SYNAPSE ORTHOPEDIC GROUP

EDWIN HARONIAN, M.D.
DISORDERS & SURGERY OF THE SPINE

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- Complex & Revision Spine Surgery
- Comprehensive Spine Care
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Patient Name	:	Patricia Bush
Date of Service	:	February 27, 2023
Claim #	:	18-138707
Employer	:	Pomona Valley Hospital Medical Center
Date of Birth	:	March 10, 1961
Date of Injury	:	11/10/2018 11/13/21
File #	:	20052853

PERMANENT AND STATIONARY REPORT OF A PRIMARY TREATING PHYSICIAN

HISTORY OF INJURY:

Ms. Bush is a 61-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.

The patient states on November 10, 2018, during the course of her 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 been recently 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.

The patient was initially examined by the psychology emergency room doctor. 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 naproxen and ibuprofen. 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.

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 eight hours per day, five days per week. 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, 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 stairs.

EMPLOYMENT HISTORY:
The patient states prior to working for Pomona Valley Hospital Medical Center she worked at Corona Regional Medical Center Psyche Ward as an LPT for approximately six years.

CURRENT WORK STATUS:
The patient is currently not working.

PRESENT COMPLAINTS:
The patient is complaining of pain to her left shoulder and bilateral knees. She sustained two different specific injuries. She has difficulty with overhead and over the shoulder activities and prolonged sitting, standing, and walking.

MEDICAL HISTORY:
The patient has a history of hypertension and high cholesterol.

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:
The patient denies previous surgeries.

PRIOR/SUBSEQUENT INJURIES:
The patient denies any previous or subsequent accidents or injuries.

MEDICATIONS:

The patient is currently taking ibuprofen or naproxen as well as prescribed Norvasc and Lipitor.

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 smokes about six cigarettes daily.

FAMILY HISTORY:

There is a history of hypertension, and diabetes in her mother.

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 dated November 10, 2018, there are episodes of increased pain to her left shoulder and left knee, causing her difficulty with showering, dressing, grooming, and with house chores. She avoids standing, walking, sitting, and driving for prolonged periods of times. She is more aware of proper body mechanics.

PHYSICAL EXAMINATION:
Cervical Spine Examination:
On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

There is tenderness over the paravertebral musculature, upper trapezium and interscapular area but not over the cervical spinous processes or occiput.

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	50°	50°
Extension	60°	60°
Lateral Flex (rt.)	45°	45°
Lateral Flex (lt.)	45°	45°
Rotation (rt.)	80°	80°

Rotation (lt.)	80°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Triceps reflex	2+	2+	2+
Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

Motor power testing for the cervical spine:

Muscle Group	Right	Left	Normal
Deltoid (C5)	5	**4**	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

Sensory Testing:

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	Intact	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

JAMAR Grip testing	Right	Left
	11-15-14	17-12-12

Shoulder Examination:

Shoulder Range of Motion	Right	Left	Normal
Flexion	180°	**160°**	180°
Abduction	180°	**160°**	180°

Extension	50°	**45°**	50°
Ext Rotation	90°	**80°**	90°
Ext Internal Rotation	90°	**80°**	90°
Adduction	50°	**45°**	50°

No tenderness was noted over the anterior deltoid, supraspinatus insertion, biceps tendon or acromioclavicular joint.

Impingement and Hawkins signs were positive on the left. Job's sign was negative.

Apprehension test and re-location test were negative. No sulcus were present. **Yergason test was positive on the left**. **Incision noted on the left.** No deformity was noted around the shoulder area.

Elbow Examination:

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

No tenderness was noted over the lateral (tennis) or medial (Golfer's) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

Lumbar Examination:
Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. **The sciatic notch area was tender bilaterally. The patient toe and heel walks with back and bilateral knee pain. The patient squats with back and bilateral knee pain.**

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	**50°**	60° finger to ankle	**Present**	**Present**
Extension	**20°**	25°	**Present**	**Present**
Lateral Flex (rt.)	**20°**	25°	**Present**	**Present**
Lateral Flex (lt.)	**20°**	25°	**Present**	**Present**
Rotation (rt.)	**20°**	25°	**Present**	**Present**

Rotation (lt.)	**20°**	25°	**Present**	**Present**

Supine straight leg raising: Right 90, Left 90 with no back pain. Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

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
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

Sensory Function	Right	Left	Normal
L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
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	**120°**	**120°**	135°
Extension	0°	0°	0°

On visual inspection, an incision is noted on the left. There is no erythema, ecchymosis, deformity or defect about the knee. **Patellar crepitus is noted bilaterally.** 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 and lateral joint line tenderness noted bilaterally.** There is no tenderness at the patellar tendon insertion at the distal pole of the patella. No tenderness is noted at the medial and lateral patellar facets. 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 positive bilaterally.** Lachman's is negative.

Ankle Examination:

Ankle Range of Motion	Right	Left	Normal
Dorsiflexion	30°	30°	30°
Plantarflexion	60°	60°	60°

Inversion	35°	35°	35°
Eversion	15°	15°	15°

No tenderness was palpable over medial or lateral malleolus. No tenderness was palpable over the Anterior Talofibular ligament (ATFL), or the peroneal tendons. On visual inspection, there is no erythema, ecchymosis, incision, deformity or defect about the ankle. There was no medial or lateral instability and the anterior drawer test was normal.

REVIEW OF MEDICAL RECORDS AND DIAGNOSTIC STUDIES:
Formal range of motion studies were performed using double electronic inclinometers, and the report is attached.

The application for adjudication of the claim and DWC-1 Claim Forms were also reviewed.

The reports from Dr. Mouradian who is the AME in this case were also reviewed.

MRI of the right knee dated September 2022 was reviewed revealing grade III tear of the posterior horn of the medial meniscus, grade III tear of the anterior horn of the lateral meniscus.

MRI of the left knee dated September 2020 was reviewed revealing advanced tear in the body and posterior horn of the medial meniscus with advanced arthritis and cartilage loss of the medial femoral tibial compartment. Moderate size joint effusion is seen.

MRI of the left shoulder was also reviewed dated April 2019, revealing tearing of the anterior inferior labrum as well as focal high-grade cartilage loss of the inferior glenoid. Tendinosis of the supraspinatus tendon is seen. Moderate AC joint osteoarthrosis was noted.

Authorization was requested for left shoulder arthroscopy, this was authorized and performed. The operative report dated July 30, 2019, was reviewed. Postoperative physical therapy was provided and the progress notes were reviewed.

Authorization was also requested for left knee arthroscopy. This was authorized and performed. The operative report dated December 3, 2019, was reviewed. Postoperative physical therapy was provided.

Internal medicine consultation was also requested and approved.

The patient was seen by Dr. Nassos who is the knee specialist in this case for left total knee arthroplasty. I have reviewed his reports and I regard his findings as my own.

Functional capacity evaluation was also approved.

The patient was provided with viscosupplementation injection to the left knee. Authorization was requested for viscosupplementation injection to the right knee, however, these were not approved.

Authorization has not been provided for left total knee arthroplasty.

The patient also sustained a new date of injury to the right knee on November 13, 2021, where she was working in the emergency room and the patient ran out of the room and her right knee was injured.

X-ray studies of the bilateral knees were also obtained today. The AP view of the bilateral knees revealed moderate osteoarthritic changes with 1-mm medial joint space height bilaterally. The lateral view revealed normal patellar height. There is no evidence of any fractures or dislocations. Sunrise view revealed decreased patellofemoral joint space with moderate osteoarthritic changes.

DIAGNOSES:
Bilateral knee osteoarthritis, status post left knee arthroscopy.
Left shoulder impingement, status post arthroscopy.

DISCUSSION:
The patient is a 61-year-old female who was seen by me on February 11, 2019, for an injury of November 10, 2018, while working for Pomona Valley Hospital Medical Center as a Licensed Psyche Technician. She indicates that she sustained a slip and fall injury and injured her left shoulder and left knee. There is also another injury of November 2021 where she fell as well and she injured her right knee.

The patient was sent to my attention to take over the role of the primary treating physician. Conservative treatment was provided. She underwent surgical intervention to the left shoulder and left knee. She was seen by Dr. Nassos for knee consultation for total knee arthroplasty, however, this was not authorized. She was also provided with viscosupplementation injection to the left knee and the right side was never authorized. She was seen by the AME. Conservative treatment was provided.

At this time, I am indicating that further conservative treatment is unlikely to provide the patient with improvement in her condition. She has reached a level of maximum medical improvement as well as permanent and stationary status. I will provide you with work restrictions along with an AMA impairment rating, however, I reserve the right to reverse or amend my decisions pending any other medical records or diagnostic studies that are provided to me at a later time.

WORK RESTRICTIONS:
Left shoulder: The patient is precluded from repetitive activities at or above the shoulder level.

Bilateral knees: The patient is precluded from repetitive squatting, prolonged stair climbing, repetitive pivoting, and repetitive kneeling.

VOCATIONAL REHABILITATION:
The patient can return to regular work activities.

FUTURE MEDICAL CARE:
The patient should have access to medications, orthopedic re-evaluations, durable medical goods, physiotherapy, and further diagnostic studies. Corticosteroid injections, viscosupplementation injections, and PRP injections to the bilateral knees may be indicated on an industrial basis. Eventually, the patient may require total knee arthroplasty bilaterally. For the left shoulder, corticosteroid injections and PRP injections may be indicated along with viscosupplementation injection. Revision left shoulder surgery may be indicated on an industrial basis.

CAUSATION:
As it relates to causation, it is with reasonable medical probability, the patient has sustained injury to the left shoulder and left knee due to her accident of November 18, 2018, and injury to the right knee due to accident of November 2021.

APPORTIONMENT:
Labor Code 4663 mandates to apportion to causation, and the Escobedo versus Marshall's case mandates to apportion to pathology. Based on the available information and with reasonable medical probability, the patient has not sustained preexisting disability, impairment, or pathology. As such, 100% of the patient's right knee injury is due to the November 2021 injury and 100% of the patient's injury to the left shoulder and left knee is due to the November 2018 injury.

AMA IMPAIRMENT RATING:
In regards to the left shoulder, I am using the loss of range of motion to calculate the patient's impairment rating. Formal range of motion studies were performed using double electronic inclinometers.

Left Shoulder Range of Motion Impairments (Figure 16-40, p. 476; Figure 16-43, p. 477; Figure 16-46, p.479)
Contribution to Whole Person Impairment: 4% (6% Upper Extremity)
• Left shoulder flexion motion is 158° contributing 1% to the upper extremity impairment

• Left shoulder extension motion is 37° contributing 1% to the upper extremity impairment
• Left shoulder abduction motion is 158° contributing 1% to the upper extremity impairment
• Left shoulder adduction motion is 50° contributing 0% to the upper extremity impairment
• Left shoulder internal rotation motion is 60° contributing 2% to the upper extremity impairment
• Left shoulder external rotation motion is 50° contributing 1% to the upper extremity impairment

For the bilateral knees, I do not believe that using the loss of range of motion to calculate the patient's impairment rating provides an accurate and adequate assessment for the patient's impairment rating. I am using Almaraz/Guzman II case and I am remaining within the four corners of the AMA Guides 5th Edition. X-ray studies of the bilateral knees were obtained today revealing 1-mm medial joint space height bilaterally. I am using loss of cartilage interval determined by radiographic studies to calculate the patient's impairment rating for the bilateral knees. In using Table 17-33 on Page 544 of the AMA Guides 5th Edition which is the lower extremity chapter, the patient is provided with 10% whole person impairment to the left knee and 10% whole person impairment to the right knee.

She could return to my attention on an as needed basis based on her future medical care. She continues to wish to proceed with viscosupplementation injections to the right knee since she did find relief for the left knee. I will await for authorization for the above.

Addendum A, Raw data range of motion measurements as performed with J-tech double electronic inclinometers. Data in this table is used to compile AMA impairment if present and is documented in the appropriate section of the narrative report. The data below does not necessarily reflect upon presence or absence of impairment. Please refer to the narrative report.
Left Shoulder Range of Motion Impairments (Figure 16-40, p. 476;

Figure 16-43, p. 477; Figure 16-46, p.479)
Contribution to Whole Person Impairment: 4% (6% Upper Extremity)
• Left shoulder flexion motion is 158° contributing 1% to the upper extremity impairment
• Left shoulder extension motion is 37° contributing 1% to the upper extremity impairment
• Left shoulder abduction motion is 158° contributing 1% to the upper extremity impairment
• Left shoulder adduction motion is 50° contributing 0% to the upper extremity impairment
• Left shoulder internal rotation motion is 60° contributing 2% to the upper extremity impairment
• Left shoulder external rotation motion is 50° contributing 1% to the upper extremity impairment

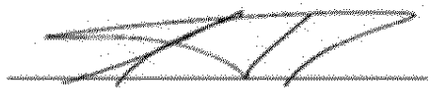
Left Knee Range of Motion Impairments (Table 17-10, p. 537)
Contribution to Whole Person Impairment: 4% (10% Lower Extremity)
• Left knee flexion motion is 105° contributing 10% to the lower extremity impairment

Right Knee Range of Motion Impairments (Table 17-10, p. 537)
Contribution to Whole Person Impairment: 4% (10% Lower Extremity)
• Right knee flexion motion is 89° contributing 10% to the lower extremity impairment

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

Alma Azucar, Natasha Yoakum, Jason Perez and Emily Shemwell. 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 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. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. 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. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



March 12, 2023
Date

Edwin Haronian, M.D.
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County where executed: Los Angeles County

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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 3/27/2023 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Patricia Bush
File Number: 20052853
Claim #: 18-138707
DOS: 2/27/2023

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

Workers Defenders Law Group
8018 E. Santa Ana Cny #100-215
Anaheim Hills, CA 92808

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 3/27/2023 at

Emily Shemwell