Del Carmen Medical Center

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December 17, 2021

Natalia Foley, Esq.
Workers Defenders Law Group
751 S. Weir Canyon Road, Suite 157-455
Anaheim, CA 92808

PATIENT:	Sandra Seeram
DOB:	November 19, 1968
OUR FILE #:	210812
SSN:	XXX-XX-8936
EMPLOYER:	J. Morgan Chase 310 N. Fairfax Avenue Los Angeles, CA 90038
WCAB #:	ADJ12217188; ADJ12217216
CLAIM#:	189103909; 189103867-001
DATE OF INJURY:	CT May 17, 2018 to May 18, 2019; CT November 16, 2018 to May 2, 2019
DATE OF 1ST VISIT:	December 17, 2021
INSURER:	Broadspire P.O. Box 14352 Lexington, KY 40512
ADJUSTOR:	Samuel Lacy
PHONE #:	(916) 850-8205

Primary Treating Physician's Initial Evaluation Report

Dear Ms. Foley,

Thank you for referring Sandra Seeram, a 53-year-old female, to my office for occupational/internal medicine consultation. The patient is specifically referred for evaluation and treatment of various musculoskeletal and other injuries that she sustained during the course of her employment with J. Morgan Chase.

Job Description:

The patient began working as a branch manager for JP Morgan Chase Bank on December 27, 1988 and she continued working for the bank until September 1, 2021. Her work hours were from 8:30 am to 6:30 pm, five days per week. Her job duties involved banker, manager, audit cash, lift boxes, climb, left safe boxes, reach for safe boxes, stand, sit, computer, heavy cash and coin lifting, full heavy cash and coin in a squatting position, standing, and sitting at a desk using a computer, mouse and keyboard. Physically, the job required for her to stand, squat, bend, climb, walk, stoop, kneel and twist. She was required to lift 50 or more pounds weight.

History of the Injury as Related by the Patient:

The patient has filed two continuous trauma claims between the dates of May 17, 2018 and May 18, 2019 and from November 16, 2018 to May 2, 2019, for injuries that she sustained during the course of her employment.

The patient worked for JP Morgan Chase for the past 32-33 years as a branch manager. She was responsible for all operations within the bank. When she initially started in 1988, she was working as a teller and then was promoted to manager in 2000. She relates that part of her management duties were to maintain staffing and the cash handling. She states that she would often perform cash audits along with moving employees to different branches. She mentions overtime she began having increased responsibilities as her superiors started taking staff from her bank, the worst of it being in 2018. She was working with 1 or 2 employees at the time. She was performing most of the job duties that were involved in operating the bank on a day to day basis. Despite complaining of staff shortages, she continued to perform her work. Often she would have to lift bags of coins or cash that weighed more than 50 pounds at times. She also mentions that she performed repetitive bending, stooping and handling of currency.

In 2018, the patient relates that she began to be bullied at the workplace, as she continued to request more employees. Despite her requests, additional employees were being transferred from her branch to other locations. At one point, she was moved to different locations that were heavily understaffed and had management problems. The patient relates that she began to develop “brain fog” and hand numbness in 2018-2019. At one point she had developed severe chest pain while performing her job duties. She states that EMS was called and the patient was taken to a local emergency room for cardiac evaluation, which was reported as negative. She continued working until January 22, 2020, when she was unable to continue working due to the stressful environment at the workplace. She does mention that during 2019, she developed a skin condition which affected her forehead, facial region, upper extremities and back region.

She did undergo skin biopsy which was negative. The patient is off work at this time.

The patient now complains of continued skin irritation, headaches, acid reflux, anxiety and depression and she has gained approximately 15 pounds weight. She also complains of musculoskeletal pain throughout her entire body.

Prior Treatment:

The patient has been in treatment with Dr. Hom, Dr. Change, Dr. Jabeen and Dr. Mitchell. He has received acupuncture treatment, physical therapy, electrical shock, hot/cold compresses, and cortisone injections to the thoracic spine, shoulders and wrists.

Previous Work Descriptions:

There is no prior work history.

Occupational Exposure:

The patient was exposed to chemicals, fumes, and dust during the course of her work. The patient was exposed to excessive noise during the course of her work. She was exposed to excessive cold.

Past Medical History:

The patient was diagnosed with hyperlipidemia in 2021 and hypothyroidism in 2012. She denies any other history of previous medical or surgical conditions. **She is allergic to Penicillin**. There is no history of prior accidents or injuries. There is no other significant medical history.

Previous Workers' Compensation Injuries:

The patient has filed a prior claim for workers' compensation benefits for injuries that she sustained during the course of her employment.

Social History:

The patient is married. She has two children. She does not smoke cigarettes. She drinks two alcoholic beverages per week. She does not use recreational drugs.

Family History:

The patient's parents are alive. The mother is well. Her father has suffered a stroke. She has one brother and one sister who are alive and well. There is no other significant family medical history.

Review of Systems:

The patient complains of headaches, dizziness, lightheadedness, visual difficulty, cough, throat pain, jaw pain, jaw clenching, dry mouth, chest pain, palpitations, and shortness of breath. She denies a complaint of ear pain, hearing problems, sinus problems, sinus congestion, postnasal drip, wheezing, hemoptysis or expectoration. The patient complains of abdominal pain, burning symptoms, reflux symptoms, nausea, diarrhea alternating with constipation, and 15 pound weight gain. The patient complains of urinary frequency and urgency. She complains of symptoms of sexual dysfunction. She denies urinary tract infections. The patient's musculoskeletal complaints involve cervical spine pain 9/10, thoracic spine pain 9/10, lumbar spine pain 5/10, bilateral shoulder pain 8/10, bilateral elbow pain 6/10, bilateral wrist pain 8/10, bilateral hand pain and numbness 8/10, bilateral hip pain 7/10, bilateral knee pain 8/10, bilateral ankle pain 8/10, bilateral foot pain and numbness 9/10. There is a complaint of peripheral edema and swelling of the ankles. The patient's psychosocial complaints include anxiety, depression, difficulty concentrating, difficulty sleeping, difficulty making decisions and forgetfulness. There is a complaint of hair loss from the scalp. There are dermatologic complaints. There is intolerance to excessive heat and cold. There is a complaint of diaphoresis, chills or lymphadenopathy. She denies a complaint of fever.

Activities of Daily Living Affected by Workplace Injury:

The patient has much difficulty with sleep because of her musculoskeletal pain. She wakes up throughout the night because of the pain and having problems finding a comfortable position to sleep in and symptoms of anxiety. She also has problems with bathing, dressing, and self-grooming because of her bilateral shoulder pain. She has problems toileting as sitting causes her back pain. She also complains of difficulty with walking and climbing stairs because of her bilateral knee condition. She needs assistance to go shopping, perform cooking, and housework and driving. She states that her feet tend to become numb while driving a motor vehicle.

Review of Records:

Please note that if medical records have been received for review, they will be reviewed and commented upon in a subsequent communication.

Current Medications:

The patient currently takes Cymbalta 100 mg daily, Levothyroxine 75 mcg daily, Meloxicam 15 mg daily, Topiramate 25 mg daily and Flexeril 5 mg daily.

Physical Examination:

The patient is a right handed 53-year-old alert, cooperative and oriented English speaking female, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 142 pounds. Blood Pressure: 100/60. Pulse: 71. Respiration: 17. Temperature: 97.1 degrees F.

Skin:

The frontal scalp reveals scaring along with raised patches of hyperpigmented lesions. There are hyperpigmented regions of the bilateral upper extremities and chest.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination. There is TMJ tenderness bilaterally.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is soft, with epigastric tenderness, right lower quadrant tenderness abdominal bloating and without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is tenderness and myospasm of the cervical, thoracic and lumbar paraspinal musculature. There is tenderness of the bilateral shoulders, biceps and triceps. There is tenderness of bilateral elbows. There is tenderness of bilateral forearms. There is tenderness of bilateral wrists and hands. Tinel's is positive bilaterally. There is tenderness of bilateral hips. There is tenderness of the quadriceps muscles of the knees, calves and ankles.

Range of Motion Testing:

Cervical Spine:	Normal
Flexion	30/50
Extension	30/60
Right Rotation	40/80
Left Rotation	40/80
Right Lateral Flexion	25/45
Left Lateral Flexion	25/45

Thoracic Spine:

Flexion	50/60
Right Rotation	20/30
Left Rotation	20/30

Lumbo-Sacral Spine:

Flexion	50/60
Extension	15/25
Right Lateral Flexion	15/25
Left Lateral Flexion	15/25

Shoulder:	*Right*	*Left*
Flexion	120/180	160/180
Extension	30/50	30/50
Abduction	110/180	110/180

Adduction	30/50	30/50
Internal Rotation	60/90	60/90
External Rotation	60/90	60/90
Hips:	*Right*	*Left*
Flexion	110/140	110/140
Extension	0/0	0/0
Abduction	30/45	30/45
Adduction	20/30	20/30
Internal Rotation	30/45	30/45
External Rotation	30/45	30/45
Elbow:	*Right*	*Left*
Flexion	140/140	140/140
Forearm	*Right*	*Left:*
Pronation	40/80	40/80
Supination	40/80	40/80
Wrist:	*Right*	*Left*
Dorsiflexion	30/60	30/60
Palmar Flexion	30/60	30/60
Radial Deviation	10/20	10/20
Ulnar Deviation	15/30	15/30
Knee:	*Right*	*Left*
Flexion	100/130	100/130
Ankle/Foot:	*Right*	*Left*
Dorsiflexion	10/15	10/15
Plantar Flexion	30/40	30/40
Inversion	20/30	20/30
Eversion	15/20	15/20

<u>Neurological Examination:</u>

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

Radiological Data:

An x-ray of the chest (two views) is taken today and is normal.

An x-ray of the cervical spine (two views) is taken today and reveals straightening of the normal lordosis.

An x-ray of the lumbar spine (two views) is taken today and is normal.

An x-ray of the right shoulder (two views) is taken today and is normal.

An x-ray of the right wrist (two views) is taken today and is normal.

An x-ray of the left wrist (two views) is taken today and is normal.

An x-ray of the right hand (two views) is taken today and is normal.

An x-ray of the left hand (two views) is taken today and is normal.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 0.80 L (23.0%), an FEV 1 of 0.64 L (23.2%), and an FEF of 0.61 L/s (23.1%). There was no change after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing sinus rhythm and a heart rate of 71 per minute.

A pulse oximetry test is performed today and is recorded at 97%.

Laboratory Testing:

A random blood sugar is performed today and is recorded at 97 mg/dL. The urinalysis performed by dipstick method was reported as 3+ blood and 1+ protein.

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness
4. Visual difficulty
5. Cough
6. Throat pain

7. Jaw pain
8. Jaw clenching
9. Dry mouth
10. Chest pain
11. Palpitations
12. Shortness of breath
13. Abdominal pain
14. Burning symptoms
15. Reflux symptoms
16. Nausea
17. Diarrhea alternating with constipation
18. 15 pound weight gain
19. Urinary frequency and urgency
20. Sexual dysfunction
21. Cervical spine pain
22. Thoracic spine pain
23. Lumbar spine pain
24. Bilateral shoulder pain
25. Bilateral elbow pain
26. Bilateral wrist pain
27. Bilateral hand pain and numbness
28. Bilateral hip pain
29. Bilateral knee pain
30. Bilateral ankle pain
31. Bilateral foot pain and numbness
32. Peripheral edema and swelling of the ankles
33. Anxiety
34. Depression
35. Difficulty concentrating
36. Difficulty sleeping
37. Difficulty making decisions
38. Forgetfulness
39. Hair loss from the scalp
40. Dermatologic complaints
41. Intolerance to excessive heat and cold
42. Diaphoresis
43. Chills
44. Lymphadenopathy

Objective Findings:

1. Frontal scalp reveals scaring along with raised patches of hyperpigmented lesions
2. Hyperpigmented regions of the bilateral upper extremities and chest.
3. TMJ tenderness bilaterally

4. Abdominal bloating
5. Epigastric tenderness
6. Right lower quadrant tenderness
7. Tenderness and myospasm of the cervical, thoracic and lumbar paraspinal musculature
8. Tenderness of the bilateral shoulders, biceps and triceps
9. Tenderness of bilateral elbows
10. Tenderness of bilateral forearms
11. Tenderness of bilateral wrists and hands
12. Tinel's is positive bilaterally
13. Tenderness of bilateral hips
14. Tenderness of the quadriceps muscles of the knees, calves and ankles.
15. A pulmonary function test revealing an FVC of 0.80 L (23.0%), an FEV 1 of 0.64 L (23.2%), and an FEF of 0.61 L/s (23.1%). There was no change after the administration of Albuterol.
16. A 12-lead electrocardiogram revealing sinus rhythm and a heart rate of 71 per minute.
17. A pulse oximetry test is recorded at 97%.
18. A random blood sugar is recorded at 97 mg/dL.
19. The urinalysis was reported as 3+ blood and 1+ protein.

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL, THORACIC AND LUMBAR SPINE, BILATERAL SHOULDERS, ELBOWS, WRISTS, HANDS, HIPS, KNEES, ANKLES AND FEET
2. CERVICAL SPINE SPRAIN/STRAIN
3. CERVICAL SPINE STENOSIS
4. MULTILEVEL CERVICAL SPINE DISC DISEASE
5. THORACIC SPINE SPRAIN/STRAIN
6. LUMBAR SPINE SPRAIN/STRAIN
7. TENDINOSIS BILATERAL SHOULDERS
8. EPICONDYLITIS BILATERAL ELBOWS
9. BILATERAL WRIST SPRAIN/STRAIN
10. TENDINOSIS BILATERAL HIPS
11. TENDINOSIS BILATERAL KNEES
12. BILATERAL ANKLE SPRAIN/STRAIN
13. HYPERLIPIDEMIA (2021)
14. HYPOTHYROIDISM (2012)
15. PULMONARY NODULE X2 (4 MM LINGULA AND 3 MM LEFT LOWER LOBE)
16. SCARING OF THE FRONTAL SCALP REGION
17. RULE OUT AUTOIMMUNE SKIN CONDITION
18. HEADACHES
19. CHRONIC HEADACHES

20. DIZZINESS/LIGHTHEADEDNESS
21. RULE OUT VISUAL DISORDER
22. COUGH/THROAT PAIN
23. TMJ SYNDROME
24. BRUXISM
25. XEROSTOMIA
26. CHEST PAIN
27. HEART PALPITATIONS
28. SHORTNESS OF BREATH SECONDARY TO ASBESTOS EXPOSURES
29. GASTRITIS/GERD SECONDARY TO NSAID MEDICATIONS
30. NAUSEA
31. IRRITABLE BOWEL SYNDROME MANIFESTED BY DIARRHEA ALTERNATING WITH CONSTIPATION
32. URINARY FREQUENCY AND URGENCY
33. SEXUAL DYSFUNCTION
34. PERIPHERAL EDEMA/SWELLING OF ANKLES
35. ANXIETY DISORDER
36. DEPRESSIVE DISORDER
37. SLEEP DISORDER
38. DIFFICULTY WITH CONCENTRATION
39. DIFFICULTY WITH DECISION MAKING
40. FORGETFULNESS
41. ALOPECIA
42. CHILLS
43. DIAPHORESIS
44. LYMPHADENOPATHY
45. **ALLERGY TO PENICILLIN**

Discussion:

The patient worked for JP Morgan Chase for the past 32-33 years as a branch manager. She was responsible for all operations within the bank. When she initially started in 1988, she was working as a teller and then was promoted to manager in 2000. Part of her management duties was to maintain staffing and the cash handling. Her branch was short of staff, therefore, this caused her significant stress as she had to cover all the duties required by other employees. She would often have to lift bags of coins or cash that weighed more than 50 pounds at times. She also mentions that she performed repetitive bending, stooping and handling of currency.

In 2018, the patient relates that she began to be bullied at the workplace, as she continued to request more employees. Despite her requests, additional employees were being transferred from her branch to other locations. She was also moved to different location that was heavily understaffed and had management problems. The patient relates that she began to develop “brain fog”

and hand numbness in 2018-2019. In January 22, 2020, she was no longer able to continue performing her job duties due to the stressful environment at the workplace. She does mention that during 2019, she developed a skin condition which affected her forehead, facial region, upper extremities and back region. She did undergo skin biopsy which was negative. The patient is off work at this time.

The patient now complains of continued skin irritation, headaches, acid reflux, anxiety and depression and she has gained approximately 15 pounds weight. She also complains of musculoskeletal pain throughout her entire body.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

Disability Status:

The patient is to continue on temporary and total disability for a period of six weeks.

Treatment:

The patient is to continue with her current medications. She is prescribed Lansoprazole 15 mg daily, Flurbiprofen topical cream to apply BID and Fluocinonide 0.15% to apply BID. She will be reevaluated in six weeks.

Attestation:

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.

I further declare under penalty of perjury that I, Marvin Pietruszka, M.D., and/or my associate, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA. X-rays, if taken, were administered by Jose Navarro, licensed x-ray technician #RHP 80136, and read by me. The chiropractic care and physical therapy treatments are provided under the direction of Ara Tepelekian, D.C.

The history was obtained from the patient and the dictated report was transcribed by Susan Jervis, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of $64.50 per page for a total of 13 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

Marvin Pietruszka, M.D., M.Sc., F.C.A.P.
Clinical Associate Professor of Pathology
University of Southern California
Keck School of Medicine
QME 008609

Sincerely,

Koruon Daldalyan, M.D.
Board Certified, Internal Medicine