



William H. Mouradian, M.D.
Orthopedic Surgery

Evaluations performed at:
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February 22, 2022

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

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

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

AGREED MEDICAL EVALUATION
SUPPLEMENTAL REPORT

RE: BUSH, PATRICIA
Case #: 21646344
DOB: March 10, 1961
Date of Injury: November 10, 2018
Employer: Pomona Valley Hospital Medical Center
WCAB Case #: ADJ11729532
Claim #: 18-138707

11010 White Rock Road, Suite 120, Rancho Cordova, CA 95670
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Under penalty of perjury, this report is submitted pursuant to 8 Cal Code of Regulations Section 9795 (b) and (c) as an **ML-203-94** Agreed Supplemental Medical-Legal Evaluation.
Total pages of records received and reviewed: 92. Declaration(s) enclosed at the end of report.

To Whom It May Concern:

Since my report, I am in receipt of additional records in this matter. These begin with DWC paperwork.

They then move on to Dr. Haronian's office reports beginning on 03/18/19 and continuing through 06/07/21.

Intermixed, we have Dr. Nassos' reporting, from 05/20/21 and 07/15/21.

Finally, we have my reporting from 08/25/20 and 09/14/21.

REVIEW OF RECORDS:

1. Workers' Compensation Claim Form (DWC 1). (DOI: 11/10/18). Employee slipped and fell on wet floor.
2. 11/30/18 DWC/WCAB Application for Adjudication of Claim. DOI: 11/10/18. Employer: Pomona Valley Hospital Medical Center – Nurse. Body Part 1: 450, shoulders – scapula. Slip and fall at work, injury reported, injured left knee, left shoulder.
3. 03/18/19 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient presents today with complaint of a pain in the left shoulder and knee. In spite of pain, she is presently employed. She is about to start physical therapy. She also scheduled for the MRIs of the left shoulder and knee in the beginning of April 2019. She is tolerating medications well. Dx: 1) Shoulder sprain/strain. 2) Radiculopathy lumbosacral region. 3) Sprain of knee. Tx Plan: Refilled meds. Continue current work status. F/u in 4 weeks.
4. 04/15/19 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient presents with chronic pain in the left shoulder and knee. She employed in the capacity of the Psyche-Tech. She is seeing pain management physician who is prescribing her Norco 10 mg 60 tablets. Patient c/o insomnia due to response to pain. Dx: 1) Shoulder sprain/strain. 2) Radiculopathy lumbosacral region. 3) Sprain of knee. Tx Plan: Discussed physical therapy. She also had a MRI of the left shoulder and knee. Reports are presently pending. Will arrange to obtain all the records. Prescribed Lunesta. Continue current work status. F/u in 4 weeks.



5. 06/03/19 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient 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, and 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. Dx: 1) Shoulder sprain/strain. 2) Radiculopathy lumbosacral region. 3) Sprain of knee. Tx Plan: 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 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 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 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. F/u in 4 weeks.
6. 12/03/19 Edwin Haronian, MD – Kinetix Surgery Center Operative Report. Preop Dx: Left knee meniscus tear. Procedures 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 patella. 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.
7. 07/13/20 Edwin Haronian, MD Disability Status. Work Status: RTW/Modified duty. Restrictions: Avoid lifting over 20 lbs. Avoid pushing and pulling over 20 lbs. Avoid over shoulder work completely with both upper extremities. Patient should remain on Temporary Total Disability (TTD) if the work modifications cannot be accommodated by the employer. F/u in 6 weeks.
8. 08/25/20 William H. Mouradian, MD Agreed Medical Evaluation Supplemental Report
9. 12/07/20 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient presents today with complaint of a chronic pain at multiple points of her body with dominant complaint pain in the left knee. She has not been working for approximately 15 months. She has been having some difficulty advancing her treatment. At the same time, she was approved to see internal medicine specialist in order to rule out DVT of left lower extremity. Also received denial for PEW injections. Patient is receiving medications from a different physician. Dx: 1) Derangement of medial 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 will have a medical/legal examination on 12/22/20. She tolerated Voltaren 75 mg quite well. She still has refill of Voltaren. Will arrange to schedule her with internal medicine specialist. Meanwhile, we will see her in six weeks for further updates and hopefully we will have more information regarding upcoming medical-legal examination. Work status remains to be unchanged at the present moment. Of note, patient did go to Emergency Room and had diagnostic studies conducted. DVT was ruled out. Need to receive some records. Overall, patient was having postoperative physical therapy. It is of particular benefit and opinion, she needs to have 12 more additional sessions and formally requesting authorization for the latter.
10. 01/18/21 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient presents with and reports having seen the QME doctor on 01/15/21. The doctor recommended that she needed surgery on the left knee and that for her to stay off work until she was properly treated for her condition. She reports left knee pain, popping, clicking, instability, and buckling. . . Dx: 1) Derangement of medial 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 is a candidate for intraarticular injection to the left knee and would like to defer that until next visit. While awaiting the final report of the QME, will continue with conservative treatment. She is advised to continue with stretching exercises. Work Status: TTD. F/u in 6 weeks.
11. 04/26/21 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient had left knee cortisone injection. Unfortunately, patient reports very little benefit. As a result, we will proceed with Dr. Mouradian recommendations to evaluate for total knee arthroplasty. Dx: 1) Derangement of medial 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: Requested for authorization for knee specialist for her evaluation of the left knee arthroplasty. Work Status: TTD. F/u in 6 weeks.
12. 05/20/21 Jonathan Nassos, MD STP's Initial Orthopedic Evaluation. HPI: Patient states on 11/10/18, 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 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. CC: 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. Dx: Status post left knee arthroscopy with medial compartment chondromalacia and medial meniscus tear. Tx Plan: Would offer her at this time an additional injection the office just to ensure that this is not an intraarticular problem.

13. 06/07/21 Michael Nadzhafov, PA/Edwin Haronian, MD PTP's Follow-up Report. CC: Patient still c/o residual symptoms. Authorization was provided for a knee specialist to consider a knee replacement. Patient was seen by Dr. Nassos, who recommended to avoid operative intervention. He also recommended injections. Patient was also seen by Dr. Mouradian. Dr. Mouradian recommended injections as well. Dx: 1) Derangement of medial 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: At this time, will recommend patient will continue with the use of the medications. Her medications will be refilled at the lowest dosage. At this time, in order to regain muscle function and strength, also requested a neuromuscular electrical stimulator for patient. Work Status: TTD. F/u in 6 weeks.
14. 07/15/21 Ashley Donaghey, PAC/ Jonathan Nassos, MD PTP's Follow-up Report. CC: Patient is following up in clinic today 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. She is following up with Dr. Haronian on Monday. Currently, she is TTD; however, will be modifying her restrictions. Dx: Status post left knee arthroscopy with medial compartment chondromalacia and medial meniscus tear. Tx Plan: Patient is soliciting future corticosteroid injection in four to six months from last follow-up depending on her symptoms. Work Status: Return to full duty on 07/23/21. F/u in 4 weeks.
15. 09/14/21 William H. Mouradian, MD Agreed Medical Re-Evaluation

IMPRESSION:

This reporting added some details but does not change any of my findings from September 14, 2021. I see the examinee will be coming in for re-assessment in April and we will again review these records in conjunction with that visit.

Please contact me if I can be of further assistance.

COMPLIANCE DISCLOSURE STATEMENT

I certify that I 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 Sridhar Kodiphyaka who is trained in medical record excerpting. In combination with the examination,



BUSH, Patricia
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Page 6

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

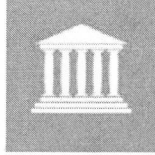
Date Report Signed: March 17, 2022

County: LA

WHM:ANS/mnk:3/4/22



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TO: DR.WILLIAM H MOURADIAN MD
 11010 WHITE ROCK ROAD STE 120
 RANCHO CORDOVA CA 95670

CC: BECKY KOVAC, Esq
 LAW OFFICES OF ROBERT WHEATLEY
 14661 Franklin Avenue Suite 100
 Tustin, California 92780-7200

RE: Patricia Bush vs Pomona Valley Hospital Medical Center
 DOB: March 10, 1961
 Claim : 18-138707
 WCAB : ADJ11729532 (DOI: 11/10/2018)

02/21/2022

Attestation and Declaration Pursuant to Cal Code Regs., Title 8, § 9793(n)

I, Natalia Foley, hereby declare:

I am licensed to practice before all the courts in the state of California.

I am the attorney for Workers Defenders Law Group and attorney of record for the above applicant.

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

I declare that the total page count of the documents provide to the physician per attached list of Exhibits is 92.

I declare under penalty of perjury under the laws of the States of California that the foregoing is true and correct to the best of my knowledge.

Executed this 21 day of February, 2022, at Anaheim, CA

LAW OFFICES OF NATALIA FOLEY



 By Natalia Foley, Esq



LIST OF EXHIBITS:

Patricia Bush vs Pomona Valley Hospital Medical Center

ADJ11729532

DOI: 11/10/2018

Claim: 18-138707

#	Title	# of pages
01	2018-12-04 - Patricia Bush Full application specific injury	12
02	2019-04-26 – Med Report by Dr. Haronian	3
03	2019-06-12 – Med Report by Dr. Haronian	3
04	2020-10-27 - Patricia Bush MRI 10-27-2020	4
05	2019-12-15 - post surgery condition	3
06	2020-12-22 - Med rep by Dr Haronian	5
07	2020-03-16 - Dr Haronian request for SLEEP STUDY	2
08	2020-07-14 - return to work - By Dr. Haronian	1
09	2020-08-25 – AME Supplemental Report by Dr.Mouradian	5
10	2021-02-01 - Haronina FAX med report	3
11	2021-03-29 – Med Report by Dr. Haronian	3
12	2021-05-11 - Haronian report - FAX 20210511	3
13	2021-06-10 – Med Report by Dr Nassos MD – initial eval by secondary PTP	8
14	2021-06-18 – Med Report by Dr. Haronian	3
15	2021-06-22 - med rep by Haronian	3
16	2021-07-26 – Follow up Med Report by Dr Nassos MD	3
17	2021-09-14 - med rep P&S by AME DR Mouradian	21
18	2021-12-24 - DEU rating	1
19	2022-02-21 - Request for Supplemental to Dr.MOURADIAN MD	6
	TOTAL:	92

All exhibits can be downloaded here:

https://www.dropbox.com/sh/ubam53qcpv678v6/AABnhR8cS73yDqF87HCFaghKa?dl=0



PROOF OF SERVICE

State Of California
County of Los Angeles

I am employed in the county of Los Angeles, State of California.
I am over the age of 18 years and not a party to the within action; my business address is:
5753 E Santa Ana Cyn Rd Ste G # 616
Anaheim CA 92807

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing as listed.

On 02/22/2022 I served the foregoing documents described as:

Attestation and Declaration Pursuant to Cal Code Regs., Title 8, § 9793(n)

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

WORKERS' COMPENSATION APPEALS BOARD
320 W 4TH ST,
LOS ANGELES, CA 90013


SHANNON ROCHA
ADMINSURE, INC.
3380 SHELBY STREET
ONTARIO, CA 91764

LAW OFFICES OF ROBERT WHEATLEY
14661 FRANKLIN AVENUE
SUITE 100
TUSTIN, CALIFORNIA 92780-7200

DR. WILLIAM H MOURADIAN MD
11010 WHITE ROCK ROAD STE 120
RANCHO CORDOVA CA 95670

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

Executed on: 02/22/2022 at Los Angeles, CA


By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq



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)

- I am over the age of 18 and not a party to this action.
- 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:

<u>B</u>	March 18, 2022	Shannon Rocha, AdminSure, Inc., 3380 Shelby Street, Ontario, CA 91764-5566
<u>B</u>	March 18, 2022	Becky Kovac, Law Office of Robert Wheatley, 14661 Franklin Ave Suite 100, Tustin, CA 92780
<u>B</u>	March 18, 2022	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: March 18, 2022

(signature of declarant)

Alicia Escobar

(print name)



Phone: (800) 458-1261

Fax: (916) 920-2515

ExamWorks, LLC., 11010 White Rock Road, Suite 120, Rancho Cordova, CA, 95670

Natalia Foley Law Office

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