

William H. Mouradian, M.D.
Orthopedic Surgery

September 14, 2021

Ms. Natalia Foley, Attorney-at-Law
Law Office Of Natalia Foley
5753 East Santa Ana Canyon Road, Suite G616
Anaheim, CA 92807

Ms. Becky Kovac, Attorney-at-Law
Law Offices Of Robert Wheatley
14661 Franklin Avenue, Suite 100
Tustin, CA 92780

Ms. Shannon Rocha, Claims Adjuster
Admisure, Inc.
3380 Shelby Street
Ontario, CA 91764-5566

AGREED MEDICAL RE-EVALUATION

RE: BUSH, PATRICIA
Case #: 21457856
DOB: March 10, 1961
Date of Injury: November 10, 2018
Employer: Pomona Valley Hospital Medical Center
WCAB Case #: ADJ11729532
Claim #: 18138707

To Whom It May Concern:

As requested, Ms. Patricia Bush was evaluated at my Anaheim office, for an Agreed Medical Re-Evaluation on September 14, 2021.

This report is submitted pursuant to 8 Cal Code of Regulations Section 9795 (b) and (c) as an ML-202-95 Follow-up Medical-Legal Evaluation. Limited to a follow up medical-legal evaluation

11010 White Rock Road, Suite 120, Rancho Cordova, CA 95670
(800) 458-1261 Fax: (916) 920-2515



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

THE WHEATLEY FIRM
14661 Franklin Avenue, Suite 100
Tustin, CA 92780
(714) 665-4800

(SPACE BELOW FOR FILING STAMP ONLY)

Attorneys for Defendant
ADMINSURE

WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

PATRICIA BUSH)	CASE NO.: ADJ11729532
Applicant,)	
vs.)	DECLARATION PURSUANT TO CAL. CODE
)	REGS., TITLE 8, § 9793(N)
POMONA VALLEY HOSPITAL MEDICAL)	
CENTER PSI ADMIN BY ADMINSURE)	
Defendants.)	

RE: AME EXAMINATION BY WILLIAM MOURADIAN, M.D.
SEPTEMBER 14, 2021 @12:30 P.M.


I, Becky Kovac, am an attorney at The Wheatley Firm, counsel of record for Defendant, Pomona Valley Hospital Medical Center, PSI, administered by Admisure, in the above-captioned matter.

Pursuant to Cal. Code Regs., Title 8, § 9793(n), I declare that I have complied with the provision of Labor Code § 4062.3 before providing the documents to the physician.

I declare that the total page count, based on the scanner used to provide these documents, is 32.

I declare under penalty of perjury under the law of the State of California that the foregoing statements are true and correct.

Dated: 8/4/2021



BECKY KOVAC
 Attorney for Defendant
ADMINSURE
 becky@wheatleylaw.com



by a physician which occurs within eighteen months of the date on 01/14/2021 which the prior medical-legal evaluation was performed.

Time spent face-to-face with the examinee was 1 hour. Total pages of records received and reviewed, 32.

INTERVAL HISTORY:

Since the patient was last seen on January 14, 2021, her left knee symptoms levelled off. She states that the pain was not the same as it was back in January 2021.

She continued to have follow-up visits with Dr. Haronian every six weeks. Medications were refilled. She also received a knee injection between March and April 2021. The injection provided her with significant pain relief. There was about 70% decrease in pain.

The patient also saw a pain management specialist, Dr. Caringi in about August 2021. She was prescribed with Norco 10 mg, which provided moderate pain relief.

She states that her benefits were reinstated in about between February and March 2021. However, she stopped receiving Workers' Compensation benefits by the end of July 2021. She states that she is receiving \$580 every two weeks.

Ms. Bush is currently working not working.

EXAMINER'S EXCERPTS FROM INTERVIEW:

She said that she was trying to go back to work without restrictions and about six weeks ago Dr. Haronian released her and said she could go back to work without the restrictions. However, Workers' Comp said that I had her on restrictions for the shoulder and that she could not come back until I would release her. She seeks to return to work without restrictions on September 20th. Prior to that time, she says she has to get paperwork done, license, CPR, etc., and things like that.

She had a consultation with an orthopedist in Pomona Valley who told her she could live with it, have a knee replacement or (as I understand it) have viscosupplementation.

I pointed out that Dr. Haronian's office, on July 19, 2021, said she had seen a knee specialist and received a cortisone injection on June 17, 2021. Before this, she had received at least one injection in the past.

PRESENT COMPLAINTS:

At present, the patient denies any left shoulder complaint.

At present, the patient complains of stabbing and throbbing pain in the left knee that comes and goes, which she characterizes as 2/10 on good days and 6/10 on bad days with associated swelling, stiffness and cracking. The pain radiates to the lower back and left foot. Bending, prolonged standing, walking, kneeling and stooping aggravate the pain. Norco, diclofenac gel and applying ice help alleviate the pain.

ACTIVITIES OF DAILY LIVING:

EXAMINEE HAS DIFFICULTY WITH: (Mark with an "X" below and explain where indicated)						
	CATEGORY OF ACTIVITY	ACTIVITY	Without Difficulty	With Some Difficulty	With Much Difficulty	Mostly Unable to Do
1.	Self-care, personal hygiene (Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating)	Take a shower	X			
		Take a bath		X		
		Wash & dry body	X			
		Wash & dry face	X			
		Turn on/off faucets	X			
		Brush teeth	X			
		Get on/off toilet		X		
		Comb/brush hair	X			
		Dress self	X			
		Put on/off shoes/socks		X		
		Open carton of milk	X			
		Open a jar	X			
		Lift glass/cup to mouth	X			
		Make a meal	X			
		Lift fork/spoon to mouth	X			
Describe other:						
2.	Physical activity (Standing, sitting, reclining, walking, climbing stairs)	Stand		X		
		Sit	X			
		Recline	X			
		Rise from a chair		X		
		Get in/out of bed		X		
		Climb flight of 10 stairs		X		
		Work outdoors	N/A			
		Light housework	X			
		Shop/do errands	X			
		Carry groceries	X			
		Lift 5 lbs.	X			
		Lift 10 lbs.	X			
Lift 20 lbs.		X				

	Lift 30 lbs.		X		
	Walk	X			
	Care for children or parents	N/A			
	Engage in hobbies (music or crafts, etc.) Indicate hobby: Riding bicycle		X		
Describe other: The patient does not do outdoor work.					

EXAMINEE HAS DIFFICULTY WITH: (Mark with an "X" below and explain where indicated)						
	CATEGORY OF ACTIVITY	ACTIVITY	Without Difficulty	With Some Difficulty	With Much Difficulty	Mostly Unable to Do
3.	Communication (Writing, typing, seeing, hearing, speaking)	Write a note	X			
		Type a message on a computer/typewriter	X			
		See a television screen	X			
		Use a telephone	X			
		Speak clearly	X			
		Hear clearly	X			
Describe other:						
4.	Nonspecified hand activities (Grasping, lifting tactile, discrimination)	Pick up small items	X			
		Turn a knob on a door	X			
		Write with a pen/pencil	X			
		Steer wheel of a car	X			
		Describe other: None.				
5.	Sensory function (Hearing, seeing, tactile feeling, tasting, smelling)	Feel what you touch	X			
		Taste what you eat	X			
		Smell what you eat	X			
		Describe other:				
6.	Travel (Riding, driving, flying)	Get in/out of a car		X		
		Drive a car		X		
		Ride in a car	X			
		Fly in a plane	N/A			
		Ride a bicycle		X		
		Describe other:				
7.	Sexual function (Orgasm, ejaculation, lubrication, erection)	Engage in sexual activity	N/A			
		Describe specific difficulty: The patient is not sexually active.				
8.	Sleep (Restful sleep, nocturnal sleep pattern)	Get to sleep		X		
		Sleep through the night		X		

	Have restful sleep		X		
	Feel refreshed after sleep	X			
Describe specific difficulty: The patient sleeps about six hours per night and wakes up twice during the night. Once awakened, she has difficulty going back to sleep.					

PHYSICAL EXAMINATION

Her physical examination reveals good range of motion, good strength in the left shoulder.

Her left knee examination is somewhat abnormal, but this did not preclude her from doing her usual and customary occupation.

Vitals:

Height: 5 feet 3 inches
 Weight: 226 pounds
 BMI: 39
 Blood Pressure: 146/91
 Temperature: 97.2
 Pulse: 106
 SpO2%: 97%
 Respiration: 20

Major hand is the right.

GENERAL APPEARANCE:

Observations	Examinee
Ease of motion	WNL
Visible discomfort	WNL
Arms while sitting	WNL
Arms on arisal from chair	2+

Appliances: The examinee used an elastic brace on the left knee.



Gait and Station:

Observations	Right	Left
Plantigrade	WNL	Slight antalgia
Toes	WNL	Slight antalgia
Heels	WNL	Slight antalgia
Heel-to-toe	WNL	Slight antalgia

Range of motion of the Cervical Spine:

Measurements	Range of Motion	Pain
Flexion	65°	
Extension	35°	
Right Rotation	65°	
Left Rotation	45°	Left SA
Right Lateral Bending	30°	
Left Lateral Bending	26°	

Shoulder Motion and Arm Measurements:

Measurements	Right	Pain	Left	Pain
Flexion	wnl		Wnl	
Abduction	"		"	
Internal rotation	"		"	
External Rotation	40°		20°	
Extension	30°		30°	
Adduction	25°		25°	

Tests	Right	Left	Comment
Neer's	WNL	+1	
Hawkin's	WNL	+2	
Painful arc	WNL	+2	

ELBOWS:

Measurements	Right	Left	Pain/Comment
Flexion	WNL	WNL	

Extension	WNL	WNL	
Pronation	WNL	WNL	
Supination	WNL	WNL	

WRISTS:

Measurements	Right	Left	Pain
Dorsiflexion	WNL	WNL	
Palmar Flexion	WNL	WNL	
Radial Deviation	WNL	WNL	
Ulnar Deviation	WNL	WNL	

Upper Extremity Circumference:

Measurements	Right	Left
Upper arm	43 cm	45 cm
Forearm	29 cm	29 cm

PERIPHERAL NEUROLOGICAL EXAM:

Tests	Right	Comment	Left	Comment
Cubital	WNL		WNL	
Guyon	WNL		WNL	
Carpal	WNL		WNL	
Control	WNL		WNL	
Phalen's	WNL		WNL	
Durkan's	WNL		WNL	
Sensory	WNL		WNL	
Motor	WNL		WNL	
Circulation	WNL		WNL	

Deep Tendon Reflexes	Right	Left	Comment
Biceps	WNL	WNL	
Brachioradialis	WNL	WNL	
Triceps	WNL	WNL	

Pectoralis	WNL	WNL	
Palm	WNL	WNL	
Hoffman	WNL	WNL	

Jamar dynamometer testing (in kgs.) reveals 24, 20, 16 right and 20, 16, 18 left.

Pinch strength testing (in pounds) reveals: 10, 9, 11 right and 9, 9, 10 left.

LUMBAR SPINE AND LOWER EXTREMITIES

Lumbar Spine Appearance:

There were no spasms noted.

Deep Tendon Reflexes	Right	Left	Comment
Knees	WNL	WNL	
Ankles	WNL	WNL	

Lower Extremity Circumference:

Measurements	Right	Left
Thigh	60 cm	60 cm
Suprapatellar	43 cm	46 cm
Knee	40 cm	40 cm
Calf	39 cm	41 cm

Straight Leg Tests:

Test	Right degree	Comment	Left degree	Comment
Sitting SLR	WNL		WNL	
Supine SLR	WNL		WNL	

Range of Motion of the Lumbar Spine:

Measurements	Range of Motion	Pain/Comment
Flexion	75°	
Finger-to-Floor (inches)	6"	

Reversal (Stability)	2°	
Flexion Pain	2/5	
Reversal (Stability)	5/5	
Abnormal Arisal (Stability)	2/5	
Arisal Pain (Stability)	2/5	
Slow Speed (Stability)	2/5	
Left Lateral Bending	25°	
Right Lateral Bending	25°	
Extension	25°	

<u>Sensory</u>	Right	Left	Abnormal/Comment
Normal	WNL	WNL	
<u>Motor</u>	Right	Left	Abnormal/Comment
Normal	WNL	WNL	

<u>Circulation</u>	Right	Left	Comment
Dorsalls	WNL	WNL	

Range of Motion of the Hips:

Measurements	Right	Left	Comment
Flexion	WNL	WNL	
Abduction	WNL	WNL	
Internal rotation	WNL	WNL	
External rotation	WNL	WNL	
Adduction	WNL	WNL	
Flexion Contracture	None	None	

Range of Motion and Exam of the Knees:

Measurements	Right	Left	Comment
Flexion	130	115	
Medial Laxity (Stability)	WNL	WNL	
Lateral Laxity (Stability)	WNL	WNL	

Anterior Drawer (Stability)	WNL	WNL	
Lachman's (Stability)	WNL	WNL	
Crepitus	None	3+	Click during ROM
Temperature	WNL	2+	
Effusion	None	3	
Medial Tenderness	WNL	3	
Lateral Tenderness	WNL	1	
Patellar Tenderness	WNL	1	
Posterior Tenderness	WNL	1	
Diffuse Tenderness	WNL	1	

Range of Motion and Exam of the Ankles:

Measurements	Right	Left	Comment
Dorsiflexion	WNL	WNL	
Plantar flexion	WNL	WNL	
Flexion contracture	None	None	
Inversion	WNL	WNL	
Eversion	WNL	WNL	
Varus	WNL	WNL	
Valgus	WNL	WNL	
Tenderness	WNL	WNL	
Stability	WNL	WNL	

RECORD REVIEW:

- 04/26/21 Nicholas Cascone, PA-C/Edwin Haronian, MD PTP's Progress Report (PR-2).
 CC: Reviewed the AME report of Dr. Mouradian and attempted the left knee cortisone injection per Dr. Mouradian's recommendations at the last visit on 03/08/21. The patient reports very little benefit. It was his opinion that if the patient obtains little benefit from the intraarticular injection that an arthroscopy should be avoided. Therefore, requesting authorization for knee specialist for further evaluation of the left knee arthroplasty. Dx: 1) Impingement syndrome of left shoulder. 2) Unspecified sprain of left shoulder joint subsequent encounter. 3) Derangement of medial meniscus. 4) Superior glenoid labrum lesion of left shoulder subsequent encounter. 5) Shoulder sprain/strain. Tx Plan: Requested authorization for knee specialist evaluation for the left knee arthroplasty. Work Status: Temporary total disability. F/u in 6 weeks.

2. 05/20/21 Jonathan T. Nassos, MD - NASSOS Initial Orthopedic Evaluation . (DOI: 11/10/18) Hx of Injury: Patient sustained industrial injuries on 11/10/18 while working as a licensed Psyche Technician with Pomona Valley Hospital Medical Center. She states on 11/10/18, during employment, she was getting up out of her chair, took 2 steps, slipped and fell. She states there were no cautions signs that the floor had recently been mopped and was wet. She landed on her left shoulder and left knee and experienced immediate pain in these areas. She reported the injury to her supervisor and was referred form medical care. On 11/10/18 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 for 2 days. She was already scheduled to be off duty and was given medication for pain and inflammation. She returned to work regular duties. She received some physical therapy for her left shoulder and left knee, providing her temporary pain relief. She has not had any diagnostics. She has continued working full duty. On 02/11/19 she was examined in our office by Dr. Edwin Haronian. She was taken off work and placed on TTD. X-rays of her left shoulder were taken. An MRI study of 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 07/30/19, followed by post-op physical therapy to her left shoulder, which worsens her pain. She also underwent left knee arthroscopy surgery on 12/03/19, followed by physical therapy to her left knee, with no pain relief. She was referred to an internal medicine physician. She is being referred to the house for a comprehensive Orthopedic evaluation of her left knee. She periodically followed for pain evaluations and medications and she was last examined on 04/26/21. On 03/26/20 she was examined by Dr. William H. Mouradian MD in the capacity of PQME in Long Beach. She underwent a PQME evaluation. X-rays of her left knee were 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 for a comprehensive Orthopedic evaluation. CC: Patient complains of constant aching in the left knee, becoming sharp and shooting with standing and walking. She states she has clicking, popping and locking in her left knee. She states she has episodes of swelling in the knee. She states that her knee has given out, causing her to lose her balance. She has difficulty standing and walking for a prolonged period. She has difficulty ascending and descending stairs and walks with an altered gait. She states that her pain level varies throughout the day depending on activities. She awakens with pain and discomfort. Hearing and ice packs, resting and pain medication provides her pain improvement, but she remains symptomatic. She uses a knee brace. Impression: Status-post left knee arthroscopy with medial compartment chondromalacia and medial



meniscus tear. Tx Plan: Recommended injections. If no pain relief after 2 different injections would recommend against any type of surgery. Requesting previous medical records for review.

3. 06/07/21 Edwin Haronian, MD PTP's Progress Report (PR-2). CC: Patient is still complaining of residual symptoms. Authorization was provided for a knee specialist to consider a knee replacement. She was seen by Dr. Nassos, who recommended avoiding operative intervention. He also recommended injections. She was also seen by Dr. Mouradian. Dr. Mouradian recommended injections as well. Awaiting the conclusion of these issues. Dx: 1) Shoulder sprain/strain. 2) Radiculopathy, lumbosacral region. 3) Sprain of knee. 4) Impingement syndrome of left shoulder. 5) Superior glenoid labrum lesion of left shoulder, subsequent encounter. 6) Unspecified sprain of left shoulder joint, subsequent encounter. 7) Impingement syndrome, shoulder. 8) Derangement of medial meniscus. 9) Other tear of medial meniscus, current injury, left knee, subsequent encounter. 10) Derangement of other medial meniscus due to old tear or injury, left knee. Tx Plan: Recommended patient to continue with the use of the medications. Her medications will be refilled at the lowest dosage. She has not been able to return back to work. She has been using a brace. At this time, in ordered to regain muscle function and strength. Also requesting a neuromuscular electrical stimulator for patient. Home exercises are recommended. F/u in 6 weeks.
4. 07/15/21 Jonathan T. Nassos, MD - NASSOS Orthopedic Followup Evaluation . CC: Patient is following up in the clinic now regarding her multiple body parts with the focus being on her left knee. She received a corticosteroid injection last follow-up of the left knee and stated that she now has 0/10 pain and feels great. She would like to return back to work full duty as of 07/23/21, stating that she has a funeral she is attending on 07/22/21. She is not taking any medications right now secondary to not having any pain. She is following up with Dr. Haronian on Monday. Currently, she is TTD; however, will be modifying her restrictions. Impression: Status post left knee arthroscopy with medial compartment chondromalacia and medial meniscus tear. Tx Plan: She is soliciting future corticosteroid injection in 4 to 6 months from the last follow-up, depending on her symptoms. Work Status: TTD. Full duty on 07/23/21. F/u in 4 weeks for reevaluation.
5. 07/19/21 Nicholas Cascone, PA-C/Edwin Haronian, MD PTP's Progress Report (PR-2). CC: Patient presents following her previous clinical visit on 06/07/21 reporting good benefit from the cortisone provided through the knee specialist on 06/17/21. She states the QME re-evaluation is pending on 09/14/21 but wishes to attempt to return to her usual and customary duties. Dx: 1) Derangement of medical meniscus not elsewhere classified and not otherwise specified. 2) Impingement syndrome of left shoulder. 3) Unspecified sprain of left shoulder joint subsequent encounter. 4) Derangement of

medial meniscus. 5) Superior glenoid labrum lesion of left shoulder subsequent encounter. 6) Shoulder sprain/strain. Tx Plan: Patient's medications will be refilled. Patient should attempt to return to her usual and customary duties as of 07/27/21. She should remain on temporary total disability until that date. F/u in 6 weeks. Work Status: Patient is on temporary total disability until 07/26/21. She should return back to usual and customary work with no restrictions. Return to clinic in 8 weeks.

DIAGNOSES

- 1. Internal derangement of the left shoulder.**
- 2. Status post shoulder arthroscopy, left.**

07/30/19 William Foran, MD Operative Report Preop Dx: 1) Left shoulder impingement. 2) Left shoulder labral tear. Operation Performed: 1) Left shoulder diagnostic arthroscopy. 2) Extensive synovectomy. 3) Chondroplasty Glenoid. 4) Arthroscopic subacromial decompression with resection of the CA ligament. 5) **Arthroscopic distal clavicle resection, Mumford procedure.** 5) Left shoulder labral debridement. 7) Left shoulder partial synovectomy. 8) Left shoulder subacromial decompression with resection of the CA ligament. 9) Injection of glenohumeral joint with Lidocaine for post op comfort. 10) Application of a brace. 11) Placement of a pain pump through a separate incision. Postop Dx: 1) Left shoulder labral fraying. 2) Left shoulder impingement. 3) Left shoulder tendinitis.

- 1. Internal derangement of the left knee.**

MRI, April 4, 2019: Longitudinal horizontal oblique tear of the body and posterior horn of the medial meniscus.

- 2. Status post left knee arthroscopy.**

12/03/19 Edwin Haronian, MD Operative Report Preop Dx: Left knee meniscal tear. Operation Performed: 1) Left knee diagnostic arthroscopy. 2) Partial medial meniscectomy. 3) Partial synovectomy patellofemoral compartment. 4) Partial synovectomy medial knee compartment. 5) Partial synovectomy lateral knee compartment. 6) Chondroplasty paella. 7) Chondroplasty lateral femoral condyle. 8) Chondroplasty medial femoral condyle. 9) Injection of left knee with



lidocaine for postop comfort. 10) Application of a brace. Postop Dx: 1) Left knee meniscal tear. 2) Left knee chondromalacia.

- 3. Progressive internal derangement, left knee, with degenerative arthritis, per new MRI 8/25/2020.

Impression:

- 1. Advancing tearing of the body and posterior horn the medial meniscus.
- 2. Advancing arthritis and cartilage loss of the medial femorotibial compartment.
- 3. Stable low grade partial tearing of the ACL, likely chronic.
- 4. Moderate size joint effusion.

HAMIDREZA TORSHIZY, MD

- 4. Degenerative arthritis, left knee, with 3 mm medial joint space.

WILLIAM NOURADIAN MD
11010 WHITE ROCK RD # 120
RANCHO CORDOVA, CA 95670

NAME: BUSH, PATRICIA
DOB: 03/10/1961 MRN: 392996
EXAM DATE: 02/19/2021 02:36 PM

EXAMINATION: XR Knee 1 or 2 View LT

***** ADDENDUM #1 *****

Addendum: Joint space measurements are as follows:

Medial joint space: 3 mm.

Lateral joint space: 5.5 mm.

Patellofemoral joint space: 4.5 mm.

***** ORIGINAL REPORT *****

DISABILITY STATUS:

She is MMI for all parts.

I released her for full time full duty on 9/20/21 as per the above rationale.

Dr. Haronian's last report of 7/19/2021 was then reviewed, which show a planned release for full duty on 7/26/2021. However, there is no MMI report nor release in the file.

WORK RESTRICTIONS:

None.

WHOLE PERSON IMPAIRMENT

Left shoulder: There is 3 % LUEI, or 2% WPI. This is based on minimal ROM restrictions in the lesser planes of motion.

Left knee: ROM 115, partial medial menisectomy, joint space 3 mm = 7% LLEI, or 3 % WPI. There are significant patellofemoral problems, equaling 2% WPI, and a 2% add on for pain, or 7 % left knee WPI.

CAUSATION (AOE/COE):

Established for the knee and left shoulder.

APPORTIONMENT:

The medical file contains reference to other body parts and systems, but none to the left shoulder or knee. Passing references to the bilateral shoulders are clearly discussing trapezial pain.

There is no apportionment.

CONTINUING TREATMENT:

In accordance with usual and customary guidelines.

I see no need for further surgery to the left shoulder.

The left knee condition may deteriorate and require further evaluation and testing.

I also need to clarify a prior statement when I discussed injection with her and said that *if did not relieve her pain for a few hours*, then surgery would not be useful.

In any event, she subsequently had another injection with complete relief of symptoms at that time.

This report is for Med-Legal assessment of the injury noted and is not to be construed as a complete physical examination for general health purposes. Only the symptoms which are believed to have been involved in the injury or that might be related to the injury have been assessed.

If you have any questions regarding this report, or if I can be of further assistance, please do not hesitate to contact this office by way of jointly signed written correspondence, Advocacy letter, conference call, or deposition held at this office.

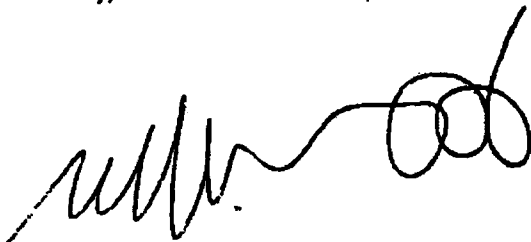
Thank you for the opportunity to evaluate Ms. Patricia Bush. Please contact me if I can be of further assistance.

COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. An initial excerpting of the medical records was completed by K. Venkat Mahesh is trained in medical record excerpting. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. 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. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Pursuant to 8 Cal. Code Regs. Section 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. If necessary, I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Sincerely,



William H. Mouradian, M.D.
Orthopedic Surgery

Date Report Signed: September 22, 2021

County: LA

WHM:ANS/lea:9/20/21

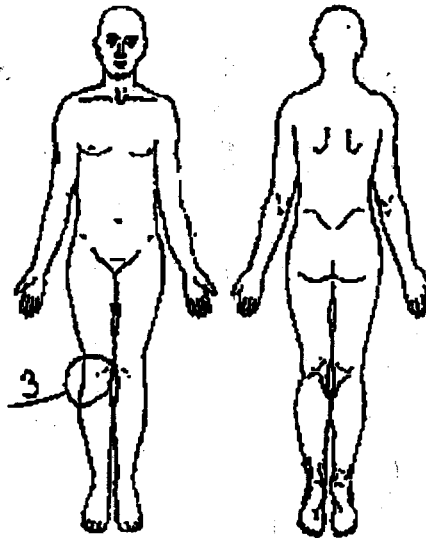
Patricia Bush Date: 09/14/21

Recheck

NEW PATIENT PAIN DIAGRAM

PLEASE MARK PAIN DIAGRAM

Numbness=NM Pain=XX Stabbing=AA



Front

Back

Pain Severity

1 = NO PAIN 10 = WORST POSSIBLE PAIN

Painful Area	1	2	3	4	5	6	7	8	9	10
Headache										
Neck										
Rt Arm/Hand										
Lt Arm/Hand										
Low Back										
Rt Leg/Foot										
Lt Leg/Foot										

Physician's Return-to-Work & Voucher Report

FOR INJURIES OCCURRING ON OR AFTER 1/1/13



The Employee is P&S from all conditions and the injury has caused permanent partial disability

Employee Last Name Bush	Employee First Name Patricia	MI	Date of Injury 11/10/2018
Claims Administrator AdminSure, Inc.	Claims Representative Shannon Rocha		
Employer Name Pomona Valley Hospital Medical center	Employer Street Address		
Employer City	State	Zip Code	Claim No. 18138707

The Employee can return to regular work.
 The Employee can work with the following restrictions:

hours: 1-2 2-4 4-6 6-8 None

Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forward Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RL/Bilat Hand(s) (circle): Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RL/Bilat Hand(s) (circle): Pushing/ Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (See below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lift/Carry Restrictions: May not lift/carry at a height of _____
more than _____ lbs. for more than _____ hours per day.

Describe in what ways the impaired activities are limited:
September 20, 2021

If a Job Description has been provided, please complete: Regular Modified Alternative Work

Job Title: _____ Work Location: _____

Are the work capacities and activity restrictions compatible with the physical requirements set forth in the provided job description? Yes No, explain below

Physician's Name Dr. William Mouradian Role of Doctor (PTP, QME, AME) _____
Physician's Signature Date 9/14/2021

State of California

DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: Patricia Bush
(employee name)

Claims Adjuster: Shannon Rocha
(claims administrator name, or if none employer)

Claim Number: 18138707

EAMS or WCAB Case No. (if any): ADJ11729532

I, Alicia Escobar, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670.

On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm 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.
- B 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.

Means of Service:
(For each address, enter A-E as appropriate)

Date Served:

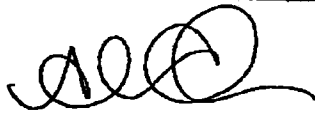
Addressee and Address Shown on Envelope:

B
B
B

September 22, 2021
September 22, 2021
September 22, 2021

Shannon Rocha, AdminSure, Inc., 3380 Shelby Street, Ontario, CA 91764-5566
Becky Kovac, Law Office of Robert Wheatley, 14661 Franklin Ave Suite 100, Tustin, CA 92780
Natalia Foley, Natalia Foley Law Office, 5753 E. Santa Ana Canyon Rd. Ste G616, Anaheim, CA 92807

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: September 22, 2021



(signature of declarant)

Alicia Escobar

(print name)

QME Waiver Form

Employee – Patricia Bush
Employer – Pomona Valley Hospital Medical Center
Date of Injury – 11/10/2018
Our Claim Number – 18-138707

I am in receipt of Dr. Mouradian report dated 09/14/2021, and I agree with the findings contained in the report. I have been advised of my rights to obtain a second opinion and do not wish to be evaluated by a Qualified Medical Evaluator.

If you agree with the above statement, please return this completed form to AdminSure via mail or fax: 909-860-3995 as soon as possible.

Signed _____

Dated _____