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PANEL QUALIFIED MEDICAL EVALUATION

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RE:	ROQUEMORE, SANDRA
DATE OF EVALUATION:	June 19, 2021
EMPLOYER	Cornerstone Capital Group Inc.
DATE OF INJURY:	April 1, 2020
CLAIM NO:	uw2000031099
FILE NO:	216804-0

26 minutes were spent in a face-to-face evaluation with the examinee.

FEE DISCLOSURE

ML 201-95: This is a Comprehensive Qualified Medical Evaluation. ****This is a medical legal report and does not qualify for a PPO/Network discount**

- **ML-PRR:** Record Review - Total includes, review of cover letters and records above 200 pages: 469 total.

Thank you for the opportunity to evaluate Sandra Roquemore on Saturday, June 19, 2021 in my office at 8453 S. Van Ness Ave.

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The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and focuses on those areas in question. No treatment relationship is established or implied.

This medical-legal evaluation is based only on the current information and records submitted. It is solely the treating physician's responsibility to determine their patient's differential diagnoses and subsequent needs for medical treatment. This would be inclusive of all psychiatric conditions, vascular diseases, neuromuscular disorders, central nervous system disorders, auto-immune diseases, internal medicine disorders and all tumors, benign or malignant, even if they are undiagnosed or currently occult.

26 minutes were spent in a face-to-face evaluation with the patient.

I declare that I reviewed a total of 669 pages of documents and medical records.

HISTORY OF INJURY

This is a very pleasant 66-year-old right-hand dominant woman who describes an injury she sustained on a cumulative trauma basis from April 1, 2020 through October 26, 2020 while employed as a Security Guard at Cornerstone Capital Group Inc. She attributes this to prolonged standing and walking. She states she reported the injury to her supervisor in August 2020. She is not sure of the date. She obtained an attorney and was referred to Dr. Eric Gofnung and received treatment with physical therapy. She states she had treatment with injections in her lower back about one year ago but she is not sure of the details or dates. She did not undergo surgery. She worked as a Security Guard at Cornerstone Capital Group Inc. from January 2020 until February 20, 2021. She is not sure of the exact dates.

CURRENT MEDICAL TREATMENT

She is currently under the care of a chiropractor, Mayya Kravchenko, and sees her chiropractor regularly. She states her attorney referred her to this chiropractor. Her

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last appointment was on June 7, 2021 and her next appointment is scheduled for August 16, 2021. She is taking Tylenol as needed. She is not receiving physical therapy. She reports "no change" in her condition with the treatment provided to date.

PRESENT COMPLAINTS

She describes headaches that she rates as an 8 on a 10-point scale. She describes eye pain that she rates as a 6 on a 10-point scale. She describes pain in her back, legs, and feet that she rates as an 8-9 on a 10-point scale. She describes the pain as shooting and feels this discomfort only during waking hours. She reports numbness and tingling in her arms and legs. She states she can sit for up to two hours, stand for up to 30 minutes, or walk for up to 20 minutes. She states she can lift up to 5 pounds now as compared to 20 pounds prior to the injury.

She also describes difficulty with her activities of daily living with "some difficulty" taking a bath normally, brushing her teeth, dressing herself, combing her hair, eating and drinking, going to the toilet, writing comfortably, seeing clearly, or smelling the food she eats. She reports "difficulty" having bowel movements, standing, sitting, walking normally, climbing stairs, opening windows at home, or riding in a car for 30 minutes. She reports inability to type on a computer, feel what she touches, hold something without pain, lift a child, fly in a plane, have sexual intercourse, or sleep restfully.

EMPLOYMENT STATUS AND JOB DESCRIPTION

She worked for one year as a Security Guard at Cornerstone Capital Group Inc. She worked 8 hours per day and 32 hours per week. Her job duties involved walking around and patrolling a market every 15 minutes. She worked there from January 2020 until February 20, 2021. She is not sure of the exact dates.

PAST MEDICAL HISTORY

SURGERIES: No related surgeries.

ILLNESSES: None.

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INJURIES: As described above. She describes a prior injury to her lower back when she was involved in a taxi accident approximately two years ago. She does not recall the date. She received treatment with physical therapy with persistent symptoms.

She describes a prior injury 20 years ago when she slipped on oil while working at International Rectifier and injured both knees. She did not have any treatment for her knee injury.

MEDICATIONS: Aspirin, Fish Oil, Vitamin B-12, Vitamin D, Vitamin C, and Tylenol.

EXAMINEE PROFILE

The claimant is divorced. She has three children. She completed the 12th grade. She smokes 8-10 cigarettes per day and denies any alcohol or drug use.

REVIEW OF MEDICAL RECORDS

I declare that I reviewed a total of 669 pages of documents and medical records.

02/04/97. Clayton Hinshaw, M.D. (Derma). Visit Note. DOI: N.A. S: Symptoms improved, complains of itching. O: Lichenified plaques with scale from head to toe. A: Erythroderma, r/o MF, improved. P: TAC 1%. Keflex. Absorbase. Chest x-ray. (p. 148 MR1)

01/30/98. (Signature Illegible). Derma Note. DOI: N.A. S: Rash since 1995 when there was a chemical spill. O: BP 154/78. Diffuse erythroderma with lichenified papules, fissuring, poly-alopecia, infiltrated ears. A: Erythroderma. P: Admission. Informed consent obtained. Punch biopsy. (p. 150 MR1)

01/30/98. Edward Savala, M.D. (Pathology). Pathology Report. DOI: N.A. Impression: Chronic eczematous reaction, could not rule out drug reaction. (p. 145 MR1)

01/30/98. (Signature Illegible). Visit Note. DOI: N.A. S: Patient admitted for erythroderma associated with chemical spill in 1995. O: BP 154/78. Diffuse erythroderma with lichenified papule. Patchy alopecia. Infiltrated thick corn. A:

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Erythroderma, R/O Sezary syndrome, mycosis fungoides. P: Medication as needed. IV antibiotics. Followed by Dr. Kwan in Derma. (p. 162 MR1)

01/31/98. (Signature Illegible). IM Note. DOI: N.A. S: No complaints. O: Diffuse erythroderma with lichenification and scaly plaques. A: Erythroderma, unchanged since yesterday. P: Continue IV antibiotics. Continue whirlpool with topical Lidex. (p. 164 MR1)

02/18/98. Clayton Hinshaw, M.D. (Derma). Visit Note. DOI: N.A. S: Improved, decreased itching. O: Lichenified plaques from head to toe. Biopsy sites clean, dry and intact. A: Erythroderma, R/O MF. P: Continue TAC ointment 0.1%. Await biopsy results. Continue Atarax. Emollients. (p. 144 MR1)

02/25/98. (Signature Illegible). Derma Note. DOI: N.A. S: Patient unable to obtain ointment from pharmacy. O: Lichenified plaques, diffuse involvement. Excoriated/crusted plaques on left lateral abdomen. A: R/O MF in erythroderma. P: Biopsy. TAC ointment 0.1%. Keflex. Emollients. Atarax. (p. 143 MR1)

05/15/98. Clayton Hinshaw, M.D. (Derma). Visit Note. DOI: N.A. S: On ointment with improvement. O: Lichenified plaques from head to toe, some crusting of palms. A: R/O mycosis fungoides vs. atopic dermatitis. Erythroderma, questionable etiology. P: Biopsy on 05/26/98. Laboratory studies. Lidex ointment. Atarax. Start PUVA treatment. (p. 142 MR1)

07/01/98. (Signature Illegible). Derma Note. DOI: N.A. S: Symptoms currently exacerbated. O: Diffuse involvement of the skin with lichenified papules. A: R/O atopic dermatitis vs. mycosis fungoides. P: Continue TAC ointment. Atarax. Dry skin care regimen. (p. 140 MR1)

07/07/98. Clayton Hinshaw, M.D. (Derma). Visit Note. DOI: N.A. S: Here for punch biopsy. O: N.A. A: R/O mycosis fungoides. P: Punch biopsy performed. Wound care instructions. Bacitracin samples given. (p. 141 MR1)

07/07/98. Theresa Loya, M.D. (Pathology). Pathology Report. DOI: N.A. Impression: Subacute and chronic dermatitis. The changes seen in this biopsy are most consistent with an atopic dermatitis. As scattered eosinophils are seen, the infiltrate is primarily perivascular and the lymphocytes do not appear atypical. (p. 138 MR1)

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09/23/98. (Signature Illegible). Derma Note. DOI: N.A. S: Here for follow-up. O: Pathology noted lichenoid dermatitis. A: Erythroderma. Corn, left plantar surface. Soft tissue mass, R/O cyst vs. lipoma vs. other. P: Start UVB. Atarax. Dry skin care regimen. Corn paired down. Right elbow plain films. (p. 137 MR1)

09/25/98. (Signature Illegible). Derma Note. DOI: N.A. S: Pathology report consistent with lichenoid dermatitis. O: Thickened lichenoid skin, positive xerosis. [Illegible Notes] on the hands. A: Erythroderma, unknown etiology. Negative ANA. Consistent with lichenoid dermatitis on pathology. P: Continue UVB. Atarax. Lidex ointment on hands. Bacitracin. Vaseline. Derma-Smoother. (p. 135 MR1)

12/02/98. (Signature Illegible). Derma Note. DOI: N.A. S: Improvement with symptoms. O: Lichenified plaques from head to toe. A: Erythroderma; atopic dermatitis. P: Continue TAC ointment. Zyrtec, Atarax. Dry skin regimen. (p. 136 MR1)

02/17/99. (Signature Illegible). Derma Note. DOI: N.A. S: Improved with ointment. O: Diffuse lichenified plaques on chest, legs, arms and back. A: Atopic dermatitis. P: Refilled TAC ointment. Continue Zyrtec and Atarax. Gentle skin care. (p. 134 MR1)

03/19/99. (Signature Illegible). Derma Note. DOI: N.A. S: Noted improvement, ran out of medications x2 days, itching. O: Widespread lichenified plaques with dyschromia. Some excoriations. A: Atopic dermatitis. P: Continue TAC ointment. Consider 2-pajama treatment. Continue emollient, Zyrtec and Atarax. (p. 133 MR1)

05/19/99. Clayton Hinshaw, M.D. (Derma). Visit Note. DOI: N.A. S: Patient is out of medications. O: Lichenified plaques from head to toe. Biopsy noted lichenoid dermatitis. A: Atopic dermatitis. P: Continue TAC ointment. Trial of ointment on left dorsal hand. Atarax, Zyrtec. (p. 132 MR1)

10/12/99. (Signature Illegible). Visit Note. DOI: N.A. S: Cool x1 week, refilled medications. O: BP 132/84. Palpable neck lymphs. A: Bilateral conjunctivitis. R/O HIV exposure. Ichthyosis. P: Laboratory studies. Medications. (p. 122 MR1)

01/11/00. (Signature Illegible). Visit Note. DOI: N.A. S: N.A. O: BP 131/87. Skin noted dryness over extremities and chest, mild scaly patches. Negative HIV test. A: Ichthyosis. P: Ointment. (p. 124 MR1)

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01/24/01. (Signature Illegible). Ophtha Note. DOI: N.A. S: Very teary, red eye. O: Visual acuity 20/50 OD, 20/30-1 OS. A: Right lower lid lesion (basal cell CA). P: Return on 01/30/01. (p. 131 MR1)

01/30/01. (Signature Illegible). Ophtha Note. DOI: N.A. S: Right lower lid lesion. O: Visual acuity 20/20, 20/30. Ulceration A: Right lower lid lesion. Right lower lid trichiasis. P: Return on 02/13/01. (p. 129 MR1)

08/05/01. (Signature Illegible). Visit Note. DOI: N.A. S: Right side of neck firm swelling x1 month, weight loss, history of smoking. O: 6x6 cm firm non-mobile posterior auricular mass located on right side of neck. A: Right neck mass. P: E.N.T. referral. Tylenol. Discharged home. (p. 128 MR1)

08/09/01. (Signature Illegible). E.N.T. Note. DOI: N.A. S: Lump at back of neck; small mass, pain. Today, patient is better, less pressure. O: Posterior occipital area noted 3x3 cm mass, non-fluctuant, tenderness to palpation. A: Probable infected sebaceous cyst on posterior occipital area. P: Continue antibiotics. (p. 127 MR1)

08/15/01. (Signature Illegible). E.N.T. Note. DOI: N.A. S: Infected occipital sebaceous cyst, minimal pain, positive drainage. O: 1x2 cm open ulceration over indurated 2x3 cm n right occipital lesion. Minimal purulent drainage. A: Right occipital sebaceous cyst, infected with superficial ulceration. P: Dressing removed. Continue Keflex. Wound care instructions. Consider excision once infection is over. (p. 126 MR1)

11/09/05. William Aull, M.D. (Radiology). Cervical Spine CT. DOI: N.A. Impression: Loss of lordosis. Sclerotic vertebral bodies at C4-C5 and C5-C6 with anterior spurring and disk space narrowing at these levels. C4-C5, central 3 mm osteophytic ridge with mild central stenosis and moderate bilateral foraminal narrowing. C5-C6, calcified left posterolateral 2 mm protrusion; uncinat spurting with moderate bilateral foraminal narrowing. (p. 276 MR1)

08/26/07. Chung Wonjae, M.D. (Urgent Care). UCC Visit. DOI: N.A. S: Mid back pain x3 days, note patient fell 1 week ago backward in twisted position after tripping over son's shoe. O: Chest wall tenderness at costochondral junction slightly above the xiphoid. Left lower trapezius muscle tenderness. A: Strain, thoracic region. P: Ibuprofen. Chest x-ray. (p. 590 MR1)

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08/27/07. Kyu Jung, M.D. (Radiology). Chest X-ray. DOI: N.A. Impression: Enlargement of cardiac silhouette. Questionable blunting of right and left costophrenic angles. Small amount of pleural effusion could not be excluded. Lungs are clear. (p. 592 MR1)

09/01/07. Eduardo Godoy, M.D. (Fam Med). Office Visit. DOI: N.A. S: Low back pain, worse with coughing. O: BP 136/89. Tenderness along left paraspinal muscles at costal margin. Normal UA today. Chest x-ray of August 28 noted questionable costophrenic angles and heart size. A: Strain of back. P: Urinalysis. Follow-up with primary care physician. Rest, warm pads, expect resolution in 1 to 2 weeks. (p. 597 MR1)

09/01/07. Kaiser Permanente - Normandie. Urine Dipstick POCT. DOI: N.A. Results: Negative. (p. 599 MR1)

10/02/07. Grace Hacegaba, M.D. (Internal Med). Office Visit. DOI: N.A. S: Left knee swelling and pain, had a fall on August 7 and again in past week; requesting diagnostic tests. O: BP 139/94, BMI 37.25. Left knee noted swelling, effusion and tenderness. A: Physical examination, complete or partial. Osteoarthritis, knee. Bursitis, knee. Obesity. Abnormal finding on chest x-ray. Elevated BP. Counseling on smoking cessation. P: Chest x-ray. Laboratory studies. Consider echo. Resume Motrin. Weight loss. (p. 609 MR1)

10/02/07. Chris Jensen, M.D. (Radiology). Chest X-ray. DOI: N.A. Impression: There has been resolution of the bilateral lower lung infiltrates vs. atelectasis. (p. 611 MR1)

10/02/07. Kaiser Permanente - Gardena. Pap & HPV Co-Test. DOI: N.A. Results: Negative (p. 612 MR1)

10/08/08. Stanley Ragsdale, P.A. Office Visit. DOI: N.A. S: Right knee swelling, no trauma although she may have bumped her knee; unable to recall specific injury. Left eye irritation. O: Eyes noted injected conjunctiva with discharge. Mild swelling, tenderness in popliteal region. A: Conjunctivitis. Knee pain. P: Right knee x-ray. US Doppler study of veins of RLE. Laboratory studies. Sulfacetamide sodium ophthalmic drops. (p. 618 MR1)

10/08/08. Alan Kaneshiro, M.D. (Radiology). Right Knee X-ray. DOI: N.A. Impression: Negative 3-view study of the right knee. (p. 620 MR1)

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10/08/08. Chris Jensen, M.D. (Radiology). RLE Doppler Ultrasound. DOI: N.A. Impression: No deep venous thrombosis of the RLE. (p. 621 MR1)

10/08/08. South Bay Laboratory. D-Dimer for DVT, Quant. DOI: N.A. Results: Negative. (p. 622 MR1)

05/30/09. Homer Boyd, M.D. (Internal Med). Office Visit. DOI: N.A. S: Left eye discharge, redness and swelling x5 days. O: Erythematous with crusting around the eyelid, no stye or chalazion. Visual acuity 20/20 bilaterally. A: Blepharitis. Conjunctivitis. P: Warm compress. Neomycin-polymyxin-dexameth ophthalmic ointment. (p. 627 MR1)

06/04/09. Sirpa Carey, O.D. (Optometry). Office Visit. DOI: N.A. S: Here for general eye examination. O: Lower chalazion OS. A: Chalazion. Presbyopia. P: Refraction assessment. Spectacle prescription. Warm compress. (p. 635 MR1)

05/21/14. Manouchehr Koukhab, M.D. (Radiology). Cervical Spine X-ray. DOI: N.A. Impression: Spinal fusion; postop status at C4, C5 and C6; corpectomy and discectomy, metallic plate in anterior aspect and this has been fixed to C4 and C6 by 4 metallic screws; obliteration of C4-C5 and C5-C6. (p. 354 MR1)

12/28/14. Vicente Sanchez, M.D. (Emergency Med). ED Notes. DOI: N.A. HXOI: Minor motor vehicle accident yesterday. S: Muscle aches; pain in the neck, shoulder, chest and back. O: BP 151/93, BMI 42.89. Obese. Normal ROM, no edema or tenderness. Negative x-rays. A: MVA. Muscle aches. P: X-ray of the cervical spine, chest, bilateral shoulders, and lumbosacral spine. ECG. Ibuprofen. Discharged home. (p. 528 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Chest X-ray. DOI: N.A. Impression: No significant abnormality. (p. 537 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Cervical Spine X-ray. DOI: N.A. Impression: No acute fracture or dislocation. Degenerative changes and disk disease. (p. 532 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Lumbar Spine X-ray. DOI: N.A. Impression: No acute compression fracture or dislocation. Mild degenerative changes. (p. 534 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Right Shoulder X-ray. DOI: N.A. Impression: No acute fracture or dystrophic soft tissue calcifications. (p. 539 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Left Shoulder X-ray. DOI: N.A. Impression: No acute fracture or dystrophic soft tissue calcifications. (p. 533 MR1)

01/09/16. Augusto Zablan, M.D. (Gen. Surgery). Visit Note. DOI: N.A. S: Here for follow-up. O: Stereotactic needle core biopsy of right breast with calcifications of "12/19/15" showed benign findings of stromal fibrosis, microcalcifications identified, no evidence of malignancy. A: Right breast microcalcifications, benign stromal fibrosis. P: Mammogram. (p. 347 MR1)

04/26/16. Darren Takeuchi, M.D. (Emergency Med). Office Visit. DOI: 04/25/16. HXOI: Bilateral knee symptoms attributed to walking up 7 flights of stairs over a course of several weeks, while working for a community hospital. S: Pain in both knees. O: BMI 48.06. Unremarkable right knee examination. Left knee noted swelling, tenderness about the anterior aspect, proximal patellar tendon and quadriceps tendon; limited ROM with pain, 4/5 strength. A: Left knee sprain. Strain of right knee. P: Celecoxib, hydrocodone-acetaminophen. Gait training. Physical therapy 3x2 weeks. Cold pack. Knee hinged wrap-around. Point relief roll on. Work Status: Modified work. Occasional standing or walking, must use crutches, no climbing. (p. 425 MR1)

05/04/16. Darren Takeuchi, M.D. (Emergency Med). PR-2. DOI: 04/25/16. S: Knee pain, improving with medication and PT. O: BP 142/89. Left knee noted tenderness about the proximal patellar tendon, limited ROM with pain, 4/5 strength. A: Left knee sprain. P: Point relief roll on. Work Status: Modified duty. Occasional walking or standing, no squatting or kneeling, no climbing stairs. (p. 457 MR1)

05/05/16. Annita Reuben, P.T. Physical Therapy Report. (p. 453 MR1)

05/23/16. Contego Services Group. Statement Report. (p. 432 MR1)

05/30/16. Sonia Singh, D.P.T. Physical Therapy Report. (p. 450 MR1)

07/28/16. Samuel Smith, M.D. (Psychiatry). Office Visit. DOI: N.A. S: Here for depression screening. O: PHQ-9 score of 27, severe depression. A: Encounter for

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screening for other disorder. P: Encouraged to pursue mental health treatment. (p. 267 MR1)

07/28/16. Ron Javdan, M.D. (Cardio). Initial Visit. DOI: N.A. S: Left toe pain, neck pain. O: BP 120/80, BMI 22.98. A: Cervical disk disorder. Hyperlipidemia. P: Mobic. Consult with specialist. Laboratory studies. (p. 269 MR1)

07/28/16. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CBC noted high Hemoglobin, high Hematocrit, high MCV, high MCH, low Platelets, critical Neutrophils (absolute). (p. 320 MR1)

08/10/16. Samuel Smith, M.D. (Psychiatry). Progress Note. DOI: N.A. S: Tearfulness. O: Mood is anxious and depressed. A: Schizoaffective disorder. P: continue to participate in monthly mental health therapy. (p. 266 MR1)

08/15/16. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for laboratory results. O: Labs noted WBC 1.4, neutrophils 0; elevated HGB, HCT and MCH, low platelets. A: Cervical disk disorder with myelopathy. Low vision, both eyes. Decreased WBC. Neutropenia. Abnormality of RBC. Other specified symptoms and sign involving the circulator and respiratory systems. P: Referral to hematology, pain medicine and optometry. Levaquin, lactulose solution. Laboratory studies. (p. 264 MR1)

08/16/16. Ron Javdan, M.D. (Cardio). Office Visit. DOI: N.A. S: Here for IHSS paperwork. O: Unremarkable physical examination. A: Decreased WBC count. P: Mammogram. (p. 262 MR1)

08/18/16. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CBC noted high MCV, high MCH. CMP noted high Serum Potassium, high Serum Calcium. Lipid panel noted high Total cholesterol, high Triglycerides, high LDL Cholesterol (calc). (p. 327 MR1)

08/30/16. Haleh Toutounchi, D.P.M. (Podiatry). Office Visit. DOI: N.A. S: Painful callus of left 5th toe; thick discolored toenails. O: Positive Semmes-Weinstein monofilament test on both feet. Trimmed, thick and discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe. A: Tinea unguium. Tinea pedis. Acquired keratosis palmaris ET plantaris. P: Clotrimazole solution. Education. Trim of skin lesion performed. (p. 260 MR1)

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08/31/16. Rita Krane, M.D. (Radiology). Bilateral Mammogram. DOI: N.A. Impression: Bilateral breast calcifications. BI-RADS category 0, incomplete. (p. 356 MR1)

09/07/16. Samuel Smith, M.D. (Psychiatry). Progress Note. DOI: N.A. S: Persisting problems with social environment, isolation, anxious thoughts, financial problems, lack of resources, and psychosis. O: Anxious mood. A: Schizoaffective disorder. P: Continue monthly health therapy. (p. 257 MR1)

09/07/16. Omid Nassim, M.D. (Fam Med). Office Visit. DOI: N.A. S: Here for laboratory results and medication refills; back pain. O: Unremarkable physical examination. A: Full ROM. P: Diet for hyperlipidemia. Tramadol HCL. (p. 258 MR1)

09/19/16. Ron Javdan, M.D. (Cardio). Office Visit. DOI: N.A. S: Rectal bleeding. Back and side hurts after pushing son in wheelchair last week. O: Unremarkable physical examination. A: Unspecified hemorrhoids. P: Observe. Return if bleeding continue. Patient will wait for colonoscopy. (p. 254 MR1)

09/30/16. Samuel Smith, M.D. (Psychiatry). Initial Visit. DOI: N.A. S: Insomnia and poor concentration. O: Mental status examination was administered. A: Major depressive disorder, recurrent, severe; R/O bipolar. P: Seroquel XR. (p. 252 MR1)

10/05/16. Arati Chand, M.D. (Hematology). Office Visit. DOI: N.A. S: Patient was referred for anemia; patient has another appointment and visit was very hurried. O: Laboratories showed macrocytosis but did not show any anemia. Serum folate, B12 within normal limits. A: Macrocytosis. P: Laboratory studies. (p. 300 MR1)

10/06/16. Jan Duncan, M.D. (Ortho Surgery). Initial Report. DOI: N.A. S: Neck pain, radiating into fingers of both hands, finger numbness. O: Thin build, limited neck ROM, numbness over radial aspect of both hands, motor weakness. X-ray showed strut graft from C4 to C6, solidly fused. MRI showed compression of the cord at C4-C5 and C5-C6. A: Cord and probable nerve root compression residual in the cervical spine. P: Patient to consider posterior decompression. (p. 288 MR1)

10/07/16. Ludmila Bojman, M.D. (Radiology). Bilateral Mammogram with Breast Ultrasound. DOI: N.A. Impression: Comparison made with 08/31/16 study. Indeterminate calcifications in the upper outer right breast for which biopsy is

recommended. Calcifications in the left breast appear benign. BI-RADS category 4, suspicious. (p. 358 MR1)

10/19/16. Arati Chand, M.D. (Hematology). Follow-Up. DOI: N.A. S: Patient is asymptomatic. O: TSH is mildly elevated on labs. A: Macrocytosis. P: Discussion. Levothyroxine. (p. 290 MR1)

10/24/16. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for ultrasound results. O: BP 130/70. Mammogram showed indeterminate calcifications in the upper outer right breast. A: Mammographic calcifications found on diagnostic imaging of the breast. P: Biopsy of the right breast. (p. 250 MR1)

11/01/16. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful, long, thick, discolored toenails; painful callus on the left 5th toe. O: BP 130/80. Positive Semmes-Weinstein monofilament on the bilateral feet. Thick, long, discolored toenails; elongated toenails x10; flaky, dry skin of feet; hyperkeratosis of left 5th toe. A: Tinea unguium. Tinea pedis. Acquired keratosis palmaris ET plantaris. P: Continue clotrimazole solution. Toenails were performed. Debridement of toenails as needed. Education. (p. 248 MR1)

11/28/16. Augusto Zablan, M.D. (Gen. Surgery). Visit Note. DOI: N.A. S: Here for indeterminate calcification in the right breast, left breast calcification is benign. O: No palpable breast mass. A: Indeterminate suspicious calcifications, right breast. Benign left breast calcification. P: Stereotactic right breast. Core biopsy of breast. Follow-up after biopsy. (p. 303 MR1)

12/19/16. Ludmila Bojman, M.D. (Radiology). Post Procedural Right Mammogram For Marker Placement. DOI: N.A. Impression: Clip in appropriate location. (p. 350 MR1)

12/19/16. Ludmila Bojman, M.D. (Radiology). Mammography Right Stereotactic Biopsy. DOI: N.A. Impression: Successful biopsy of right breast calcifications. (p. 349 MR1)

12/19/16. Hong Li, M.D. (Pathology). Pathology Report. DOI: N.A. Impression: Right breast with calcification, stereotactic biopsy - benign breast tissue showing stromal fibrosis. Microcalcifications identified. No evidence of malignancy. (p. 342 MR1)

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12/21/16. Arati Chand, M.D. (Hematology). Follow-Up. DOI: N.A. S: Patient had right breast biopsy 2 days ago, no results yet. O: Unremarkable physical examination. A: Macrocytosis. P: Return in 4 to 6 weeks. (p. 295 MR1)

01/03/17. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful callus of left 5th toe. O: Positive Semmes-Weinstein monofilament on both feet. Trimmed, thick, discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe. A: Tinea unguium. Tinea pedis. Acquired keratosis palmaris ET plantaris. P: Continue clotrimazole solution. Debrided the hyperkeratosis. Pads for left 5th toe. (p. 246 MR1)

01/12/17. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for annual examination, needs glasses. O: Unremarkable physical examination. Visual acuity 20/70 and 20/50. Leukocytes in urine and hematuria. A: Low vision, both eyes. Constipation. Abnormal findings in urine. P: Ophthalmology referral. Anusol-HC cream. Urology consult. Laboratory studies. (p. 243 MR1)

01/12/17. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CBC noted high MCV, high MCH, low RDW. CMP noted high BUN/Creatinine Ratio. Lipid panel noted high Total cholesterol, high Triglycerides, high LDL Cholesterol (calc). Low vitamin D, 25-hydroxy. (p. 308 MR1)

01/23/17. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for lab results; feels well. O: Elevated total chol, triglycerides, LDL, and low Vitamin D. Negative HIV and RPR. A: Vitamin D deficiency. Hyperlipidemia. P: Atorvastatin. Vitamin D3. Laboratory studies. (p. 241 MR1)

02/15/17. Arati Chand, M.D. (Hematology). Follow-Up. DOI: N.A. S: Patient compliant with medication, doing well. O: Right breast biopsy on 12/19/16 is benign. A: Macrocytosis. P: Return as needed. (p. 272 MR1)

02/24/17. Michael Schiffman, M.D. (Ortho Surgery). PQME. DOI: 04/25/16. CC: Due to prolonged and repetitive walking, standing, climbing stairs, bending, stooping and squatting, patient developed pain in right greater than left knees while employed at CT Technologies Holdings. OBJ: BMI 66.06. Knees noted slight limp, decreased bilateral ROM, positive bilateral McMurray's, tenderness about the medial and lateral joint lines and patellar tendons, patellofemoral crepitus. DX: Left knee meniscal tear, per MRI of 06/15/16. Right knee meniscal tear, per MRI of 09/01/16. P&S DATE: N.A. IMP RATING: N.A. PERMANENT DISABILITY: Not yet P&S.

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APPORTIONMENT: Deferred until additional information is obtained. WORK RESTRICTIONS: Sedentary work. FUTURE MEDICAL: Left knee arthroscopy with postop rehabilitation followed by right knee arthroscopy. (p. 460 MR1)

03/07/17. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful callus of left 5th toe; painful, elongated, thick discolored toenails. O: Positive Semmes-Weinstein monofilament on both feet. Elongated, thick, discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe. A: Tinea unguium. Tinea pedis. Acquired keratosis palmaris ET plantaris. Xerosis cutis. P: Continue clotrimazole solution. Debrided hyperkeratosis. Lac-Hydrin cream. Education. (p. 239 MR1)

DEPO DATE: 03/09/17. EXAMINEE NAME: Sandra Ann Roquemore. DOB: 06/01/84. DOI: 04/25/16. (p. 474 MR1)

The applicant took ibuprofen 800 mg in the last 24 hours, which was prescribed by Dr. Capen. She presented her California driver's license when asked for identification. It listed her weight as 195 lbs. She also gave her Social Security number.

She is currently not working. She last worked on 04/26/16 at CT Technologies Intermediate (health information management) as a release information specialist. Her employment lasted for 4 years. With regard to her job duties, this involved handling the "whole front end" wherein she processed all the paperwork. She also reviewed files that were kept in a bookshelf. The heaviest file that she had to carry was around 20 lbs. She would have to stoop and bend to get the paperwork out of the desk. She also did filing/faxing, as well as receiving shipments from vendors. She did telephone work off and on throughout the day, ranging from 30 to 50 calls. She was working 40 hours a week, Monday through Friday, 8:00 to 4:30. Her supervisor was Karina Vasquez.

Prior to CT Technologies, she worked for The Home Care Group (home health) for 6 years. As a medical records technician, she filed medical records.

The applicant has filed a claim with a date of injury of 04/2/16 with CT Technologies. She related that she arrived at work and after walking several flights of stairs, she went to the office and proceeded to do her duties. About midday, she started to feel a lot of pain in her left knee. She took Advil which slightly helped. She was able to

continue work for the rest of the day. She remembered telling a coworker about her knee pain.

When she returned to work the following day, she was still in pain. She reported this to another coworker, who suggested that she contact the supervisor. The applicant then made a phone call to Karina Vasquez, and was suggested to go to urgent care.

She went to Concentra Medical Center where her knees were evaluated; physical therapy was arranged on the same day. She was told that she had a sprain. Medication was also given for the pain and swelling, as well as ice packs and crutches. Work restrictions were given that included no walking, squatting and bending; must use crutches. However, someone at employee health told her that she could not be allowed to return to work on crutches because of regulations. Concentra returned her to work without crutches in July, but at that time, she still needed the crutches. She continues to ambulate with the use of two crutches. She believed she received treatment from Concentra for 3 months.

The applicant first noticed pain in her knee about a year prior to 04/25/16. She only took Motrin; however, it started to get worse.

She is currently treating with Dr. Daniel Capen whom she first saw in August. Dr. Capen told her that she had a torn meniscus, with the left worse than the right. She received one cortisone injection to the left knee during summertime, with no relief. She mentioned this to Dr. Capen, and ibuprofen was given. Knee braces were also recommended which she is still using now. She was told to continue using the crutches to ambulate. She did have an MRI and x-rays. Dr. Capen did suggest some type of water therapy, as well as surgery to both knees.

The applicant recently went to Dr. Shiffman, PQME, and was basically told that she required surgery for both knees. In the past 5 years, she had gone to Kaiser ER in Harbor City for right shoulder pain. An x-ray was taken. The last time that she had a physical examination was more than 5 years ago with Dr. Heinz in Torrance.

She last had physical therapy in 07/2016 for the left knee.

The applicant rates the pain in her right knee as 8/10, and for the left knee 6-1/2 or 7/10. It would go down to a 5 when taking ibuprofen. Due to her knee problems, she is unable to take a bath, do grocery shopping, or walk for long periods of time. With grocery shopping, it is difficult for her to walk around with crutches. She has

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difficulty standing for long periods of time; she can stand for about 15 lbs. She could not bend or stop. Since she went off work in 04/2016, the pain in her knees is about the same.

Two years ago, she was a passenger when she was involved in an automobile accident. She received treatment for her right shoulder.

For income, she noted getting \$600 a month from child services. Her daughter helps her out.

At present, she has problems with both knees, with the left knee giving out on her after walking or during walking. She had motioned this to Dr. Capen.

The proceedings commenced at 2:50 p.m. and concluded at 3:41 p.m.

03/15/17. Omid Nassim, M.D. (Fam Med). Office Visit. DOI: N.A. S: Cold, congestion, cough x1 week. O: Lungs noted cough, accessory muscle use, wheezing bilateral anteriorly and posteriorly. A: Low back pain. Acute URI. P: PT referral per pain management. Albuterol Sulfate HFA, Zithromax Z-Pak. Chest x-ray. Instructions, counseling. (p. 237 MR1)

05/05/17. Sina Tebi, M.D. (Endocrinology). Office Visit. DOI: N.A. S: Vaginal bleeding x3 days; requesting Hepatitis C testing. O: Unremarkable physical examination. A: Constipation. Hemorrhoids. P: Colace, preparation H suppository. Counseling, education. (p. 235 MR1)

05/23/17. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful long, thick, discolored toenails. O: Positive Semmes-Weinstein monofilament on both feet. Elongated, thick, discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe; hyperpigmented skin lesion of foot. A: Tinea unguium. Tinea pedis. Acquired keratosis palmaris ET plantaris. Xerosis cutis. Disorder of skin and subcutaneous tissue. P: Continue clotrimazole solution and Lac-Hydrin cream. Derma referral. (p. 233 MR1)

06/29/17. Kent Nasser, M.D. (Emergency Med). ED Notes. DOI: N.A. S: Left mid and lower back pain; similar to past symptoms. O: BP 139/93. Tenderness, normal ROM. Arms noted reproducible to symptoms, winces. A: Lumbar muscle strain. P: Laboratory studies. Return to ER if worsening. Ibuprofen, acetaminophen, hydrocodone-acetaminophen. (p. 560 MR1)

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06/29/17. Kaiser Permanente - South Bay. Laboratory Report. DOI: N.A. Results: Within normal limits. (p. 565 MR1)

08/15/17. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful, long, thick, discolored toenails. O: Positive Semmes-Weinstein monofilament on both feet. Elongated, thick, discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe; hyperpigmented lesions of foot. A: Tinea unguium. Tinea pedis. Acquired keratosis palmaris ET plantaris. P: Continue clotrimazole solution and Lac-Hydrin cream. Trimmed and debrided the toenails. (p. 231 MR1)

08/26/17. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Feeling unwell since starting statin. O: Unremarkable physical examination. A: N.A. P: Fish oil. Stop statin. Laboratory studies. Diet, exercises. (p. 227 MR1)

08/26/17. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CBC noted high MCV. Lipid panel noted high LDL cholesterol (calc). (p. 331 MR1)

09/02/17. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for lab results. No complaints, feels well. O: Labs are unremarkable; LDL at 103. A: Hypercholesterolemia. Person consulting for explanation of examination or test findings. P: Laboratory studies. Diet, exercises. (p. 225 MR1)

09/18/17. Penny Barbosa. (WC Judge). Compromise & Release. DOI: N.A. Award is made in favor of Sandra Roquemore against CT Technologies, Holding C/O AIG in the sum of \$55,000 less the sum of \$8,250 payable to Peter Hsioo as reasonable attorney's fees, leaving a balance payable to applicant of \$46,750. (p. 657 MR1)

11/06/17. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Pink vaginal spotting x1 week. O: Female genitourinary noted negative suprapubic tenderness, negative CVAT. A: Anxiety disorder. Abnormal uterine and vaginal bleeding. P: Lexapro. Referral to OB-GYN. Urinalysis. (p. 223 MR1)

01/30/18. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for preops for D&C with hysteroscopy on 02/23/18 and mammogram results. O: Unremarkable physical examination. A: Encounter for other preprocedural examination. P: Chest x-ray. Laboratory studies. (p. 221 MR1)

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01/30/18. (Name Not Provided). ECG Tracing. DOI: N.A. Results: Sinus bradycardia. Left axis deviation. Abnormal ECG. (p. 271 MR1)

02/01/18. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CMP noted low BUN. (p. 313 MR1)

02/09/18. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for lab results. No complaints, feels well. O: Laboratory studies were unremarkable. A: Encounter for general adult medical examination without abnormal findings. P: Continue healthy habits. Continue all medications. (p. 219 MR1)

02/13/18. Norma Salceda, M.D. (Ob/Gyn). Office Visit. DOI: N.A. S: Here for colposcopy, no complaints. O: Unremarkable physical examination. A: Positive HPV. Postmenopausal bleeding. Submucosal fibroid. P: Colposcopy biopsy and ECC done. Counseling, instructions. (p. 298 MR1)

02/27/18. Norma Salceda, M.D. (Ob/Gyn). Office Visit. DOI: N.A. S: Here for lab results; still with brownish discharge. O: Negative colposcopy and biopsy. A: Postmenopausal bleeding. Submucosal uterine fibroid. Endometrial thickening. P: D&C hysteroscopy. Counseling and instructions. (p. 306 MR1)

03/09/18. Alma Loya, M.D. (Radiology). Chest X-ray. DOI: N.A. Impression: Bilateral atelectasis, fibrosis. (p. 275 MR1)

03/16/18. Norma Salceda, M.D. (Ob/Gyn). Office Visit. DOI: N.A. S: No more vaginal brown discharge. O: BP 134/83, BMI 23.17. A: Submucous leiomyoma of uterus. Endometrial thickening. Postmenopausal bleeding. Preop. P: D&C with hysteroscopy suction curettage. Counseling, instructions. (p. 304 MR1)

07/23/18. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for medication refill. O: Unremarkable findings. A: Dermatitis. Hyperlipidemia. P: Refilled fish oil and clotrimazole cream. Start vitamin D3 and aspirin. HIV test in 2 months. (p. 217 MR1)

07/23/18. LabCorp San Diego. HIV Screen. DOI: N.A. Results: Negative. (p. 324 MR1)

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07/30/18. Samuel Smith, M.D. (Psychiatry). Office Visit. DOI: N.A. S: Depression. O: PHQ-9 score 0. Euthymic mood. A: Encounter for screening for other disorder. P: BHC mental health program. (p. 213 MR1)

08/17/18. Ron Javdan, M.D. (Cardio). Office Visit. DOI: N.A. S: Here for medication refill; does not feel good with Lipitor. O: Unremarkable physical examination. A: Hyperlipidemia. P: Pravachol, refilled Aspirin DR. Stop atorvastatin calcium. (p. 229 MR1)

10/29/18. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: No complaints, feels well. O: Unremarkable physical examination. A: Encounter for screening for HIV. P: Laboratory studies. (p. 211 MR1)

12/10/18. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for lab results. No complaints, feels well. O: HIV test is negative. A: Encounter for general adult medical examination without abnormal findings. P: Follow-up in 2 months or as needed. (p. 209 MR1)

05/13/19. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Requesting referral to pain management and eye doctor; no complaints, feels well. O: Unremarkable physical examination. A: Low vision, both eyes. Low back pain. Cervical disc disorder with myelopathy. P: Referral to optometry. Referral to pain medicine. Laboratory studies. (p. 207 MR1)

05/13/19. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CMP noted high Chloride. Lipid panel noted high LDL cholesterol (calc). High TSH. (p. 316 MR1)

05/28/19. Sabrina Moiseyev, F.N.P. Office Visit. DOI: N.A. S: Here for lab results; feels well. O: Laboratory studies noted LDL at 105, TSH slightly elevated. A: Hypercholesterolemia. Abnormal results of thyroid function studies. Vitamin D deficiency. P: Refilled Vitamin D3, Aspirin and fish oil. Laboratory studies. Diet, exercises. (p. 205 MR1)

06/24/19. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: High TSH. (p. 319 MR1)

06/25/19. Haleh Toutounchi, D.P.M. (Podiatry). Office Visit. DOI: N.A. S: Painful, long thick, discolored toenails. O: Elongated, thick, discolored toenails;

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flaky dry skin of feet; hyperkeratosis of left 5th toe, hyperpigmented skin lesion of foot. A: Tinea unguium. Tinea pedis. Xerosis cutis. Disorder of the skin and subcutaneous tissue. P: Refilled clotrimazole solution and Lac-Hydrin Cream. Trimmed and debrided the toenails. Follow-up with Derma. Education. (p. 203 MR1)

06/28/19. Ron Javdan, M.D. (Cardio). Office Visit. DOI: N.A. S: Here for lab results. O: T4 and T3 are normal. TSH at 4.9, A1c at 5.1. A: Nicotine dependence. Person consulting for explanation of examination or test findings. P: Start Nicoderm CQ patch. (p. 200 MR1)

07/31/19. Omid Nassim, M.D. (Fam Med). Office Visit. DOI: N.A. S: Requesting referral to eye doctor. O: Unremarkable physical examination. A: Low vision, both eyes. Subjective visual disturbance. Disorder of eye and adnexa. P: Ophtha referral. (p. 197 MR1)

08/06/19. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful, long thick, discolored toenails. O: Elongated, thick, discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe, hyperpigmented skin lesion of foot. A: Tinea unguium. Tinea pedis. Xerosis cutis. Disorder of the skin and subcutaneous tissue. P: Continue clotrimazole solution and Lac-Hydrin Cream. Trimmed and debrided the toenails. Follow-up with Derma. Education. (p. 195 MR1)

08/24/19. Sina Tebi, M.D. (Endocrinology). Office Visit. DOI: N.A. S: Here for thyroid check; needs TB screening for new job. O: Unremarkable physical examination. A: Abnormal results of thyroid function studies. P: Laboratory studies. PPD given. (p. 193 MR1)

08/26/19. Omid Nassim, M.D. (Fam Med). Office Visit. DOI: N.A. S: TB reading. O: PPD negative. A: Encounter for screening for respiratory tuberculosis. P: Follow-up as needed. (p. 191 MR1)

09/06/19. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: Within normal limits. (p. 330 MR1)

09/17/19. Haleh Toutounchi, D.P.M. (Podiatry). Follow-Up. DOI: N.A. S: Painful, long thick, discolored toenails. Patient has eczema. O: Elongated, thick, discolored toenails; flaky dry skin of feet; hyperkeratosis of left 5th toe,

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hyperpigmented skin lesion of foot. A: Tinea unguium. Tinea pedis. Xerosis cutis. Disorder of the skin and subcutaneous tissue. P: Continue clotrimazole solution and Lac-Hydrin Cream. Trimmed and debrided the toenails. Follow-up with Derma. Education. (p. 189 MR1)

10/15/19. Ron Javdan, M.D. (Cardio). Office Visit. DOI: N.A. S: here for preop clearance for cataract surgery. O: BP 113/76, BMI 21.29. Unremarkable physical examination. Normal EKG. A: Encounter for other preprocedural examination. P: Bloodwork pending. EKG. (p. 186 MR1)

10/15/19. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: Within normal limits. (p. 336 MR1)

10/18/19. Sina Tebi, M.D. (Endocrinology). Office Visit. DOI: N.A. S: Here for lab results. O: Repeat laboratory studies showed TSH at 4.7, free T4 is 1.3; clinically asymptomatic. A: Abnormal results of thyroid function studies. P: Laboratory studies in 6 months. No treatment at this time. Education. (p. 184 MR1)

10/31/19. David Ghods, D.O. (Fam Med). Office Visit. DOI: N.A. S: Here for screening physical examination. O: BMI 21.46, BP 148/76. PHQ-9 score of 0. Bilateral cataracts. EKG showed sinus bradycardia to 44. Vision screening 20/60 right, 20/60 left, 20/50 bilateral. A: Encounter for general adult medical examination. Encounter for screening mammogram. Encounter for eye and vision examination. Encounter for depression screening. Encounter for preprocedural examination. Abnormal findings in urine. P: Laboratory studies. Mammogram. Pending cataract surgery. Diet, exercises. (p. 180 MR1)

10/31/19. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: CMP noted low BUN, low BUN/Creat Ratio. Lipid panel noted high LDL cholesterol (calc). No urine specimen received for urine culture. (p. 338 MR1)

11/11/19. David Ghods, D.O. (Fam Med). Office Visit. DOI: N.A. S: Here for lab results. Seeing better now after surgery. O: LDL is 125. No results with urine culture. A: Hyperlipidemia. Unspecified abnormal findings in urine. P: Refilled aspirin, fish oil and Vitamin D3. Diet, exercises. (p. 177 MR1)

11/11/19. LabCorp San Diego. Laboratory Report. DOI: N.A. Results: Urinalysis noted low specific gravity. Mixed urogenital flora on urine culture. (p. 340 MR1)

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11/30/20. Eric Gofnung, D.C. (Chiro). Initial Report. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. HXOI: Patient developed work-related injury attributed to repetitive standing and walking activities, stress from continued harassment, irritated the eyes. Low back symptoms from prior injury got worse as a result of this continuous trauma. "She has reported her symptoms to her supervisor on a few occasions, but states she has been ignored." From 08/01/20 to 11/03/20, patient suffered anxiety and stress due to hostile work environment and discrimination. "The patient initially reported her injury to the employer on April 2020 to November 2020." S: Hair loss, stomach issues, pain in the lower back and both feet; anxiety, stress and depression, difficulty sleeping. O: Restricted thoracic spine ROM. Lumbar spine noted tenderness, myospasm, hypomobility, positive SLR, Milgram's and SI compression tests, decreased ROM with pain. Right greater trochanter tenderness, positive Patrick-FABERE test, decreased right hip ROM with pain. Bunions and fungus at bilateral great toenails, bilateral plantar fascia tenderness, pain with ankle/feet ROM. 4/5 strength, pain with squatting and heel-toe walking; antalgic gait. Dysesthesia. A: Lumbar myofasciitis. Right SI joint dysfunction, sprain/strain. Lumbar facet-induced vs. discogenic pain. Lumbar radiculitis. Right hip trochanteric bursitis. Bilateral plantar fasciitis. Insomnia, anxiety, depression. Eye irritation. P: Lumbar spine and right hip is industrially related secondary to cumulative trauma injuries. Chiro treatment 2c4 weeks. Lumbar spine x-ray. MRI or CT of lumbar spine. Psych consult. Work Status: TTD. (p. 83 MR1)

DEPO DATE: 01/25/21. EXAMINEE NAME: Sandra Ann Roquemore (maiden name Sandra Ann Roquemore). DOB: 02/11/55. DOI: N.A. (p. 1 MR1)

The applicant had her deposition taken within the last 5 years in relation to a car accident. She took vitamin C, aspirin and fish oil in the last 24 hours. She is presently residing at Exposition Boulevard in Los Angeles. She indicated that she never used any other Social Security number. She is able to provide her driver's license. She was married to Robert Roquemore in 1976 or 1977; marriage lasted until 1981. She has 3 children, but 2 are from Robert. The applicant has been smoking for over 10 years. She denies drinking alcohol.

She is currently seeing Dr. Patel, a pain management physician (under Medicare). She has been seeing Dr. Patel for more than 4 years. Her family doctor is at Crenshaw Community Clinic. In the last 10 years, she had an eye surgery. She had "DNC" at Dignity Hospital in Los Angeles. She had cesarean sections in 1971, 1979

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and 1980. Surgical fusion was performed approximately 5 or 6 years ago at Dignity Health.

She does not exercise, but she goes for grocery shopping and to the laundromat. Yesterday, she mostly cleaned the house and slept.

She started receiving Social Security retirement this month in the amount of \$1,013. She is presently working for DC Downey (American Guard Services sent her there). She started in early 12/2020.

A couple of years ago, she was riding a taxi when it got T-boned. She sustained an injury to her lower back, and received treatment from Dr. Patel. Prior to this injury, she was already seeing Dr. Patel for the pain in her lower back. The car accident just made it worse. She settled for an unrecalled amount.

Before her employment for American Guard Services, the applicant did in-home care of her son for 3 years until he passed away on 06/06/19. Before this, she was unemployed for 20 years during which time she received SSI.

She retired in 1995; worked for International Rectifier in El Segundo for 10 or 11 years. After her layoff, she went into retirement. While working for International Rectifier, she sustained an injury to her left knee when she fell on the job. After she quit working, her left knee still caused her problems.

She began working for American Guard Services in 01/2020. She was sent to Ralph's in Los Angeles where she worked as a security guard. After 2 or 3 months, she was transferred to another Ralph's located at North La Brea where she worked only for 2 to 3 months. She had only worked at 2 Ralph's locations, and DC Downey through American Guard Services. She began working for DC Downey in December. She is currently working as a security guard for American Guard Services 5 days a week, 40 hours a day. Her job duties involve logging the trucks in and out from the 99 Cents Store, a big distribution center.

It is the applicant's belief that she sustained injuries to her lower back and feet as a result of working for American Guard Services. She has bad corn and calluses on her feet right now. She also has headaches, and her stomach bothers her. She injured her stomach by not taking her lunch and her breaks when needed, as well as from stress. She started to experience symptoms in her stomach about a week after she started

working at the second Ralph's. She is not getting treatment for this; just taking Pepto-Bismol.

She began to have problems with her feet right after she was harassed on the job. The harassment started about a week or two after she began employment at the second Ralph's. She has not received treatment for her feet as well as stomach because the doctor's office was closed due to the coronavirus. She never asked her employer for medical care.

With regard to her lower back pain, this started shortly after she began at the second Ralph's. She believed that the pain was caused by all the walking and standing. She was supposed to walk every hour, but they wanted her to walk every 10 to 15 minutes. She attributed the pain in her feet to "all the walking." She also did not notify her employer of her back pain. She was scared that if she started complaining, she would lose her job.

Her headaches were caused by stress - thinking about all the stuff that they were saying and doing to her on the job. This started around the first or second week after she started working for the second Ralph's. She described that the managers were harassing/stressing her out. She reported this to Captain George and Miguel right after the harassment started. She did talk to them, but after that, she did not know what happened. They continued with the harassment.

The applicant indicated that because of the stress from harassment, she contacted an attorney. It was her belief that they did not want her there because of her age. Her attorney sent her to Dr. Gofnung, and had 9 appointments with this doctor. She was told last week that she had to come once a week on a Friday for the next 4 weeks for physical therapy.

At present, the applicant has headaches, as well pain in her feet, ankles and toes. She rates the pain in her feet as a 9, almost to the point of screaming; present about every day. The pain in her toes is also rated as 9. She had to take off work yesterday because of her toes. She also has a great big corn on the left toe that she has been trying to get off. She now has calluses on the side of her feet.

She did have lower back pain prior to working for American Guard Services. She currently rates the pain as an 8. It is worse than when she first started feeling it; also present about every day. With regard to her headaches, the pain is about an 8, occurring every other day.

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Prior to working for American Guard Services, the only prior treatment she received for her feet was when she had toenail fungus.

As a result of the stress, the applicant has been having nightmares about what they said to her. She would start getting headaches when dwelling on it or thinking about it. She is unable to sleep. Her hair also fell out.

She saw a psychiatrist or a psychologist for depression more than 10 years ago. She was hospitalized for mental health.

With regard to the harassment she received which started on the second week of her working at the second Ralph's, one said that she smelled like "shit," another said she smelled like "urine," or that she smelled like she had been drinking. The harassment occurred every time on the floor. They were telling these comments to other people, but not directly at her.

At present, she is able to perform simple and repetitive tasks like cleaning and cooking. She can do her job at the 99 Cents distribution location.

She filed for bankruptcy over 20 years ago.

The applicant added that while working at Ralph's, they wanted her to stand in front of the door where it would open and close with the customers coming in and out. The dust and dirt from outside would irritate her eyes, causing pain because she had undergone surgeries to her right eye in November, and left eye in December of 2020. Due to stress, she was losing hair, unable to sleep or eat, worrying about what was going to happen. Every time she had to go back to work, she would start having diarrhea. She would take Pepto-Bismol or something to settle her stomach. This was the reason she requested to be transferred to a different location. She notes feeling better now that she has been transferred.

The deposition started at 11:00 a.m. and ended at 1:29 p.m.

02/22/21. Ted Tribble, Psy.D. (Psychology). First Report. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. HXOI: Patient was exposed to incident of harassment and age discrimination by the store manager. Developed pain in the lower back, hips, leg and feet due to prolonged standing at work. Patient developed eye pain from working in front of the store entrance. Due to pain, patient developed

anxiety and depression and sleeping difficulties. S: Sad, helpless, hopeless, lonely, afraid, terrified, scared, angry, guilty and irritable. O: Anxious mood, depressed affect, memory difficulties, poor concentration. Psych testing showed depressive and anxious symptoms. A: Major depressive disorder. Generalized anxiety disorder. Insomnia. Pain disorder. P: CBT 1x8 weeks. Hypnotherapy/relaxation training 1x8 weeks. Referral for psychotropic medication. Pain management referral. Work Status: Unable to perform usual work. (p. 98 MR1)

03/08/21. Eric Gofnung, D.C. (Chiro). Follow-Up. DOI: CT 04/01/20 - 10/26/20; CT 08/01/20 - 11/03/20. S: Stomach issues, lower back pain radiating to lower extremities, bilateral feet pain, anxiety and depression. O: Restricted thoracic spine ROM with pain. Lumbosacral noted tenderness, myospasm, hypomobility, positive Milgram's, SI joint compression and SLR, decreased ROM with pain. Right greater trochanter tenderness, positive Patrick-FABERE's test, decreased right hip ROM with pain. Bunions, fungus at bilateral great toenails, bilateral plantar fascia tenderness, pain with bilateral ankle ROM. 4/5 strength, pain with Squatting and heel-toe walking, antalgic gait. Dysesthesia. A: Lumbar myofasciitis. Right SI joint dysfunction. Lumbar pain, radiculitis. Right hip trochanteric bursitis. Bilateral plantar fasciitis. Insomnia, anxiety, depression. Eye irritation. P: CMT 1x6 weeks. Pain management consult. Acupuncture 2x6 weeks. Work Status: Temporarily totally disabled. (p. 107 MR1)

DIAGNOSTIC TESTING

No new imaging studies were obtained today. The examinee has had diagnostic studies performed with results as listed below:

11/09/05. William Aull, M.D. (Radiology). Cervical Spine CT. DOI: N.A. Impression: Loss of lordosis. Sclerotic vertebral bodies at C4-C5 and C5-C6 with anterior spurring and disk space narrowing at these levels. C4-C5, central 3 mm osteophytic ridge with mild central stenosis and moderate bilateral foraminal narrowing. C5-C6, calcified left posterolateral 2 mm protrusion; uncinat spurting with moderate bilateral foraminal narrowing. (p. 276 MR1)

10/08/08. Alan Kaneshiro, M.D. (Radiology). Right Knee X-ray. DOI: N.A. Impression: Negative 3-view study of the right knee. (p. 620 MR1)

RE: ROQUEMORE, SANDRA

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05/21/14. Manouchehr Koukhab, M.D. (Radiology). Cervical Spine X-ray. DOI: N.A. Impression: Spinal fusion; postop status at C4, C5 and C6; corpectomy and discectomy, metallic plate in anterior aspect and this has been fixed to C4 and C6 by 4 metallic screws; obliteration of C4-C5 and C5-C6. (p. 354 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Cervical Spine X-ray. DOI: N.A. Impression: No acute fracture or dislocation. Degenerative changes and disk disease. (p. 532 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Lumbar Spine X-ray. DOI: N.A. Impression: No acute compression fracture or dislocation. Mild degenerative changes. (p. 534 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Right Shoulder X-ray. DOI: N.A. Impression: No acute fracture or dystrophic soft tissue calcifications. (p. 539 MR1)

12/28/14. Dennis Hsueh, M.D. (Radiology). Left Shoulder X-ray. DOI: N.A. Impression: No acute fracture or dystrophic soft tissue calcifications. (p. 533 MR1)

PHYSICAL EXAMINATION

Range of motion measurements were taken x 3 for the examination, with the best measurement recorded.

GENERAL

General Appearance:

Height is 5 feet 4 inches and weight is 114 pounds.

The examinee has a well-nourished appearance and well-groomed hygiene.

She appeared to be in no distress. She displays appropriate emotional affect.

The examinee sits comfortably. The claimant requires no assistance getting up and down from the exam table.

Posture:

The examinee stands with a level pelvis, level shoulders, and straight spine. The claimant's head is centered over the shoulders.

Gait:

The examinee ambulates with a cane held in the right hand and presents wearing black sneakers. The claimant is able to heel walk, toe walk, and squat but reports lower back pain with these maneuvers.

<u>Measurements:</u>	<u>Right</u>	<u>Left</u>
Biceps	23 cm	23 cm
Forearms	15 cm	15 cm

Jamar Dynamometer Grip Strength Testing: (in kilograms)

Right Hand:	First Trial	18
	Second Trial	18
	Third Trial	16
Left Hand:	First Trial	10
	Second Trial	12
	Third Trial	10

LUMBAR SPINE:

Inspection:

Inspection reveals no evidence of scars, abrasions, punctures, or discolorations. She presents wearing a soft brace over the lumbar spine.

Palpation:

There is no tenderness to palpation of the midline lumbar spinous processes. There is tenderness to palpation along the paraspinal muscles over the lumbar spine and no tenderness over the sacrococcygeal area. There is no appreciable muscle spasm. She reports pain with range of motion testing.

<u>Range of Motion:</u>	<u>Normal Average</u>	<u>Measured</u>
Flexion	60°	40°
Extension	25°	20°
Right Side Bending	25°	10°
Left Side Bending	25°	10°

<u>Deep Tendon Reflexes:</u>	<u>Right</u>	<u>Left</u>
Knee	2+	2+
Ankle	2+	2+
Clonus	Negative	Negative
Babinski's	Negative	Negative

Sensory:

Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities.

<u>Motor:</u>	<u>Right</u>	<u>Left</u>
Quadriceps	5/5	5/5
Hamstrings	5/5	5/5
Tibialis Anterior	5/5	5/5
Extensor Hallucis Longus	5/5	5/5
Gastroc Soleus Complex	5/5	5/5
Peroneals	5/5	5/5

<u>Vascular:</u>	<u>Right</u>	<u>Left</u>
Posterior Tibialis	2+	2+
Dorsalis Pedis	2+	2+

<u>Special Testing:</u>	<u>Right</u>	<u>Left</u>
Sitting straight leg raise	Negative	Negative

Waddell Signs:

Pain with subcutaneous pinching Negative

Pain with axial compression	Negative
Pain with trunk rotation	Negative
Symptom magnification	Negative

ANKLES AND FEET:

Inspection:

Visual inspection reveals no evidence of deformity, abrasion, scars, or puncture wounds. There is no swelling noted.

Palpation:

Palpation of the feet and ankles reveal tenderness over the plantar fascia bilaterally. The malleoli, lesser toes, big toes, heels, and metatarsals are non-tender.

<u>Ankle Range of Motion:</u>	<u>Normal</u>	<u>Right</u>	<u>Left</u>
Extension	20	20	20
Flexion	40	40	40
Eversion	20	20	20
Inversion	30	30	30

Neurological:

Sensation, motor, and vascular status are intact in the feet and ankles.

Special Testing:

The Ankle Drawer test is negative.

<u>Measurements:</u>	<u>Right</u>	<u>Left</u>
Quadriceps muscle mass 10 cm above superior margin of patella	31 cm	31 cm
Calf muscle mass at Point of maximum growth	29 cm	29 cm

DIAGNOSTIC IMPRESSION

1. Lumbar sprain/strain with radiculitis.
2. History of prior treatment for chronic lower back pain.
3. Bilateral foot plantar fasciitis.

DISCUSSION

Overall, the claimant's subjective complaints of severe 8-9/10 pain are out of proportion to the objective findings. In addition, the claimant is 66 years of age and has history of longstanding treatment for chronic related symptoms prior to her one-year of employment as a security guard at Cornerstone Capital Group Inc.

- The March 7, 2017 podiatry evaluation by Dr. Haleh Toutouchi documents treatment for painful callus of the left 5th toe as well as painful and discolored toenails. (p. 239 MR1)
- The June 29, 2017 emergency room evaluation by Dr. Kent Nasser documents treatment for lower back pain that is similar to past symptoms. (p. 560 MR1)
- The May 13, 2019 evaluation by Sabrina Moiseyev, F.N.P. documents treatment for lower back pain with referral to pain management. (p. 207 MR1)
- The claimant's January 25, 2021 deposition transcript documents that she had been seeing a pain management specialist, Dr. Patel, for pain in her lower back for over four years.
- The claimant's deposition transcript that the pain in her lower back got worse after she was involved in a T-bone motor vehicle accident in a taxi a couple years ago.
- The claimant underwent radiographs of the lumbar spine in December 2014 demonstrating degenerative changes. (p. 534 MR1)

Apportionment to these non-industrial factors would clearly be indicated.

It should be noted that there are some inconsistencies in the medical records provided. The claimant's January 25, 2021 deposition transcript documents that she never asked her employer for medical care and did not notify her employer of her back pain. However, the claimant obtained an attorney and was referred to a chiropractor, Eric Gofnung. The November 30, 2020 evaluation by Eric Gofnung documents "she has reported her symptoms to her supervisor on a few occasions, but states she has been ignored... the patient initially reported her injury to the employer on April 2020 to November 2020." (p. 83 MR1) The reason for these discrepancies between the claimant's deposition transcript and the notes from her treating chiropractor are not clear.

With regard to the claimant's lumbar spine complaints, it is more likely than not that her industrial exposure as a Security Guard at Cornerstone Capital Group Inc. has resulted in a cumulative trauma injury with industrial aggravation of an underlying condition. However, the records from the claimant's treating pain management specialist regarding her years of treatment for chronic lower back pain were not provided. This would be helpful for apportionment determination. At this point I would recommend an MRI of the lumbar spine without contrast as well as a copy of the medical records from her treating pain management specialist, Dr. Patel.

With regard to the claimant's plantar fasciitis, further treatment would be appropriate at this time with a podiatrist to include stretching exercises, night splinting, and orthotics. However, continued treatment for the claimant's chronic toenail fungal infection and hyperkeratosis (calluses) would be more appropriate to continue on a non-industrial basis.

The attorney cover letter received from David Gonzales also lists additional alleged injuries to the eyes, head, scalp, and digestive system. It is not clear to me how working as a security guard would result in additional injuries to these multiple body parts, however I would defer to the appropriate internal medicine specialist as this is outside the scope of my practice as an orthopaedic surgeon.

The attorney cover letter received from David Gonzales also asked if the treatment the applicant has received is reasonable. Yes, in my opinion the treatment provided to the claimant has been appropriate.

SUBJECTIVE COMPLAINTS SUPPORT OBJECTIVE FINDINGS

The subjective complaints appear to be out of proportion to the objective findings based on the history and physical examination.

PERMANENT AND STATIONARY

The claimant has had treatment with activity modification, physical therapy, and medications and reports "no change" in her condition with the treatment provided to date. Further diagnostic testing is indicated at this time and the claimant has not yet reached a permanent and stationary status.

SUBJECTIVE FINDINGS

Subjective findings of disability include shooting pain in her back, legs, and feet that she rates as an 8-9 on a 10-point scale with associated numbness and tingling. Subjective findings of disability also include diminished sitting capacity of up to two hours, standing capacity of up to 30 minutes, or walking capacity of up to 20 minutes. Subjective findings of disability also include diminished lifting capacity of up to 5 pounds now as compared to 20 pounds prior to the injury.

Subjective findings of disability also include difficulty with activities of daily living with "some difficulty" taking a bath normally, brushing her teeth, dressing herself, combing her hair, eating and drinking, going to the toilet, writing comfortably, seeing clearly, or smelling the food she eats; "difficulty" having bowel movements, standing, sitting, walking normally, climbing stairs, opening windows at home, or riding in a car for 30 minutes; and, inability to type on a computer, feel what she touches, hold something without pain, lift a child, fly in a plane, have sexual intercourse, or sleep restfully.

OBJECTIVE FINDINGS

Objective findings of disability include physical examination findings of reported lower back pain with heel walking, toe walking, and squatting during the gait exam, presentation wearing a soft brace over the lumbar spine, tenderness to palpation along the paraspinous muscles over the lumbar spine, reported pain with lumbar spine range of motion testing, diminished range of motion of the lumbar spine, and tenderness over the plantar fascia bilaterally.

Objective findings of disability also include diagnostic study report below:

12/28/14. Dennis Hsueh, M.D. (Radiology). Lumbar Spine X-ray. DOI: N.A.
Impression: No acute compression fracture or dislocation. Mild degenerative changes. (p. 534 MR1)

WORK RESTRICTIONS

It is my opinion that the claimant can return to work as of today with restrictions. She may lift and carry up to 10 pounds occasionally and 5 pounds frequently. She may stand or walk for 4 hours in an eight-hour work day and may sit for 8 hours in an eight-hour workday with normal breaks. Climbing, kneeling, stooping, crawling, and crouching may be done on an occasional basis. She has no restrictions with overhead activities. She has no restrictions with use of the hands for fine or gross manipulative movements. The claimant does not require the use of an assistive ambulatory device.

I would reserve the right to modify my opinions on work restrictions after review of the requested additional diagnostic testing.

CAUSATION

In my opinion based on reasonable medical probability and the history and physical examination I performed and documentation reviewed, the claimant's symptoms are a

result of the cumulative trauma industrial injury she sustained from April 1, 2020 through October 26, 2020.

APPORTIONMENT

The claimant has not yet reached a permanent and stationary status for final apportionment determination. However, with regard to the lumbar spine, there are chronic underlying degenerative changes and history of treatment for years with a pain management specialist for chronic lower back pain. There is also history of prior motor vehicle accident which resulted in worsening of her chronic back pain. The industrial injury in question appears to represent aggravation of an underlying chronic condition and apportionment would be indicated. The medical records regarding the claimant's lower back pain treatments with a pain management specialist would be helpful for apportionment determination as well as an updated MRI of the lumbar spine.

With regard to the claimant's plantar fasciitis, the medical records do not document prior history of plantar fasciitis. Rather, the claimant has received podiatric treatment for chronic toenail fungus and hyperkeratosis. The claimant was also engaged in constant standing and walking as a security guard. Based on the information currently available and reasonable medical probability, in my opinion 100% of the current disability for the claimant's plantar fasciitis has been caused by the cumulative trauma industrial injury she sustained from April 1, 2020 through October 26, 2020. My opinion regarding apportionment is made in consideration of Labor Code Sections 4663 and 4664.

FUTURE MEDICAL CARE

Further diagnostic testing is indicated at this time with an MRI of the lumbar spine without contrast.

RE: ROQUEMORE, SANDRA

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With regard to the claimant's plantar fasciitis, further treatment would be appropriate at this time with referral to a podiatrist to include stretching exercises, night splinting, and orthotics.

IMPAIRMENT

The claimant has not yet reached a permanent and stationary status for whole person impairment determination. I would be able to provide a supplemental report including any indicated whole person impairment percentages should the claimant be found to have reached a permanent and stationary status after treatment for her plantar fasciitis and review of the requested additional medical records and diagnostic study.

Thank you for the opportunity to evaluate this examinee. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

ATTESTATION

I, Payam Moazzaz, M.D., personally took the examinee's history, reviewed the medical records, performed the physical examination, and dictated this report. All of the opinions expressed in the report are mine. In the preparation of the report Rogeline Diaz, MT, arranged all of the records in chronological order and prepared a list and excerpt of records for my review. I personally then reviewed all of the available medical records and the excerpt prior to the preparation of my report. Staff time has not been included in the calculation of time spent on this report. The entire report was personally reviewed by me and signed on the date and county as indicated.

I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 to the best of my knowledge and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

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.

Sincerely,



Payam Moazzaz, M.D.
Board Certified Orthopaedic Surgeon

Signed this 28th day of June 2021 in San Diego County in the State of California.

June 14, 2021
Moazzaz

1 DJG Law Group, Inc.
2 8181 E Kaiser Blvd., #100
3 Anaheim, CA 92808
4 P: 714-637-4100; F: 714-637-4102
By: David J. Gonzales, Esq. | SBN: 215983

5 Attorney for Defendant: CORNERSTONE CAPITAL GROUP INC. ON BEHALF OF
6 UNITED WISCONSIN INSURANCE COMPANY, ADMINISTERED BY NEXT
7 LEVEL ADMINISTRATORS

8 **WORKERS' COMPENSATION APPEALS BOARD**
9 **OF THE STATE OF CALIFORNIA**

10 SANDRA ROQUEMORE,

Case No.: ADJ13818144; ADJ13817769

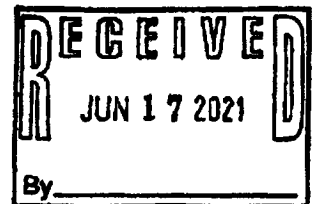
11 Applicant,

12 vs.

CCR §9793(N) DECLARATION

13 CORNERSTONE CAPITAL GROUP INC.
14 on behalf of UNITED WISCONSIN
15 INSURANCE COMPANY, administered
16 by NEXT LEVEL ADMINISTRATORS,

17 Defendants.



18 I declare, under penalty of perjury, that the following is true and correct:

- 19 1. Defendants have complied with the provisions of Labor Code Section 4062.3
20 before providing the enclosed documentation to the physician.
21
22 2. Total page count of the documents provided: 658 pages

23 DATED: June 16, 2021

24 Respectfully submitted,
25 DJG LAW GROUP, INC.

26 By: David J. Gonzales, Esq.
27
28

Payam Moazzaz, M.D.
Board Certified Orthopaedic Surgeon
Qualified Medical Evaluator

8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

RE: ROQUEMORE, SANDRA
DATE OF EVALUATION: June 19, 2021
EMPLOYER: Cornerstone Capital Group Inc.
DATE OF INJURY: April 01, 2020
CLAIM NO: uw2000031099

Dear Raymond Meister, M.D., M.P.H.:

The above mentioned injured worker was seen in my office for a Panel Qualified Medical Evaluation. While speaking with the injured worker and reviewing the medical records I have identified the following injuries that are outside my area of expertise:

- 1: eyes, head, scalp, digestive system
- 2: (Internal Medicine)
- 3:
- 4:
- 5:
- 6:

Per regulations I am notifying all parties that these items are outside my scope of expertise.

Sincerely yours,



Payam Moazzaz, M.D.
Board Certified Orthopaedic Surgeon

Signed this 28th day of June 2021 in San Diego County in the State of California.

REQUEST FOR SPECIAL STUDIES

EXAMINEE'S NAME: Sandra Roguemoff

TYPE OF STUDY:

MRI lumbar spine L-R

With Contrast

Without Contrast

EMG / NCV

X-RAY

VIEW:

DIAGNOSIS:

1. sprain / strain
- 2.
- 3.

RULE OUT: disc herniation

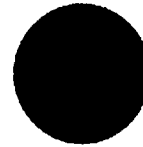
DOCTOR: M0A22A2

LICENSE #: A130652

SIGNATURE:  DATE 6/28/21

SEND IMAGING / REPORTS TO THE INSURANCE COMPANY
ANY UNDECLARED IMAGING / REPORTS SENT TO US DIRECTLY
FROM IMAGING CENTERS WILL NOT BE ACCEPTED.

OUR OFFICE DOES NOT SCHEDULE APPOINTMENTS FOR SPECIAL STUDIES. THE INSURANCE COMPANY MUST SCHEDULE.

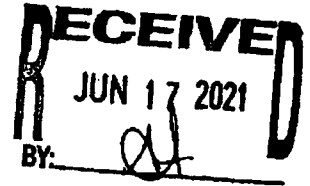


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DJG LAW GROUP, INC.

ATTORNEYS AT LAW

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ANAHEIM HILLS, CA. 92808
TEL: 714.637.4100 / FAX: 714.637.4102
WWW.DJGLAWGROUP.COM



JUN 16 2021

Date Mailed: _____

RECORDS LOCATION:

Dr. Payam Moazzaz
8221 N. Fresno Street
Fresno, CA 93720

EXAMINATION ADDRESS:

Dr. Payam Moazzaz
8453 S. Van Ness Ave.
Inglewood, CA 90305

RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

EAMS CASE NO. : ADJ13818144; ADJ13817769
DATE(s) OF LOSS : 08/01/20 - 11/03/2020; 04/01/20 - 10/26/20
CLAIM NO. : UW2000031101; UW2000031099
CASE STATUS : PQME WITH DR. MOAZZAZ ON JUNE 19, 2021 AT 9:30 A.M.

PANEL QUALIFIED MEDICAL EVALUATION INTERROGATORY

Dear Dr. Moazzaz:

Enclosed please find the following:

- Document Index, dated 04/28/21

Thank you for agreeing to examine Sandra Roquemore in your capacity as a Panel Qualified Medical Examiner in Orthopedic Surgery. Applicant is scheduled to be evaluated at your Inglewood office on June 19, 2021. Should Applicant fail to keep this duly noticed examination, please contact the parties at your earliest opportunity.

Please be informed that I have attached a copy of Labor Code Section 4628 for your review. Please be sure that you comply with this code section. Please note that if any independent contractors are involved, including yourself, that relationship

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RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

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under this code section must be disclosed. Please also find copies of Labor Code Sections 4663 & 4664 regarding issues of apportionment.

IMPORTANT: Applicant is not to reschedule this examination without prior authorization from this office.

The primary treating doctor for this Applicant is Dr. Eric Gofnung. Please advise the parties immediately if you have a professional association with this physician.

To assist you in preparing for this examination, enclosed is the entire medical file.

FACTS

Applicant is a 66-year-old woman who began working for the Defendant, American Guard Services, in January 2020. Applicant is alleging two claims:

1. Applicant is alleging a cumulative trauma injury from April 1, 2020 - October 26, 2020 to the eyes, trunk, back, lower extremities and digestive system as a result of allegedly performing repetitive job duties for our employer. The claim is denied.
2. Applicant is also alleging a cumulative trauma injury from August 1, 2020 - November 3, 2020 to her head, scalp and nervous system as a result of allegedly performing repetitive job duties for our employer. The claim is denied.

Defendants are disputing Applicant's claims since Applicant failed to provide notice of her prior injuries to her lumbar spine during her deposition. During the deposition, Applicant claims that the pain in her lower back began after she began working for the defendant. She also claims she never had back pain prior to working for the defendant.

Review of the subpoenaed records of Benevolence Health Center show Applicant complaining of low back pain since 2016. Additionally, the records of the Los

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RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

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Angeles WCAB show Applicant had degenerative conditions and osteophytes in the low back as of 2014. Lastly, the records of California Sports and Spine Center show Applicant complaining of low back pain in 2017 and 2018.

The records also show Applicant complaining of pain and issues with her feet/toes since 2016. Despite Applicant's claims she had no painful symptoms in her feet prior to her work with the Defendant, the records of Benevolence Health Center show Applicant complaining of foot pain in 2017. Additionally, the records from the Los Angeles WCAB show Applicant had an industrial injury to the bilateral knees in 2016.

Based on these subpoenaed records, even if an industrial injury is found, Defendants believe a certain degree of apportionment is warranted.

ISSUES

We request that you perform a thorough and unbiased evaluation in accordance with the standards defined by the California Division of Worker's Compensation and the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition (*AMA Guides*). During the physical examination, document all pertinent positive, negative and non-physiological findings. Please assess whether your findings are consistent with those of other examiners. If you feel that pain is ratable, explain fully your approach.

Please take a complete medical history from the applicant, including a report of the injury, review the enclosed materials and prepare a narrative report with specific attention to the following questions:

1. What are your diagnoses and which of these are as a result of the referenced injury? We request that you provide a full discussion of the significance of these diagnoses, as well as an explanation of the prognosis and the basis for the prognosis.

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RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

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2. Has maximal medical improvement (MMI) been achieved? If not, please provide an estimate of when it is likely to occur and what will facilitate achieving MMI.
3. Are the subjective complaints supported by objective findings? Please explain the rationale for your conclusions.
4. On what date did the applicant's condition become permanent and stationary or is the applicant temporarily totally or temporarily partially disabled at the present time?
5. If in your opinion the applicant is temporarily disabled, what type of treatment would you recommend to cure or relieve from the effects of applicant's injury, and what is the estimated duration of such treatment?
6. If the applicant has received or is currently receiving treatment, please explain if that treatment is covered by ACOEM Practice Guidelines. If so, is it consistent with those Guidelines? If not, was or is the treatment reasonably necessary to cure and/or relieve the applicant from the effects of the industrial injury? Would discontinuation of any of the care currently being rendered result in a deterioration of his/her function? Please explain the rationale for your conclusions.
7. Is there any evidence of dysfunctional illness behavior? Is any of the treatment inappropriate or likely to reinforce dysfunctional illness behavior?
8. If the applicant is permanent and stationary, please indicate the factors of disability you deem appropriate, including objective findings and subjective complaints. When rating impairment, please detail your methodology, including references to Tables, Figures and page numbers.

(For upper extremity injuries)

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RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

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For upper extremity injuries, complete Figure 16-1 Upper Extremity Impairment Evaluation Record (*AMA Guides.*, pp. 436-437.) Please document measurements bilaterally.

(For lower extremity injuries)

For lower extremity ratings, explain the method(s) that you have chosen, with reference to Table 17-2 Guide to the Appropriate Combination of Evaluation Methods (*AMA Guides.*, p. 526.) Please document measurements bilaterally.

(For spinal injuries)

If spinal impairment is rated, explain your choice of methods and how you determined impairment.

9. If the applicant is permanent and stationary, please comment upon factors of apportionment as you deem appropriate and, if you believe apportionment is applicable, please indicate the degree of disability you believe medically probable that applicant would have experienced absent this injury. Your apportionment determination should consist of what approximate percentage of the permanent disability was caused by the direct result of the injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors, both before and subsequent to the industrial injury, including prior industrial injuries. If you are unable to include an apportionment determination in your report, please state the specific reasons why you cannot make a determination of the effect of that prior condition on the permanent disability arising from the injury. If you are unable to make an apportionment determination, please consult with other physicians or refer the employee to another physician from whom the employee is authorized to seek treatment or an evaluation in order to make the final determination.

10. Is further medical care required? If so, please explain what further diagnostic evaluations and/or treatments are required and why.

LOS ANGELES OFFICE
3415 S Sepulveda Blvd Ste 1100
Los Angeles, CA 90034
(213) 289-3289

ORANGE COUNTY OFFICE
8181 E Kaiser Blvd Ste 100
Anaheim Hills, CA 92808
(714) 637-4100

INLAND EMPIRE OFFICE
11801 Pierce St Ste 200
Riverside, CA 92505
(951) 339-3889



RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

Page 6 of 7

11. As a result of the industrial injury, can the applicant return to his/her pre-injury occupation? Please complete the attached Functional Capacity Assessment form concerning the applicant's work restrictions, if any. If you prefer not to use the form, you may incorporate all the answers to the questions on the Functional Capacity Assessment in your narrative report.

Please provide any other information that you feel would be useful in understanding this case.

Medical treatment is not authorized at this time, but you may accept this letter as your authority to perform diagnostic procedures necessary to obtain your opinion.

If your office is contacted by the Applicant or his/her representative for the purpose of rescheduling the originally scheduled appointment, please notify the undersigned for the purpose of obtaining authority for the requested rescheduling.

Please forward a copy of your report to the undersigned as well as to Applicant's attorney, Workers Defenders Anaheim, 8018 E Santa Ana Canyon Rd, Ste 100 215, Anaheim, CA 92808

Please forward a copy of your report and billing statement to the attention of Next Level Administrators, P.O. Box 1061, Bradenton, FL 34206; Attention: Ms. Patricia Carruthers, who agrees to bear the responsibility and costs of the examination.

Thank you again for agreeing to act as our Panel Qualified Medical Examiner in this matter.

Very truly yours,
DJG LAW GROUP, INC.

By: David J Gonzales, Esq.
Certified Specialist Workers Compensation Law
The State Bar of California Board of Legal Specialization

DJG/aaa

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RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on behalf of UNITED WISCONSIN INSURANCE COMPANY, administered by NEXT LEVEL ADMINISTRATORS

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Enclosures: Document Index, dated 04/28/21
LC Section 4628; LC Sections 4663 & 4664

cc: See Attached Proof of Service

LOS ANGELES OFFICE
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DOCUMENT INDEX 2021-04-28

MEDICAL REPORTS:

Eric E. Gofnung, D.C.

03/08/21; 11/30/20

Ted Tribble, Psy.D.

02/22/21

LEGAL DOCUMENTS:

Deposition of Applicant taken on 01/25/21

SUBPOENAED RECORDS:

Martin Luther King Outpatient Center

Benevolent Health Centers

WCAB/Los Angeles

1 DJG LAW GROUP ANAHEIM 12282626
2 DAVID J. GONZALES, ESQ.
3 (714) 637-4100
4 WCAB@djglawgroup.com

5 PROOF OF SERVICE BY MAIL

6 RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on
7 behalf of UNITED WISCONSIN INSURANCE COMPANY, administered
8 by NEXT LEVEL ADMINISTRATORS

9 EAMS CASE NO. : ADJ13818144; ADJ13817769

10 CLAIM NO. : UW2000031101; UW2000031099

11 STATE OF CALIFORNIA, COUNTY OF ORANGE

12 I, Andrew Adame, am employed in the aforesaid County, State of California; I am
13 over the age of 18 years and not a party to the within action; my business address is
14 8181 E Kaiser Blvd , #100, Anaheim, CA 92808.

15 On, June 16, 2021, I served the foregoing: INTERROGATORY LETTER TO QME
16 DR. MOAZZAZ; DOCUMENT INDEX, 04/28/21; CCR §9793(N) DECLARATION,
17 DATED 06/16/21 on the interested parties in this action by placing a true copy thereof,
18 enclosed in a sealed envelope, addressed as follows:


19 PLEASE SEE ATTACHED MASTER MAILING LIST

20 BY MAIL, I placed such envelope for deposit in the U.S. Mail for service by the United
21 States Postal Service, with postage thereon fully prepaid.

22 AS FOLLOWS: I am "readily familiar" with the firm's practice of collection and
23 processing correspondence for mailing. Under that practice it would be deposited
24 with the U.S. Postal Service on the same day with postage thereon fully prepaid at
25 Anaheim Hills, California, in the ordinary course of business. 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 date of deposit for mailing in affidavit.

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

Executed on June 16, 2021, at Anaheim Hills, California.



Andrew A. Adame
Signature of Declarant

1 RE: SANDRA ROQUEMORE vs. CORNERSTONE CAPITAL GROUP INC. on
2 behalf of UNITED WISCONSIN INSURANCE COMPANY, administered
3 by NEXT LEVEL ADMINISTRATORS

4 EAMS CASE NO. : ADJ13818144; ADJ13817769

5 CLAIM NO. : UW2000031101; UW2000031099

6 MASTER MAILING LIST

7 Next Level Administrators

8 P.O. Box 1061

9 Bradenton, FL 34206

10 Attn: Patricia Carruthers; Legal (via E-Mail)

11 Cornerstone Capital Group Inc.

12 10 Willow Road

13 Maple Shade, NJ 08052

14 Attn: George Vogt (via E-Mail)

15 APPLICANT'S ATTORNEY

16 Workers Defenders Anaheim

17 8018 E Santa Ana Canyon Rd, Ste 100 215

18 Anaheim, CA 92808

19 Dr. Payam Moazzaz

20 8221 N. Fresno Street

21 Fresno, CA 93720

22 via UPS

23

24

25

26

27

28

29

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31

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: Sandra Roquemore v Next Level Administrators
(employee name) *(claims administrator name, or if none employer)*

Claim No.: uw2000031099 **EAMS or WCAB Case No. (if any):** _____

I, Audrey Amesqua, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: 8221 N. Fresno St, Fresno, CA 93720
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms 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.
 - 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.

<u>Means of service:</u>	<u>Date Served:</u>	<u>Addressee and Address:</u>
<i>(For each addressee, Enter A-F as appropriate)</i>		
B	7/12/2021	Sandra Roquemore, 1763 Exposition Blvd Los Angeles CA 90018
B	7/12/2021	Next Level Administrators, P.O. Box 1061 Bradenton FL 34206
B	7/12/2021	Workers Defenders, 8018 E. Santa Ana Canyon Rd., Ste 100-215 Anaheim CA 92808-
B	7/12/2021	Djg Law Group, 8181 E. Kaiser Blvd., Ste. 100 Anahiem CA 92808-

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

Date: 7/12/2021

A. Amesqua Audrey Amesqua
(Signature of Declarant) *(Print Name)*