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Harold Iseke D.C.
3711 Long Beach Blvd., Suite 200
Long Beach, CA 90807

**PRIMARY TREATING PHYSICIAN'S
PERMANENT AND STATIONARY MEDICAL-LEGAL REPORT
(ML-102)**

January 8, 2020

Re: Seeram, Sandra
Date of Birth: November 19, 1968
SSN: XXX-XX-8936
Date of Injury: CT: 05/17/2018-05/18/2019
Employer: JP Morgan Chase
Occupation: Unavailable

Claim Number: Pending
WCAB Number: ADJ12217188
Date of Evaluation: January 8, 2020

This report qualifies as an ML 102-93 for the following reasons:

1. Face to Face Time with Applicant	1.0 hours
2. Medical Research/Report Preparation	2.0 hours
3. Apportionment and/or Causation	.15 hours
Total time spent:	3.15 hours

To Whom It May Concern:

Ms. Seeram presents today, 01/08/2020, for a permanent and stationary in my office located at 3711 Long Beach Blvd #200, Long Beach, California 90807.

The following is the summation of my clinical evaluation, findings, progress, and treatment recommendations.

HISTORY OF INJURY:

The patient is a 51-year-old, right-hand dominant female, who states that while employed with JP Morgan Chase, she sustained injuries on a cumulative trauma basis from 05/17/2018-05/18/2019. The patient sustained injuries to her cervical spine, thoracic spine, bilateral wrist and hands and bilateral knees.

The patient was referred to my office for evaluation and treatment. The patient has had 19 chiropractic visits to date and 22 acupuncture session to date. Total number of treatments: 41. Having completed the regimen of treatment, the patient has reached maximum medical improvement and is ready for permanent and stationary considerations.

CURRENT WORK STATUS:

The patient has reached maximum medical improvement and is released from care.

PRESENT COMPLAINTS:

Head: The patient complains of activity -dependent temporal frequent to constant achy, sharp, throbbing headaches radiating to head with blurred vision and light sensitivity. Exacerbates with stress, activity and prolonged work.

Cervical Spine: The patient complains of constant moderate achy neck pain and stiffness becoming severe pain radiating to right arm with numbness and tingling with sudden or repetitive movement, lifting 10 pounds, looking up, looking down, twisting and flex, ext-esp on a computer.

Thoracic Spine: The patient complains of constant mild upper/mid back pain and stiffness becoming sharp moderate pain with sudden or repetitive movement, lifting 10 pounds, sitting, walking, bending and twisting.

Right Wrist: The patient complains of activity-dependent moderate sharp, stabbing right wrist pain, stiffness and numbness associated with reaching, grabbing/grasping. gripping, squeezing, pushing and pulling repetitively.

Left Wrist: The patient complains of activity-dependent moderate sharp, stabbing left wrist pain, stiffness and numbness associated with reaching, grabbing/grasping. gripping, squeezing, pushing and pulling repetitively.

Right Hand: The patient complains of activity-dependent moderate sharp, stabbing right hand pain, stiffness and numbness, associated with reaching, grabbing/grasping. gripping, squeezing, pushing and pulling repetitively.

Left Hand: The patient complains of activity-dependent moderate sharp, stabbing left hand pain and stiffness, associated with reaching, grabbing/grasping. gripping, squeezing, pushing and pulling repetitively.

Right Knee: The patient complains of activity-dependent mild right knee pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Left Knee: The patient complains of activity-dependent mild left knee pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, standing, walking, bending, kneeling, twisting and squatting.

Sleep: The patient complains of loss of sleep due to pain and fatigue.

Psychological: Patient states that due to prolonged pain and financial hardship, she feels like her condition will never improve which is causing anxiety, stress, depression and irritability.

ACTIVITIES OF DAILY LIVING

Self-Care

1. Take a bath – With some Difficulty
2. Brush your teeth – Without Difficulty

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3. Dress yourself – With some Difficulty
4. Comb your hair – Without Difficulty
5. Eat/Drink without discomfort – Without Difficulty
6. Go to the toilet – With some Difficulty
7. Urinate normally – Without Difficulty

Communication

8. Write comfortably – With Difficulty
9. Type – With Difficulty
10. Speak – Without Difficulty

Physical Activity

11. Stand – With Difficulty
12. Sit – With Difficulty
13. Recline – With some Difficulty
14. Walk Normally – With Difficulty
15. Climb stairs – With Difficulty

Sensory Function

16. Feel contact your skin – Without Difficulty
17. Taste – Without Difficulty
18. Smell – Without Difficulty
19. Hear – Without Difficulty
20. See – Without Difficulty

Hand Functions

21. Grasp – With some Difficulty
22. Differentiate between what you touch – With some Difficulty
23. Lift – Unable to do

Travel

24. Ride on land forms of transportation – With Difficulty
25. Drive a vehicle – With Difficulty
26. Fly on a plane – With Difficulty

Sleep

27. Sleep restfully – With Difficulty
28. Sleep normally at night – With Difficulty

PAIN QUESTIONNAIRE:

Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576)

- I. PAIN (Rated 0-10; 0-None & 10-Excruciating)
 - a. Pain now – 8
 - b. Pain at its worst – 8
 - c. Pain on the average – 7
 - d. Pain aggravated by activity – 9
 - e. Frequency of pain – 9

- II. ACTIVITY LIMITATION (Rated 0-10; 0-None & 10-Unable to perform)
 - a. Pain interfere with your ability to walk 1 block – 7
 - b. Pain prevent you from lifting 10 lbs. – 10
 - c. Pain interfere with ability to sit for ½ hour – 9

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- d. Pain interfere with ability to stand for ½ hour – 9
 - e. Pain interfere with ability to get enough sleep – 9
 - f. Pain interfere with ability to participate in social activities – 8
 - g. Pain interfere with ability to travel 1 hour by car – 10
 - h. Pain interfere with general daily activities – 8
 - i. Limit activities to prevent pain from getting worse – 9
 - j. Pain interfere with relationships with family/partner/significant others – 8
 - k. Pain interfere with ability to do jobs around home – 9
 - l. Pain interfere with ability to shower or bathe without help – 5
 - m. Pain interfere with ability to write or type – 9
 - n. Pain interfere with ability to dress yourself – 5
 - o. Pain interfere with ability to engage in sexual activity – 9
 - p. Pain interfere with ability to concentrate – 8
- III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad)
- a. Overall mood – 9
 - b. Over past week, how anxious or worried have you been due to pain – 9
 - c. Over past week, how depressed have you been due to pain – 8
 - d. Over past week, how irritable have you been due to pain – 8
 - e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 9

REVIEW OF SYSTEM:

Constitutional: Patient has history of unexpected weight gain. No history of fever, fatigue, sweat and chills.

Eyes: No history of blurred vision, glaucoma and blindness.

ENT: Patient has history of difficulty swallowing. No history of ringing in the ears, hearing loss, congestion.

Cardiovascular: Patient has history of chest pain. No history of arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

Respiratory: Patient has history of shortness of breath. No history of wheezing, cough or require oxygen.

Gastrointestinal: Patient has history of constipation.

Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: Patient has history of thyroid problems, bleeding gums and hair loss. No history of diabetes blood disorder.

Musculoskeletal: Patient has difficulty walking.

Skin: Patient has history of rash. No history of easy bruising, itching.

Neurologic: Patient has history of headaches. No history of dizziness.

Psychiatric: Patient has history of anxiety and panic attacks. No suicidal attempts.

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PHYSICAL EXAMINATION

Vital Signs:

Height: 5'4" 1/2

Weight: 125 pounds

Temperature: 97.6

Blood Pressure: 98/78

Pulse: 84 bpm

Biceps: right 25 cm and left 26 cm. Arm: right 22 cm and left 21 cm. Thigh: right 38 cm and left 38 cm.
Calf: right 31 cm and left 31 cm.

Jamar grip strength: Right – 6, 6, 6 kg and Left – 4, 4, 5 Kg.

General:

The patient is a 51-year-old, right hand dominant female.

Cervical Spine:

Extension	60°/60°
Flexion	50°/50°
Left Lateral Bending	40°/45°
Left Rotation	80°/80°
Right Lateral Bending	45°/45°
Right Rotation	80°/80°

There is tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, spinous processes and suboccipitals. There is muscle spasm of cervical paravertebral muscles and suboccipitals. Cervical Compression is positive bilaterally.

Thoracic Spine:

Flexion 45°/45°
Left Rotation 30°/30°
Right Rotation 30°/30°

There is tenderness to palpation of the bilateral Levator Scapulae, bilateral trapezii, spinous processes, thoracic paravertebral muscles and thoracolumbar junction. There is muscle spasm of the bilateral Levator Scapulae, bilateral Rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. Kemp's is positive.

Right Wrist:

Extension	60°/60°
Flexion	60°/60°
Radial Deviation	20°/20°
Ulnar Deviation	30°/30°

There is tenderness to palpation of the anatomical snuffbox, dorsal wrist, hypothenar, lateral wrist, medial wrist, thenar and volar wrist. There is muscle spasm of the forearm, hypothenar and thenar. Tinel's is positive bilaterally. Phalen's is positive bilaterally.

Left Wrist:

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Extension	60°/60°
Flexion	60°/60°
Radial Deviation	20°/20°
Ulnar Deviation	30°/30°

There is tenderness to palpation of the anatomical snuffbox, dorsal wrist, hypothenar, lateral wrist, medial wrist, thenar and volar wrist. There is muscle spasm of the forearm, hypothenar and thenar. Tinel's is positive bilaterally.

Right Hand:

MCP Abduction	25°/25°
MCP Adduction	0°/0°
MCP Flexion	90°/90°
MCP Extension	30°/30°
PIP Flexion	120°/120°
PIP Extension	0°/0°
DIP Flexion	80°/80°
DIP Extension	0°/0°
MCP Thumb Abduction	50°/50°
MCP Thumb Adduction	0°/0°
MCP Thumb Flexion	70°/70°
MCP Thumb Extension	0°/0°
PIP Thumb Flexion	90°/90°
PIP Thumb Extension	0°/0°

Left Hand:

MCP Abduction	25°/25°
MCP Adduction	0°/0°
MCP Flexion	90°/90°
MCP Extension	30°/30°
PIP Flexion	120°/120°
PIP Extension	0°/0°
DIP Flexion	80°/80°
DIP Extension	0°/0°
MCP Thumb Abduction	50°/50°
MCP Thumb Adduction	0°/0°
MCP Thumb Flexion	70°/70°
MCP Thumb Extension	0°/0°
PIP Thumb Flexion	90°/90°
PIP Thumb Extension	0°/0°

Right Knee:

Extension	0°/0°
Flexion	140°/140°

There is tenderness to palpation of the anterior knee, lateral knee, medial knee, popliteal fossa and posterior knee. There is muscle spasm of the anterior knee, lateral knee, medial knee and posterior knee. Varus is positive bilaterally.

Left Knee:

Extension	0°/0°
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Flexion 140°/140°

There is tenderness to palpation of the anterior knee, lateral knee, medial knee, popliteal fossa and posterior knee. There is muscle spasm of the anterior knee, lateral knee, medial knee and posterior knee. Varus is positive bilaterally.

NEUROLOGICAL EXAMINATION/GAIT:

Motor strength is 5/5 bilaterally in the upper and lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2/2.

REVIEW OF MEDICAL RECORDS:

No records received for review at this time.

DIAGNOSES:

- Radiculopathy, cervical region (M54.12)
- Other cervical disc displacement, unspecified cervical region (M50.20)
- Cervicalgia (M54.2)
- Spinal enthesopathy, cervical region (M46.02)
- Pain in thoracic spine (M54.6)
- Spinal enthesopathy, thoracic region (M46.04)
- Hemangioma of skin and subcutaneous tissue (D18.01)
- Unspecified sprain of right wrist, initial encounter (S63.501A)
- Unspecified mononeuropathy of right upper limb (G56.91)
- Unspecified sprain of left wrist, initial encounter (S63.502A)
- Pain in left wrist (M25.532)
- Pain in hand and fingers (M79.64)
- Pain in left hand (M79.642)
- Reaction to severe stress, and adjustment disorders (F43)
- Major depressive disorder, single episode, unspecified (F32.9)
- Anxiety disorder, unspecified (F41.9)
- Irritability and anger (R45.4)
- Chronic pain due to trauma (G89.21)
- Myositis, unspecified (M60.9)
- Contracture of muscle, unspecified site (M62.40)

DISCUSSION:

Ms. Seeram claims work-related injury she sustained on a continuous trauma basis from 05/17/2018-05/18/2019 while performing her usual and customary job duties at JP Morgan Chase. She stated that while performing her usual and customary work duties on the above noted date she injured her cervical spine, thoracic spine, bilateral wrist and hands and bilateral knees.

IMPAIRMENT RATING:

Cervical spine

With regard to the cervical spine, I have deemed that the primary method to be used to determine the impairment for the cervical spine is the DRE method. In this regard, please refer to page 392, Table 15-

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5. The patient is placed in DRE cervical Category II with 8% whole person impairment. This is based on the clinical history and examination findings compatible with significant muscle guarding and spasm observed at the time of the examination.

Thoracic Spine

With regard to the thoracic spine, please refer to page 389, table 15-4, patient should be placed under DRE thoracic category II with 5% whole person impairment. This is based on clinical history and examination findings including significant muscle guarding and spasm observed at the time of the examination.

Right Knee

Please refer to page 537, table 17-10. The patient has 2 degrees of varus configuration which corresponds to 4% whole person impairment of the right knee.

Left Knee

Please refer to page 537, table 17-10. The patient has 2 degrees of varus configuration which corresponds to 4% whole person impairment of the left knee.

CAUSATION:

In view of the patient's history of injury, present complaints, mechanism of injury and today's clinical findings, it is my opinion that the patient's current symptomatology is a result of continuous trauma 05/17/2018-05/18/2019 while performing her usual and customary job duties at JP Morgan Chase.

APPORTIONMENT:

Apportionment is not an issue.

WORK RESTRICTIONS:

The patient is precluded from repetitive neck movements or prolonged fixed position of the neck. No repetitive bending, stooping, kneeling and squatting.

FUTURE MEDICAL CARE:

Chiropractic and acupuncture treatment during the periods of exacerbation. Pain management for pharmacological management and possible epidural injection to the cervical spine and corticosteroid injection to the bilateral wrist and bilateral knees.

If no relief, then patient should also have access to orthopedic surgeon for further treatment recommendations.

The patient should also have access to a psychologist for anxiety and depression issues.

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1. Face to Face Time with Applicant	1.0 hours
2. Medical Research/Report Preparation	2.0 hours
3. Apportionment and/or Causation	.15 hours
Total time spent:	3.15 hours

AFFIDAVIT OF COMPLIANCE:

I, Harold Iseke, D.C., declare in compliance with WCAB Rules & Regulations of the State of California Consistent with Rule 10606, I certify by my signature that the preliminary history was provided by the patient who completed a history form, when necessary with the assistance of an interpreter who has been identified in the initial portion of this report. The patient's examination was performed solely by me.

Consistent with Labor Code Section 4628, this evaluation was performed on the date listed above at the Long Beach office location. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the administrative director pursuant to paragraph (5) of Subdivision (1) of Section 139.2.

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 I have indicated I have 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.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation. The contents of this report are true and correct to the best of my knowledge.

Sincerely,



Harold Iseke D.C.