with the knee in 90 degrees of flexion. At times, this medication can just go into infrapatellar fat pad and not disperse throughout the joint. I would offer her at this time an additional injection by me in the office just to ensure that this is not an intraarticular problem. I discussed risks, benefits and alternatives of this issue. I had a long discussion speaking with her brother over the phone regarding my rationale for this. If receives absolutely no pain relief after two different injections including one that I may perform next month, I would recommend against any type of surgery. She understands. She would like to return for this injection in a month. All questions were answered during today's visit. Work restrictions and medications are deferred to the primary treating physician.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

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.

We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".

Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.

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, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Shahrzad Forat, 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. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my

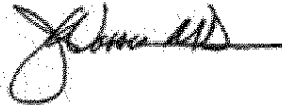
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knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.

In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Jonathan Nassos, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Jonathan Nassos, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in sports related orthopedic disorders. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Nassos has a financial interest in Kinetix Surgery Center.



Jonathan Nassos M.D.

June 10, 2021

Date

County where executed: Los Angeles County

*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 6/10/2021 served the foregoing document described as:

JONATHAN NASSOS M.D.
EVALUATION REPORT

Patient Name: Patricia Bush

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File Number: 20052853
Claim #: 18-138707
DOS: 5/20/2021

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 6/10/2021 at



Emily Shemwell