William H. Mouradian, M.D.
Orthopedic Surgery

Evaluations performed at:
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April 4, 2023

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

REPRESENTED AGREED MEDICAL RE-EVALUATION

RE:	BUSH, PATRICIA
Case #:	21958102
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 our Long Beach office located at 4100 Long Beach Blvd, Suite 201, for a Represented Agreed Medical Re-Evaluation on April 4, 2023.

Under penalty of perjury, this report is submitted pursuant to 8 Cal Code of Regulations Section 9795 (b) and (c) as an **ML-202-94**, Follow-up Medical-Legal Evaluation. Limited to a follow up medical-legal evaluation by a physician which occurs within eighteen months of the date on (04/12/22) which the prior **Comprehensive Medical-Legal Evaluation** was performed.

Time spent face-to-face with the examinee was 75 min. **Total pages of records received and reviewed, 13.** Declaration(s) enclosed at the end of report.

INTERVAL HISTORY:

Since the patient was last seen on August 25, 2022, her right knee pain has worsened. She continues following-up with Dr. Haronian. New x-rays of her knees were done in late 2022. She has received four cortisone injections in her left knee.

Ms. Bush is currently working full duties.

EXAMINER'S EXCERPTS FROM INTERVIEW:

Ms. Patricia Bush states, "I had no other choice, but to have Dr. Haronian send me back to work."

Reviewing her file, I have her as working full-time when I saw her in August 2022 and she concurs.

I had recommended viscosupplementation or a left total knee replacement.

She states it took a lot to get approval for the gel. She thinks she had the gel injection three times in September 2022.

I asked if the gel did any good and she states, "... this knee is better, I have to be honest with you."

She states now the problem is the right knee, showing me, "you can see how swollen it is." As part of a new claim, when she was pushed down involving her right knee, Dr. Haronian has been requesting viscosupplementation, but this has been denied. She states they did do x-rays. Dr. Haronian took x-rays. She also had another right knee MRI. It came back that it was torn meniscus..., tear in the ACL... Also, they said "bone-to-bone". She remembers the conversation with sounds like they were talking about loose bodies.

The right knee gives out. It does not happen every day. "Most definitely" more than five times.

A covering letter from Applicant's Attorney Natalia Foley, who has sent Dr. Haronian's report, querying whether I find the same.

I reviewed Dr. Haronian's report with her and she says everybody wants to be done with this case, but goes on to say that the right knee is a denying case and she has not received any treatment for it.

She states that her accident was witnessed and she was sent to the emergency room for the accident to the right knee in "2021"; it was witnessed and she was sent to the emergency room and seen in the emergency room as a result of this accident."

PRESENT COMPLAINTS:

At present, the patient complains of intermittent pain in the left shoulder, which she characterizes as 3/10 on good days and 6/10 on bad days with associated limited range of motion and popping. The pain radiates to the left shoulder blade. Raising the arm, working overhead, reaching and lifting aggravate the pain. Pain medication helps alleviate the pain.

At present, the patient complains of intermittent pain in the left knee, which she characterizes as 6/10 on good days and 10/10 on bad days with associated with popping, swelling, locking and giving out. The pain radiates to the left knee. Standing, kneeling, climbing stairs, bending and walking and prolonged sitting aggravate the pain. Pain medication helps alleviate the pain.

At present, the patient complains of constant sharp and throbbing pain in the right knee, which she characterizes as 7/10 on good days and 10/10 on bad days with associated popping, locking and swelling. The pain radiates to the right leg. Standing, kneeling, climbing stairs, bending and walking and prolonged sitting aggravate the pain. Pain medication helps 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**
X	**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			
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			X	
		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	X			
		Engage in hobbies (music or crafts, etc.) Indicate hobby: Knitting.	X			

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			
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			
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				
		Ride a bicycle	X			
7.	**Sexual function** (Orgasm, ejaculation, lubrication, erection)	Engage in sexual activity	X			
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	

PHYSICAL EXAMINATION

Vitals:

Height:	5 feet, 3-1/2 inches
Weight:	224 pounds
BMI:	39.7
Blood Pressure:	133/89 (L)
Temperature:	98.2
Pulse:	100 bpm
SpO2%:	95%
Respiration:	18

Major hand is the right.

Cranial nerves are grossly intact.

GENERAL APPEARANCE:

Observations	Examinee
Ease of motion	WNL
Visible discomfort	WNL
Arms while sitting	WNL
Arms on arisal from chair	3
Arms on arisal from table	WNL
Decreased cervical spine motion	WNL
Removal of footwear	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 did not use any appliances.

Gait and Station:

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

Upper Extremity Skin and Subcutaneous Examination:

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

Posterior Cervical Tenderness: There was no tenderness noted.

Palpation/Inspection of the Cervical Spine: Revealed no abnormalities.

Range of motion of the Cervical Spine:

Measurements	Range of Motion	Normal	WNL*	Pain
Flexion	80°	50°		
Extension	36°	50°		
Right Rotation	75°	80°		
Left Rotation	80°	80°		
Right Lateral Bending	34°	45°		
Left Lateral Bending	38°	45°		

*WNL – Within Normal Limits; this is adjusted for age, size and stature.

Shoulder Range of Motion:

Measurements	Right	Left	Normal
Flexion	135°	135°	180°
Abduction	140°	130°	180°
Internal Rotation	75°	75°	90°
External Rotation	43°	34°	90°
Extension	46°	45°	50°
Adduction	10°	10°	30°

Comment: Pain in all motions on the left.

Tests	Right	Left	Comment
Neer's	WNL	1	
Hawkin's	WNL	3	
Painful arc	WNL	WNL	

Palpation: There was no tenderness noted on examination to right shoulder. There was tenderness noted on the left anterior shoulder. The shoulders were stable to testing bilaterally.

ELBOWS:

Measurements	Right	Left	Normal
Flexion	126°	124°	140°
Extension	-10°	-10°	0°
Pronation	90°	90°	80°
Supination	65°	68°	80°

WRISTS:

Measurements	Right	Left	Normal
Dorsiflexion	65°	60°	60°
Palmar Flexion	60°	70°	60°
Radial Deviation	20°	20°	30°
Ulnar Deviation	25°	20°	20°

Upper Extremity Circumference:

Measurements	Right	Left
Forearm	28 cm	28^ 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	

Grip (kg)	Right	Left	Comment
1st trial	20	16	
2nd trial	16	15	
3rd trial	15	15	

Pinch (lbs)	Right	Left	Comment

1st trial	10	12	
2nd trial	11	11	
3rd trial	12	10	

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.

Lumbar Spine Appearance:

Posture, abdomen, list, lurch, scoliosis were all within normal limits.

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

Lower Extremity Circumference:

Measurements	Right	Left
Thigh	56 cm	56 cm
Suprapatellar	46 cm	46 cm
Knee	42 cm	41cm
Calf	41 cm	41 cm

Straight Leg Tests:

Test	Right degree	Comment	Left degree	Comment
Sitting SLR	WNL		WNL	

Range of Motion of the Lumbar Spine:

Measurements	Range of Motion	Normal	WNL*	Pain
Flexion	90°	60°		
Extension	10°	25°		
Right Rotation		45°		
Left Rotation		45°		
Right Lateral Bending	15°	25°		
Left Lateral Bending	20°	25°		

*WNL – Within Normal Limits; this is adjusted for age, size and stature.

Spasm	None
Guarding	None

Measurements	Range of Motion	Pain/Comment
Finger-to-Floor (inches)	4"	
Reversal (Stability)	2	
Flexion Pain	2/5	
Reversal (Stability)	5/5	
Abnormal Arisal (Stability)	2/5	
Arisal Pain (Stability)	3/5	
Slow Speed (Stability)	3/5	

Sensory	Right	Left	Abnormal/Comment
Normal	WNL	WNL	
Motor	**Right**	**Left**	**Abnormal/Comment**
Normal	WNL	WNL	

Circulation	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	Normal
Flexion	90°	90°	120°
Abduction	25°	25°	40°
Internal rotation	15°	15°	40°
External rotation	35°	35°	50°
Adduction	10°	10°	30°
Flexion Contracture	None	None	

Comment: All motions except external rotation produce significant low back pain. These are consistent with low back pain and high BMI.

Range of Motion of the Knees:

Measurements	Right	Left	Normal
Flexion	110°	108°	130°
Extension	0°	0°	0°

Exam of the Knees:

Measurements	Right	Left	Comment
Medial Laxity (Stability)	2	2+	
Lateral Laxity (Stability)	1	1	
Anterior Drawer (Stability)	WNL	WNL	
Lachman's (Stability)	WNL	WNL	
Crepitus	2	1	
Temperature	WNL	WNL	
Effusion	None	None	

Medial Tenderness	4	3	
Lateral Tenderness	2	2	
Patellar Tenderness	2	2	
Posterior Tenderness	2	2	

RECORD REVIEW:

1. 02/27/23 Edwin Haronian, MD Permanent and Stationary Report of a Primary Treating Physician. (DOI: 11/10/18, 11/13/21). Hx of Injury: Patient sustained industrial injuries on 11/10/18, while working as a Licensed Psyche Technician with Pomona Valley Hospital Medical. She states on 11/10/18, 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 immedi.ate pain to these areas. She reported the injury to her supervisor and was referred for medical care. CC: 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. PMH: History of hypertension and high cholesterol. Meds: Patient is currently taking ibuprofen or naproxen as well as prescribed Norvasc and Lipitor. Dx: 1) Bilateral knee osteoarthritis, status post left knee arthroscopy. 2) Left shoulder impingement, status post arthroscopy. Permanent and Stationary: Patient has reached a level of Maximum Medical Improvement as well as Permanent and Stationary status. Causation: As it relates to causation, it is with reasonable medical probability, patient has sustained injury to the left shoulder and left knee due to her accident of 11/18/18, and injury to the right knee due to accident of 11/2021. Apportionment: Based on the available information and with reasonable medical probability, patient has not sustained preexisting disability, impairment, or pathology. As such, 100% of patient's right knee injury is due to the 11/2021 injury and 100% of patient's injury to the left shoulder and left knee is due to the 11/2018 injury. Impairment Rating: Left shoulder range of motion impairment: Whole person impairment is 4% (6% upper extremity). Bilateral knees: Whole person impairment to the left knee is 10%, whole person impairment to the right knee is 10%. Future Medical Care: 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, 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. Vocational Rehabilitation: Patient can return to regular work activities. Work Restrictions: Left shoulder: Patient is precluded from repetitive activities at or above the shoulder level. Bilateral knees: Patient is precluded from repetitive squatting, prolonged stair climbing, repetitive pivoting, and repetitive kneeling.

IMPRESSION:

Ever pleasant Patricia Bush has had a good result from viscosupplementation and continues to work.

DIAGNOSES

1. **Left shoulder internal derangement.**

2. **Shoulder arthroscopy, 07/30/2019, including Mumford.**

   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.

3. **Internal derangement left knee.**

   04/04/19 Hamidreza Torshizy, MD - Pomona Valley Hospital Medical Center Radiology/Diagnostics MRI of Left Knee without Contrast. Indication: Pain after fall. Impression: 1) Longitudinal horizontal oblique tear of the body and posterior horn of the medial meniscus. 2) Low-grade partial tear of the anterior cruciate ligament. 3) No acute fracture. 4) Mild degenerative changes.

4. **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.

5. **Near end-stage arthritis, left knee**

See WPI section for details.

6. **Successful injection with viscosupplementation, left knee.**

7. **Internal derangement of the right knee, compensable consequence.**

A new MRI was said to show loose bodies and a torn meniscus. Plain films do not reveal ratable joint space loss. (see WPI section for details)

8. **BMI 39.7**

DISABILITY STATUS:

She is MMI as per Dr. Haronian.

WORK RESTRICTIONS:

She is precluded from repetitive bending, stooping, squatting, kneeling, climbing and crawling for each knee and in concert.

WHOLE PERSON IMPAIRMENT

Dr. Haronian's impairment Rating: Left shoulder range of motion impairment: Whole person impairment is 4% (6% upper extremity). Bilateral knees: Whole person impairment to the left knee is 10%, whole person impairment to the right knee is 10%. ***CVT WPI ~ 22%.***

My analysis is somewhat different and includes some other items:

1. Shoulder. Using version 2.55 of the official AMA software, including the Mumford, which Dr. Haronian may have forgotten, there is 18 % LUEI or 11% WPI.
2. Left knee, from 4/28/2022. Using version 2.55 of the official AMA software, there is 35% extremity impairment or 14% WPI.

Findings:
There is no evidence of acute fracture or dislocation. No osseous lesions are identified.

There is moderate medial joint space narrowing with patellofemoral joint space narrowing also suspected. Small marginal osteophytes are seen at the patellofemoral compartment. There is no significant joint effusion.

Joint space measurements are as follows:
Medial joint space: 2.3 mm.
Lateral joint space: 4 mm.
Patellofemoral joint space: 3 mm.

The soft tissues are unremarkable.

Impression:
No evidence of acute fracture or dislocation.

Moderate medial joint space narrowing with tricompartmental osteoarthropathy.

3. Right knee, from my 8/25/2022 report. Using version 2.55 of the official AMA software, there is 35% extremity impairment or 14% WPI.

Findings:
There is no evidence of acute fracture or dislocation. No osseous lesions are identified.

There appears to be mild medial compartment joint space narrowing noted. Medial joint space is noted narrowed to 4 mm. This is compared to the lateral joint space measurement of 6 mm. Mild patellofemoral compartment joint space narrowing noted. Patellofemoral compartment joint space particularly along the inferior margin of the patella approximates about 4 mm, stable. Moderate spurring along the superior margin of the patella at the quadriceps tendon insertion site. The soft tissues are unremarkable.

Impression:
No evidence of acute fracture or dislocation. No significant change compared to prior. Mild medial and patellofemoral compartment joint space narrowing, which is essentially unchanged compared to previous exam. Mild to moderate spurring along the superior margin of the patella at the quadriceps tendon insertion site.

Using version 2.55 of the official AMA software, CVT WPI equals 34% before apportionment or ***~ 27% WPI.***

Usually, Dr. Haronian and I disagree, but in the opposite direction. I feel my assessment is accurate because I considered additional parameters to which Dr. Haronian may not have had access.

CAUSATION (AOE/COE):

There is causation for the shoulder, left, and knee, left, with the right knee following as a compensable consequence.

APPORTIONMENT:

At the time of the initial workup, there are already degenerative changes in the left knee and the left shoulder:

1. 04/04/19 Hamidreza Torshizy, MD - Pomona Valley Hospital Medical Center Radiology/Diagnostics MRI of Left Knee without Contrast. Indication: Pain after fall. Impression: 1) Longitudinal horizontal oblique tear of the body and posterior horn of the medial meniscus. 2) Low-grade partial tear of the anterior cruciate ligament. 3) No acute fracture. 4) Mild degenerative changes.
2. 04/04/19 Hamidreza Torshizy, MD - Pomona Valley Hospital Medical Center Radiology/Diagnostics MRI of Left Shoulder without Contrast. Indication: Pain after fall. Impression: 1) Tearing of the inferior/anterior labrum, with associated large perimeniscal

cyst formation. 2) Focal high-grade cartilage loss of the inferior glenoid. 3) Tendinosis with low-grade partial tearing of the supraspinatus and infraspinatus. 4) Moderate acromioclavicular joint osteoarthritis. 5) No acute fracture.

I addressed apportionment early on after reviewing 1640 pages of records on 5/26/2020:

> *"I have 1640 pages of records. These begin with an injury of September 4, 2004. There is plenty of reference to shoulder complaints, but these are vague and bilateral, and not lateralizing to the left nor the suggestive of internal derangement.*
>
> *There is a motor vehicle accident of October 9, 2009, the reporting of which contains reference to the right shoulder. There is a motor vehicle accident of January 1, 2012 which involves left breast and arm pain.*
>
> *The file is then dark orthopedically until June 14, 2015 when an MMI report portends a lifting restriction of 60 pounds.*
>
> *One year later, on June 15, 2016, a left shoulder x-ray is taken and read as showing mild arthritic change. On March 9, 2017 a left shoulder x-ray is also read as showing minor spurring about the left shoulder.*
>
> *These things were ordered for a reason, but the reason is not apparent from the file, and thus only some weight can be placed on the x-rays per se.*
>
> *The file is then orthopedically dark until November 12, 2018, when the November 10, 2018 accident appears.*
>
> *At the time of surgery, the findings are clearly at least partially chronic, considering that the surgery is only 7 months after the accident. On the other hand, there is scant reference to the left shoulder prior to the acute accident.*
>
> *My best estimate is that 20% of the problem should be considered as pre-existing, based on 2 sets of plain x-rays and the arthroscopy findings. "Absent the acute injury...."*
>
> *The knee injury stems from an acute injury of November 10, 2018."*

However, for the shoulder, there is no published evidence to site decline in shoulder motion with a BMI. Her shoulder motion now is almost equal ***bilaterally,*** which is consonant with this study. Therefore, shoulder apportionment should be one quarter to degenerative changes and BMI. See attached page at end of report for NIH/NLM cited article.

Furthermore, at time of my 5/26/2020 treatment of apportionment, I did not foresee both knees becoming arthritic. There is ample published evidence to support high BMI and knee arthritis. Knee impairment should be 20 % to high BMI bilaterally.

I do not have sufficient substantial evidence to apportion to any possible concurrent employment.

CONTINUING TREATMENT:

Continuing treatment is required for the left shoulder and the knees.

*****

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.

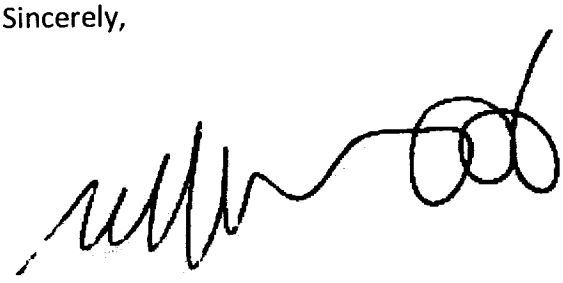
Thank you for the opportunity to re-evaluate Ms. Patricia Bush. Please contact me if I can be of further assistance.

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 Vijay Kumar Konnoju who 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. Historian: Xochitl Moreno.

Sincerely,



William H. Mouradian, M.D.
Orthopedic Surgery

Date Report Signed: May 17, 2023 County: Los Angeles

WHM:ANS/alx:5/2/23

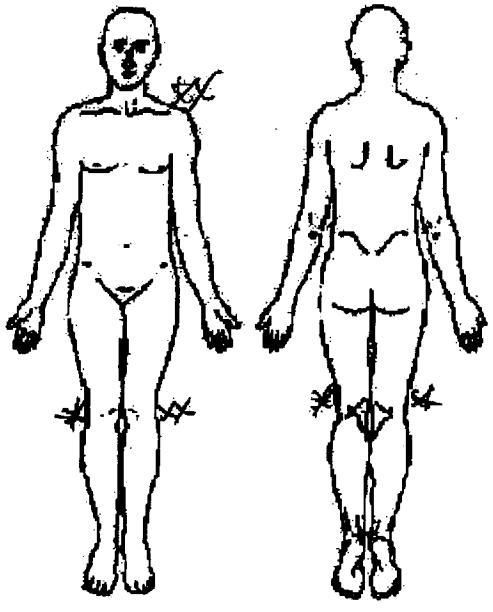
Enclosure: Pain Diagram
Reference

NAME Patricia Bush DATE 4/4/23

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										

ELSEVIER JSES
JSES International

JSES Int. 2020 Sep; 4(3): 438–442.
Published online 2020 Jun 27. doi: 10.1016/j.jseint.2020.04.004

PMCID: PMC7479022
PMID: 32939465

Shoulder motion decreases as body mass increases in patients with asymptomatic shoulders

William E. Allen, BS, Jackie J. Lin, BS, William B. Barfield, PhD, Richard J. Friedman, MD, FRCSC, and Josef K. Eichinger, MD*

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Abstract

Go to: •

Background

Higher complication rates are reported after shoulder arthroplasty in obese patients. Understanding the effect of body mass index (BMI) on range of motion (ROM) in asymptomatic shoulders may be useful in evaluating clinical outcomes for patients of varying BMIs presenting with shoulder pathology. The purpose of this study is to investigate patient characteristics, in particular BMI, that may affect ROM outcomes after shoulder arthroplasty.

WORKERS DEFENDERS LAW GROUP

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RE: PATRICIA BUSH vs. POMONA VALLEY HOSPITAL MED CTR
CLAIM: 18-13 8707; 22-160325; 22-166433
WCAB : ADJ11729532; ADJ15516443; ADJ16478526

Date: 4/4/2023

Attestation 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 document provided to the physician is 13 (thirteen pages).

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 4th day of APRIL 2023, at Anaheim, CA

By Natalia Foley, Esq (SBN 295923)
attorney for Applicant

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	Employee First Name	MI	Date of Injury
Bush	Patricia		11/10/2018

Claims Administrator	Claims Representative
AdminSure, Inc.	Shannon Rocha

Employer Name	Employer Street Address
Pomona Valley Hospital Medical center	

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	☐	☐	☐	☐	☐
Walking	☐	☐	☐	☐	☐
Sitting	☐	☐	☐	☐	☐
Climbing	☒	☐	☐	☐	☐
Forward Bending	☒	☐	☐	☐	☐
Kneeling	☒	☐	☐	☐	☐
Crawling	☒	☐	☐	☐	☐
Twisting	☐	☐	☐	☐	☐
Keyboarding	☐	☐	☐	☐	☐
R/L/Bilat Hand(s) (circle): *Grasping*	☐	☐	☐	☐	☐
R/L/Bilat Hand(s) (circle): *Pushing/ Pulling*	☐	☐	☐	☐	☐
Other:_____(See below)	☐	☐	☐	☐	☐

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:

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 4.4.23

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 *(Print Name)*, declare:

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	May 17, 2023	Shannon Rocha, AdminSure, Inc., 3380 Shelby Street, Ontario, CA 91764-5566
B	May 17, 2023	Paula Brown Hayton, Law Offices of Robert Wheatley, 14661 Franklin Avenue, Suite 100, Tustin, CA 92780
B	May 17, 2023	Natalia Foley, Workers Defenders Law Group, 751 S Weir Canyon Rd STE 157-455 , Anaheim, CA 92808

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: May 17, 2023

(signature of declarant)

Alicia Escobar
(print name)

QME Form 122
Rev. February 2009