

William H. Mouradian, M.D.
Orthopedic Surgery

Evaluations performed at:

*1414 S. Grand Ave., Suite 270, Los Angeles, CA 90015
947 S. Anaheim Blvd., Suite 280, Anaheim, CA 92805
4100 Long Beach Blvd., Suite 201, Long Beach, CA 90807*

11010 White Rock Rd., Suite 120
Rancho Cordova, CA 95670 (Correspondence Address)

(800) 458-1261
FAX (916) 920-2515

April 12, 2022

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 Office of Robert Wheatley
14661 Franklin Avenue, Suite 100
Tustin, CA 92780

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

REPRESENTED PANEL QUALIFIED MEDICAL RE-EVALUATION

RE: BUSH, PATRICIA
Case #: 21646772
DOB: March 10, 1961
Date of Injury: November 10, 2018
Employer: Pomona Valley Hospital Medical center
WCAB Case #: ADJ11729532
Claim #: 18138707

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



To Whom It May Concern:

As requested, Ms. Patricia Bush, was evaluated at our Long Beach office located at 4100 Long Beach Blvd., Suite 201, for a Represented Panel Qualified Medical Re-Evaluation on April 12, 2022.

Under penalty of perjury, this report is submitted pursuant to 8 Cal Code of Regs. Section 9795 (b) and (c) as an **ML-201-94** Agreed Comprehensive Medical-Legal Evaluation.

Time spent face-to-face with the examinee was 30 min. Total pages of records received and reviewed: **None received.**

INTERVAL HISTORY:

Since the patient was last seen on September 14, 2021, her left knee pain remained the same. Her knee also continued to swell. She had follow-ups with Dr. Haronian every six weeks. She was prescribed with pain medication and recommended cortisone injection. She also continued to follow-up with her pain management doctor every two months and was prescribed with Norco.

She had the cortisone injection about early April 2022, which helped only for about a week. Then the pain came back.

Ms. Bush is currently working full duties. She states that working aggravated her pain.

EXAMINER'S EXCERPTS FROM INTERVIEW:

I asked how she was doing, and she said not well since the last time I saw her.

She says, "I am surprised at the rating."

By way of review, Ms. Bush had planned to return to full time work.

She has returned to full time work, "but I tell you this knee still is not getting any better.

One day, I had to go to the Walk-In Clinic to Dr. Haronian to get a cortisone shot because I could barely walk."



I asked if it helped, "Yes it did. When I left there, I went home. I elevated it and I had to sit down. It gave me a lot of relief."

She said Dr. Haronian had been talking about a knee replacement but he was interested in additional information.

I asked what she thought about a knee replacement and she said "I think anything has got to be better than what I am going through now".

She had returned to work in September 2021. "At first it was not bothering me this bad, but now it is really bad". She is wearing a brace or a sleeve; she can wear double upright outside of her clothing.

PRESENT COMPLAINTS:

At present, the patient complains of constant achy pain in the left knee, which she characterizes as 6/10 on good days and 9/10 on bad days with associated swelling, popping sensation, buckling, tightness, and stiffness. The pain radiates to the left side of her back, left leg and all the way down to the left foot. Bending, prolonged standing, walking, kneeling and stooping aggravate the pain. Norco, warm Epsom salt soaks, and ice compress 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				
		Lift fork/spoon to mouth	X			
		Describe other: She has much difficulty washing and drying her lower body. She has much difficulty with movement that requires bending.				
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: None	N/A					
		Describe other: She has much difficulty with prolonged standing, walking, and getting up from a sitting position.				

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)	Pick up small items			X	
		Turn a knob on a door		X		
		Write with a pen/pencil		X		



	tactile, discrimination)	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			
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: None.				
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: She sleeps about five hours per night. She wakes up about three times in between. Once awakened, she has difficulty going back to sleep.						

PHYSICAL EXAMINATION

Vitals:

Height: 5 feet, 4 inches
 Weight: 226 pounds
 BMI: 38.8
 Blood Pressure: 135/93 (left). She takes BP meds.
 Temperature: 96.4
 Pulse: 101 bpm
 SpO2%: 97%
 Respiration: 18

Major hand is the right.
 Cranial nerves are grossly intact.



GENERAL APPEARANCE:

Observations	Examinee
Ease of motion	2
Visible discomfort	2
Arms while sitting	WNL
Arms on arisal from chair	3
Arms on arisal from table	3-4
Decreased cervical spine motion	WNL
Pain Behavior	WNL

General Appearance: The examinee was in no acute distress.

Psychiatric: The examinee's mental status and mood were normal, alert and oriented x3.

Appliances: The examinee uses a cane when she is outside. The examinee uses sleeve but uses double upright hinged brace preferentially.

Gait and Station:

Observations	Right	Left
Plantigrade	WNL	Moderate
Toes	WNL	Severe
Heels	WNL	Severe
Heel-to-toe	WNL	Severe

LUMBAR SPINE AND LOWER EXTREMITIES

Lower Extremity Skin Examination:

There was no tenderness, scars, rashes, lesions, or café-au-lait spots to the bilateral lower extremities.

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



Lower Extremity Circumference:

Measurements	Right	Left
Thigh	52 cm	52 cm
Suprapatellar	45 cm	46 cm
Knee	39 cm	40 cm
Calf	39 cm	41 cm
Ankle	25 cm	25 cm

Straight Leg Tests:

Test	Right degree	Comment	Left degree	Comment
Sitting SLR	WNL		WNL	

<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
Dorsalis	WNL	WNL	
Venous	WNL	WNL	
Capillary Fill	WNL	WNL	
Cyanosis	WNL	WNL	
Temperature	WNL	WNL	
Edema	WNL	WNL	

Examination of the Hips:

Trendelenburg's was negative bilaterally and there was no anterior tenderness noted bilaterally.



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	

The examinee complains of left knee pain with hip motion testing.

Range of Motion and Exam of the Knees:

Measurements	Right	Left	Comment
Flexion	130°	97°	
Medial Laxity (Stability)	WNL	1+	
Lateral Laxity (Stability)	WNL	1+	
Crepitus	WNL	2+	
Effusion	None	None	
Medial Tenderness	WNL	3	
Lateral Tenderness	WNL	WNL	
Patellar Tenderness	WNL	WNL	
Posterior Tenderness	WNL	WNL	
Diffuse Tenderness	WNL	3	

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	



RECORD REVIEW:

No records received.

IMPRESSION:

Ms. Bush is working full time albeit with some difficulty. Observing her, unbeknownst to her in the facility, I see definite antalgia in the left knee.

She seems to be getting closer to a knee replacement.

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 MOURADIAN 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 *****



ADDITIONAL TESTING REQUIRED:

Standing x-ray to document any progressive loss of the joint space. Either measurements or actual images are requested from discount brokerage service.

DISABILITY STATUS:

She is no longer MMI.

WORK RESTRICTIONS:

None.

WHOLE PERSON IMPAIRMENT

CAUSATION (AOE/COE):

As previously.

APPORTIONMENT:

As previously.

CONTINUING TREATMENT:

The updated standing x-rays are needed.

Then, treatment options probably include:

1. Find alternative less arduous employment elsewhere within the company. For the moment, this is her best option. She enjoys the company and is not desirous of leaving.
2. Supplemental job displacement benefits. As above, she enjoys the company and is not desirous of leaving.
3. Viscosupplementation. Absent any contraindications, this should be available presently.



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4. Knee replacement.

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 re-evaluate Ms. 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. Historian: Marie Joyce C. Reyes. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. 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: May 4, 2022

County: Los Angeles

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



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WHM:ANS/alx:4/19/22

Enclosure: Pain Diagram



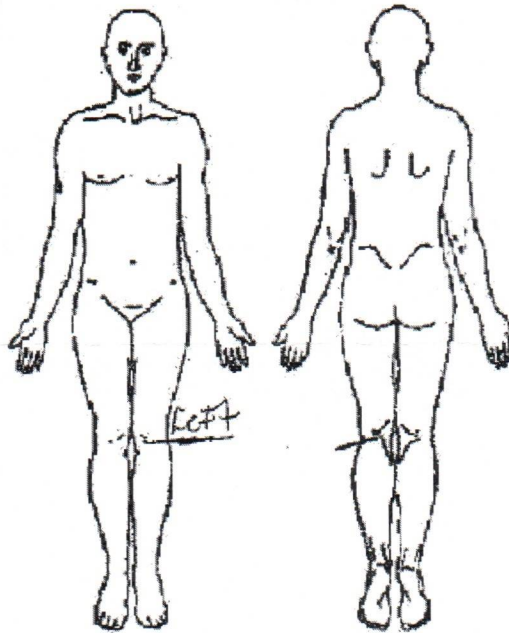
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NAME Patricia Bush DATE 04/08/22

RECHECK PAIN DIAGRAM

PLEASE MARK PAIN DIAGRAM

Numbness = * Pain = XX Stabbing = ^^



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										
Right Arm/Hand										
Left Arm/Hand										
Low Back										
Right Leg/Foot										
Left Leg/Foot										XX



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>	May 4, 2022	Shannon Rocha, AdminSure, Inc., 3380 Shelby Street, Ontario, CA 91764-5566
<u>B</u>	May 4, 2022	Becky Kovac, Law Office of Robert Wheatley, 14661 Franklin Ave Suite 100, Tustin, CA 92780
<u>B</u>	May 4, 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: May 4, 2022

(signature of declarant)

Alicia Escobar

(print name)