State of California

DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: **SEMEN LEV** *(employee name)* v **Store2Door, Incorporated** *(claims administrator name, or if none employer)*

Claim No.: **SIF pending** EAMS or WCAB Case No. *(if any)*: **ADJ13204860**

I, **BRISEIDA CHAVEZ** *(Print Name)*, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is: **1680 PLUM LANE, REDLANDS, CA 92374**
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

   A — depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.

   B — placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

   C — placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

   D — placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*

   E — personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
A	04/08/21	WORKERS DEFENDERS LAW GROUP 8018 East Santa Ana Canyon, Suite 100-215 Anaheim Hills, California 92808
A	04/08/21	Subsequent Injury Benefit Trust Fund 160 Promenade Circle, Suite 300 Sacramento, California 95834-2962
A		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/08/2021

Briseida Chavez
(signature of declarant)

BRISEIDA CHAVEZ
(print name)

QME Form 122
Rev. February 2009

X

Lawrence M. Richman, M.D.

Mailing Address:
1680 Plum Lane
Redlands, California 92374
(909) 335-2323

March 15, 2021

DEPARTMENT OF INDUSTRIAL RELATIONS
Subsequent Injury Benefit Trust Fund
160 Promenade Circle, Suite 300
Sacramento, California 95834-2962

WORKERS DEFENDERS LAW GROUP
8018 East Santa Ana Canyon, Suite 100-215
Anaheim Hills, California 92808
Attention: Natalia Foley, Esquire

EMPLOYEE	:	**SEMEN LEV**
EMPLOYER	:	Store2Door, Incorporated
DATE INJURY	:	CT January 2, 2020 – April 20, 2020; June 26, 2017
SIBTF NO.	:	SIF pending
WCAB NO.	:	ADJ13204860
DATE OF BIRTH	:	September 11, 1960
EXAM DATE	:	March 15, 2021

COMPREHENSIVE INDEPENDENT MEDICAL EVALUATION IN NEUROLOGY
SIBTF EVALUATION REPORT:

Gentlepersons:

This examination was performed in the county of Los Angeles at 1141 West Redondo Beach Boulevard, Suite 202, Gardena, California 90247 on March 15, 2021.

ML104-95

Causation is addressed per written request	
Apportionment is addressed	
Face-to-face time	2 hours
Review of medical records (213 pages)	2 hours
Medical literature research	3 hours
Report preparation and review	4 hours
Report editing	1 hour and 30 minutes

THE TIME REQUIRED FOR THIS PHYSICIAN TO ISSUE THE REPORT: 12 hours and 30 minutes.

Thank you for asking me to perform an Independent Medical Evaluation on Mr. Lev in order to determine a disability for the Subsequent Injury Benefits Trust Fund, pursuant to Labor Code 4751. I have personally evaluated this patient and prepared this report.

The focus of this report is to address the applicant's pre-existing impairment / disability of different body regions, other than the industrial injury and to note the effects of the following injuries. This evaluation was performed in my office in Gardena on March 15, 2021. The combination of the above complexity factors total for two or more injuries involving two or more body systems.

This report is billed as a ML104 with Regulation 9795.

Per Labor Code 4751: If an employee, who is permanently and partially disabled receives a subsequent compensable injury resulting in additional permanent / partial disability, so that the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent injury alone, on the combined effect of the last injury on the previous disability or impairment, is a permanent disability equal to 70% or more of the total, he/she shall be paid in addition to the compensation due under the code for the permanent disability caused by the last injury, compensation of the remainder of the combined permanent disability existing up to the last injury, as provided in this article: provided, that either (a) the previous disability or impairment affected a hand, an arm, a foot, a leg or an eye, on the permanent disability resulting from the subsequent injury affects the opposite and corresponding member, and such allowed permanent disability, when considered alone and without regard to, or adjustment for, the occupation or age of the employee, is equal to 5% or more of the total, or (b) the permanent disability resulting from the subsequent injury, when considered alone and without regard to or adjustment for the occupation or the age of the employee, is equal to 35% or more of the total.

The patient is a 60-year-old right-hand dominant male, who was employed by Store2Door, Incorporated. He is seen for evaluation of complaints that he reports occurred during the course of his employment. The following history, physical examination and review of records were performed by myself.

INITIAL SIBTF SUMMARY:

1. **Did the worker have an industrial injury?**
   Answer - Yes. The applicant was injured on January 1, 2020 to April 20, 2020 and June 26, 2017 at which time he was working as an air conditioning installer and sustained a burn to the left upper limb; hot stove.

2. **Did the industrial injury rate to a 35% disability without modification for age and occupation?**
   Answer – Not known.

3. **Did the worker have a pre-existing labor-disabling permanent disability?**
Answer – Yes. The applicant has a prior history of multiple blows to the head. The first occurring at the age of 10 while in Russia, his country of origin. He was in the intensive care unit due to an intracranial hemorrhage from a blow to the head resulting in a cognitive impairment, from which he made some improvement. He was hospitalized for one month. He did not undergo surgery. He has had learning problems since.

At the age of 20, when he was incarcerated in Russia for nine years because he wrote a political book. He was of Jewish faith and there was a remarkable amount of anti-Semitism in Russia including in the jail where he was incarcerated. He was beaten up on many dozens of occasions, losing consciousness; at times up to thirty minutes or longer resulting in further problems with memory, headaches and blurred vision. On one or more occasions he was hung by different body parts from overhead.

At the age of 55, he was involved in a motor vehicular accident on a freeway in the count of Los Angeles. He has amnesia for the event. He has had memory problems following the incident. He had headaches, blurred vision, tinnitus and dizziness, which have persisted to the present.

The applicant was injured while working in an attic during his course of employment for Store2Door, Incorporated on June 26, 2017 when he fell and sustained blunt head trauma with loss of consciousness and difficulty with memory. He did file a claim.

The applicant has a history of Hepatitis C and liver dysfunction. He has been told that he has a mild form of chorisis. There is no history of IV drug abuse.

The examinee reports that he had an injury to the right groin region and cannot participate in sex due to pain in the groin.

He has a prior history of a right leg fracture.

He has low back pain radiating into the right groin.

He has an abdominal hernia requiring multiple surgeries.

4. **Did the pre-existing disability affect an upper or lower extremity or eye?**
Answer – Yes. The applicant sustained injuries to the right groin associated with pain in the right lower limb, as well as a fracture of the right leg.

5. **Did the industrial permanent disability affect the opposite or corresponding body part?**
Answer – Yes. The applicant had bilateral intracranial injuries.

6. **Is the total disability equal to or greater than 70% after modification?**
Answer – Not known.

7. **Is the employee 100% disabled or unemployable from other pre-existing disability and work duties together?**
Answer – Not known, from a neurologic perspective.

8. **Is the employee 100% disabled from the industrial injury?**
Answer – No.

9. **Additional records reviewed?**
Answer – Yes. See below.

10. **Are evaluations or diagnostics needed?**
Answer – Yes. The applicant is in need of a thorough neuropsychologic evaluation, PET imaging of the brain, an updated MRI scan of the brain, MRI scan of the lumbar spine, general surgical evaluation for the applicant's hernia condition and internal medical evaluation for possible end-stage liver disease.

SUMMARY OF SURGICAL AND MEDICAL PROBLEMS:

1. History of numerous blows to the head including an intracranial hemorrhage at the age of 10 requiring hospitalization for a month resulting in a traumatic brain injury and cognitive impairment, nonindustrial.
2. Multiple blows to the head, being beaten up and rendered unconscious many dozens of times while incarcerated in Russia beginning at the age of 21 associated with post-traumatic head syndrome, nonindustrial.
3. Convergence insufficiency from multiple blows to the head while incarcerated in Russia, nonindustrial.
4. Traumatic induced vertigo resulting from multiple blows to the head, neck and other body parts while incarcerated in Russia, nonindustrial.
5. Motor vehicular accident at the age of 55 associated with cerebral concussion, traumatic brain injury, visual disturbance, post-traumatic headaches, vertigo, tinnitus and possible hearing loss, to be addressed by a board certified otolaryngologist, nonindustrial.
6. Cerebral concussion at the age of 56 while working for Store2Door, Incorporated resulting in post-traumatic head syndrome, industrial.
7. Hepatitis C, nonindustrial.
8. Possible chorisis of the liver, to be addressed by a board certified medical specialist, nonindustrial.
9. Groin injury, to be addressed by a board certified surgeon, nonindustrial.

10. Low back injury with radiation into the groin, possibly related to instability / listhesis of the lower lumbar region, which can refer pain into the groin versus radiculopathy above, nonindustrial.
11. Right leg fracture, to be addressed by an orthopedic surgeon, nonindustrial.
12. Anxiety and panic disorder, to be addressed by a board certified psychiatrist.

CHIEF COMPLAINTS:

Mr. Lev reports ongoing difficulty with memory, concentration, tinnitus in both ears, blurring of vision in both eyes, right groin pain and low back pain. The headaches are frequently present and rated as a 10 (out of 10). The right groin pain is frequently present and described as a 7.

CURRENT MEDICATIONS:

The patient believes that he is currently taking medications for anxiety and panic. He forgets the names of these medications.

SOCIAL HISTORY:

HABITS:	Tobacco:	The patient does not smoke cigarettes.
	Alcohol:	The patient does not drink alcohol.

ACTIVITIES OF DAILY LIVING:

The patient reports urinary dribbling, constipation, difficulty with grasping and lifting. He has difficulty driving due to blurred vision. He has difficulty with sleep and awakens multiple times per night due to pain, anxiety and depression, averaging three to four hours of sleep per night. He does not achieve restful sleep. He scores 15 out of 24 on the Epworth Sleepiness Scale. He reports impaired sexual function due to pain in the groin. He has difficulty with hearing, seeing, standing and sitting.

NEUROLOGICAL EXAMINATION:

CRANIAL NERVE EXAMINATION:

Cranial nerves II-XII are serially tested. The applicant shows convergence insufficiency at thirty inches from the bridge of the nose.

MOTOR EXAMINATION:

There is a normal motor examination. The patient showed full (5/5) motor force of the upper and lower limbs without evidence of wasting, weakness or fasciculations.

SENSORY EXAMINATION:

The patient shows diminished sensation in the right upper limb in the C7 and C8 distribution.

DEEP TENDON REFLEXES:

All reflexes are 1+.

COORDINATION:

Finger-to-nose testing was normal.

PATHOLOGIC REFLEXES:

Babinskis are absent.

GAIT AND STATION:

The patient has a normal gait and normal tandem. Romberg tests are positive.

REVIEW OF MEDICAL RECORDS:

Pages Reviewed: 213

WC Claim Form Undated, w/DOI 01/02/2020 – 04/20/2020. B/L hand, lower back, ankles and knees.

Application for Adjudication undated, w/DOI: 06/26/17. Pt slept while transferring air-conditioning unit to the co-worker felt through a hole in the ceiling, injuring the entire area between the legs, including crotch, reproductive organs, the whole front part of the body, stomach, chest, ribs, jaw, head, knocking out most of the front teeth. Abdomen, LEs, jaw, back and teeth. Employed by HVA Control, Inc as an Air-Conditioner Technician.

WC Claim Form dated 07/05/17, w/DOI: 06/26/17. Pt slept while transferring air-conditioning unit to the co-worker felt through a hole in the ceiling, injuring the entire area between the legs, including crotch, reproductive organs, the whole front part of the body, stomach, chest, ribs, jaw, head, knocking out most of the front teeth.

WC Claim Form dated 07/05/17, w/DOI: 06/17/17. Dog bite and stress when installing air-conditioning at the property of company's client.

Application for Adjudication dated 07/06/17, w/DOI: 06/17/17. Pt was installing air-conditioning unit at the premises of the client and client's dog bit pt's L leg. Dog bite and stress. Employed by HVA Control, Inc as an Air-Conditioner Technician.

Application for Adjudication dated 05/05/20, w/DOI: CT 01/02/20 - 04/20/20. Stress and strain due to repetitive movement over period of time injured back, shoulders, arms, knees, hands and ankle. Employed by Store2Door, Inc as a Deli Person.

Compromise and Release dated 08/01/20, w/DOI: CT 01/02/20 - 04/20/20. Back, UEs, knee, ankle and stress. Employed by Store 2 Door, Inc as a Deli Worker. Settlement amount $15,000.00.

07/10/17 - Dr's 1st Rpt by Harold Iseke, DC/Chiropractor at Harold Iseke Chiropractic Professional Corp. DOI: 06/17/17; CT 06/26/17. Pt reports on 06/17/17 while performing his usual and customary duties as an air conditioning installer sustained injury to his L lower leg. He was working in a customer's home when the owner's dog got loose and bit pt on the L leg, causing immediate puncture wounds, bleeding, and pain. It was witnessed by the owner of the company. He was provided alcohol to clean the area and a bandage to cover wound. The owner of the AC company told him not to pursue and medical tx or legal action or he will lose his job. He still has pain in L leg and has developed a phobia to dogs, every time he is near one he gets nervous and scared. Something he never experienced prior to injury. Also reports on 06/26/17 while performing his usual and customary duties as an air conditioning installer sustained injuries to his head, face, mouth, neck, and back. He was in an attic walking on a narrow 2x4. He turned to grab a heavy box and slipped, he landed on his inner groin and scrotum with his two legs on each side of the beam and then fell forward slamming his face into the 2x4. He lost 3 of his front lower teeth and believes he lost consciousness because he cannot remember how he got off the 2x4. His coworkers took him outside to the curb to rest. Then they took him home to rest. No medical treatment was offered or provided. He woke in severe pain in his head, face, mouth, neck, and back and called in sick for the next 3 days hoping is pain would improve. However, his pain got progressively worse. He could not eat due to the pain in his mouth. He went to urgent care who referred him to a dentist and to ER. He was worried about the cost and called the owner of the company to ask for help. The owner got upset and verbally harassed him then terminated him over the phone. Currently c/o constant pain in mouth, neck, back, abdomen/groin and L lower leg. PE: +3 TTP in mouth, neck, back, abdomen/groin, and L lower leg with decreased ROM and positive orthopedic tests. Dx: 1) Acute stress reaction. 2) Chronic pain due to trauma. 3) Complete loss of teeth due to trauma, class I. 4) Radiculopathy, cervical region. 5) Other specified disorders of male genital organs. 6) Unspecified abdominal pain. 7) Unspecified abnormalities of gait and mobility. 8) Unspecified injury of head. 9) Sprain of ligaments of L/S. 10) Bitten by dog. Plan: Requested acupuncture, PT, shockwave therapy, MRI and CT of L/S and consultation with ortho/psych/hernia specialist. Full duty from 08/21/17.

09/12/17 - Correspondence from Aben Veinberg, DDS/Dentistry. Pt was involved in an accident at work, on 06/26/17 that caused the fracture of all remaining lower teeth which supported his

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fixed bridge. As a result of this accident, his remaining teeth became unrestorable. To improve his oral health will suggest following tx plan; implant supported fixed bridge. 1) Oral surgery: extraction of remaining teeth, bone grafting, alveoplasty, placement of 6-8 implants. 2) Restorative: lower jaw implant supported bridge. Total cost of project will be $45,000.00.

05/29/20 - PTP's Initial Eval by Mayya Kravchenko, DC/Chiropractor at Eric E. Gofnung Chiropractic Corp. DOI: CT: 01/02/20 - 04/20/20. Pt reports while working at his usual and customary occupation as a deli person for Store 2 Door, Incorporated, he sustained a work-related injury to his back, B/L shoulders/arms, hands, knees, and ankles, which he developed in the course of his employment due to continuous trauma. He explains the business was short-staffed. He carried an excessive workload and had no lunch or rest breaks. He worked up to 45 hours per week. He also attributes the injuries due to prolonged standing, running back and forth, which caused him to develop B/L knees and R ankle/foot as well as repetitive movements while reaching, bending, gripping, grasping, pulling, pushing, lifting, and carrying while performing his job duties. He put away heavy boxes of vegetables, meats, and other merchandise, which caused him to develop pain in his low back, B/L shoulders and hands. He used a machine to slice deli-meats. He relates the gloves he used would slip off, causing him to burn his hands when he was cooking and baking on several occasions. He continued working with increasing pain and discomfort. He managed his pain with OTC meds. He worked with persistent pain and discomfort until 04/2020. He has had no medical care for this work-related injury. Information regarding Medical Provider Networks and their rights if they are injured was not posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to MPN and their rights if injured at work. Upon reporting their injury, they were not provided information pertaining to Medical Provider Networks and their rights if injured at work. Currently he has complains as follows: B/L Shoulders (R>L): Moderate to severe, frequent pain. Weakness and restricted ROM. N/T in both shoulders/arms/hands dominant on RUE. N/T in hands and fingers awaken him at night. Increased pain with repetitive motion of the arms/shoulders. Pain is aggravated with backward, lateral, and overhead reaching, pushing, pulling, lifting and carrying greater than 3-5 pounds, and repetitive use of BUE. His pain level varies throughout the day, depending on activities. He has difficulty falling asleep and awakens throughout the night due to the pain and discomfort. B/L Hands: Pain is moderate, and frequent in B/L hand and fingers. Pain is aggravated with gripping, grasping, and lifting and carrying more than 2 or 3 lbs. There is tingling in the hands and fingers. He has difficulty sleeping and awakens with N/T and pain, and discomfort. Lower Back: Pain is moderate, and the symptoms occur frequently in the lower back, which increases becoming sharp and stabbing. Pain radiates down his buttocks and back of his thighs. Pain increases with activities of standing or walking as well as sitting over 15 minutes as well as activities of kneeling, stooping, squatting, forward bending, ascending and descending stairs, forceful pushing and pulling, lifting and carrying greater than 5-10 pounds, going from a seated position to a standing position and twisting and turning at the torso. He c/o muscle spasms. He c/o pain and difficulty with intimate relations/sexual activity due to increased pain to his lower back. He does awaken from sleep as a result of LBP. He self- restricts by limiting his activities. He walks with a limp due to his low back symptoms. Pain medication provides his pain improvement, but he remains symptomatic.

B/L Knees (R>L): Pain is moderate, and the symptoms occur frequently in B/L knees. Pain increases with flexing, extending, prolonged standing and walking, bending, stooping, squatting, and walking on uneven surfaces or slanted surfaces. There is popping and grinding in B/L knees and experiences buckling episodes He has lost his balance as a result of the buckling When he kneels or squats, he has aggravated pain. R Ankle/Foot: Pain is moderate, and the symptoms occur frequently, in R ankle and foot Slight swelling and cracking of the ankles. Pain is aggravated by standing and walking over 10-15 minutes. He cannot hop, jump, or run due to the pain. He limps while walking and ambulating. Psych: Pt has continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. He denies SI. Has difficulty sleeping, often obtaining a few hours of sleep at a time. He worries over his medical condition and the future. His condition has worsened due to a lack of medical tx and ADLs. Current Meds: Ibuprofen 500 mg. ADLs: Physical Activities: As a result of the industrially-related injury, pt states: difficulty with standing, sitting, reclining, with a rating of 3/5. Hand Activities: As a result of the industrially, pt states: difficulty with grasping or gripping, lifting and manipulating small items with a rating of 3/5. Travel: As a result of the industrially-related injury, pt states: difficulty with riding in a car, driving a vehicle, restful night sleep pattern, and sexual function, with a rating of 3/5. ROS is remarkable for anxiety, depressed mood and stress. Prior Work Hx: Pt worked for the Adult Day Care Center, doing entertainment for approximately 2 months. He was self-employed as a Seller on Amazon for approximately one year. He was employed by a company as an appliance technician for about one year. Prior to that he was teaching music to kid's private lessons for many years. Social Hx: No alcohol and smokes 2-3 cigarettes per day. Vitals: BP: 103/64. Wt: 170 lbs. PE: Well-developed, well-nourished, and well-proportioned. Pt appears to be alert, cooperative and oriented x 3. C/S: TTP in R upper trapezium musculature. Decreased ROM. Shoulders/Upper Arms: TTP with myospasm of R supraspinatus, infraspinatus musculature. Tenderness at R AC joint and R subacromial bursa. Hawkins' test is positive at R shoulder. Decreased ROM on R shoulder with pain. Elbows/Forearms: Multiple burns and lacerations in various stages of healing were noted at both forearms. Wrists/Hands: TTP at R wrist volar and dorsal crease, carpals, distal radius, thenar region. Tinel's positive. Phalen's positive at R wrist. Normal ROM of wrist with pain at R. Grip Strength: No pain with testing. Motor Testing: C/S and Upper Extremities: Normal, 5/5 bilaterally with exception of deltoid R 4/5, wrist extensor R 4/5. DTRs of C/S and UEs normal and 2/2 bilaterally. Sensory Testing: C5 (deltoid), C6 (lateral forearm, thumb & index finger), C7 (middle finger), C8 (little finger and medial forearm) , and T1 (medial arm) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel with dysesthesias at R C6 dermatomal level, dysesthesias in R hand median nerve distribution. L/S: TTP at B/L paralumbar musculature with myospasm. Tenderness and hypomobility noted at L1 through L5 vertebral regions. Milgram's test is positive. SLR (supine) elicited increased lower back pain at 40 degrees on R and 50 degrees on L. ROM decreased and painful with spasm. Knees/Lower Legs: TTP at R knee, MJL. Tenderness in R lower leg musculature including gastrocnemius, tibialis anterior and peroneal musculature. McMurray's test positive at R knee. Weakness and pain at R knee during the squat. ROM of R knee decreased and painful. Ankle and Feet: TTP at R distal tibia, talonavicular joint, anterior talofibular ligament, and tarsal tunnel. Anterior drawer test and Tinel's test positive at R ankle. ROM of L ankle decreased and painful. Motor, Gate and Coordination Testing: L/S and LEs:

Ankle Dorsiflexion (L4), Great Toe Extension (L5), Ankle Plantar Flexion (L5/S1), Knee Extension (L3, L4), Knee Flexion, Hip Abductor and Hip Adductor motor testing was normal and 5/5 with the exception of ankle dorsiflexion R 4/5, all other myotomes 5/5. Squatting positive for R knee and ankle pain. Heel and toe walking is positive for increased R ankle pain. DTRs Testing of L/S and LEs: Normal and 2/2. Sensory Testing: L3 (anterior thigh), L4 (medial leg, inner foot), L5 (lateral leg and midfoot) and S1 (posterior leg and outer foot) dermatomes are intact bilaterally upon testing with the pinwheel with the exception dysesthesias at R L4 and L5 dermatomal levels. Dx: 1) L/S myofascitis. 2) Lumbar facet-induced versus discogenic pain. 3) Lumbar radiculitis, R, r/o. 4) R shoulder tenosynovitis/bursitis. 5) R shoulder impingement syndrome, r/o. 6) B/L wrist tenosynovitis. 7) R CTS, r/o. 8) Knee and lower leg s/s, R. 9) Internal derangement of R knee, r/o. 10) Tenosynovitis of R lower leg gastrocnemius, tibialis anterior and peroneal. 11) R ankle and foot tenosynovitis. 12) Anxiety and depression. Plan: Requested chiropractic therapy and PT for L/S, R shoulder, R wrist, R knee and R ankle and foot, x-ray of L/S, R shoulder, R wrist, R knee and R ankle, MRI of C/S, L/S and R knee, EMG/NCV of UEs, psychiatric/psychological consultation. Causation: Pt's injuries, resultant conditions, as well as need for tx with regards to L/S, RUE and RLE are industrially related and secondary to the continuous trauma from 01/02/2020 to 04/20/2020 while working for Store2Door, Inc as a Deli Person. Pt is not P and S. Modified duty. No lifting in excess of 20 pounds. No repeated bending and twisting. No repeated or forceful grasping, torquing, pulling, pushing with R hand. No repeated squatting, kneeling, or climbing. Considered TTD if no modified duty available.

CLINICAL IMPRESSIONS:

1. History of post traumatic headaches, nonindustrial.
2. History of post traumatic head syndrome, nonindustrial.
3. History of convergence insufficiency, nonindustrial.
4. History of sleep disturbance, nonindustrial.

DISCUSSION OF MEDICAL RECORDS AND RECOMMENDATIONS:

Mr. Lev is a 58-year-old male, who fell through a hole in a ceiling during his course of employment on June 26, 2017 sustaining multiple musculoskeletal injuries, as well as blunt head trauma. He sustained dental trauma. Per the medical records, there is no reference of the patient having lost consciousness or having sustained a concussion. In addition, he sustained multiple musculoskeletal complaints, stress reaction due to injuries and a dog bite.

In a chiropractic report dated May 29, 2020 refers to the patient having multiple musculoskeletal injuries due to continuous trauma related to the nature of his employment which required reaching, bending, gripping, grasping, pulling, pushing and lifting.

There is also documentation of the patient having anxiety and depression.

On my own examination, I obtained a history of multiple blows to the head that predated his employment for Store2Door, Incorporated while living in Russia. He sustained a blow to the head at age 10 requiring intensive care monitoring. There was bleeding within the brain. He was in the hospital for a month. He reported learning problems since the incident. He reports having been incarcerated at the age of 20 in Russia for nine years for political reasons and having sustained numerous blows to the head, headaches and blurred vision.

At the age of 55, he was involved in a motor vehicular accident in Los Angeles associated with a concussion, blurred vision, tinnitus and dizziness.

The patient does show evidence of convergence insufficiency, which is commonly associated with blunt head trauma. He sees blurring of a test object at thirty inches from the bridge of the nose. This disorder has been well-described in the following literature.

According to the Journal of Neuro-Ophthalmology, Volume 35, pages 73-81, 3/2015, R. Ventura, M.D., concussion is increasingly recognized as a cause of both short- and long-term neurological sequelae, including neuro-ophthalmologic findings and complaints, including convergence insufficiency and insufficiency of accommodation. Patients may also experience abnormalities of saccadic eye movements and pursuit eye movements.

According to the Journal of Neurotrauma, Volume 32, pages 548-556, 4/2015, U. Samadani, disconjugate eye movements are associated with traumatic brain injury. This has been known since antiquity. Patients experience disruption of ocular motility.

According to the Journal of Rehabilitation Research & Development, Volume 49, pages 1083-1100, 2012, D. Szymanowicz, it is reported that vergence dysfunction is found in patients with mild traumatic brain injury and can have a negative effect on quality of life. Patients have difficulty with near point convergence.

In the journal Optometry, Volume 78, pages 155-161, 4/2007, K. Ciuffreda, it is reported that there is increasing frequency of oculomotor dysfunction in ambulatory outpatients who sustain a traumatic brain injury. The majority of patients with traumatic brain injury, approximating 90%, exhibit oculomotor dysfunction.

The patient also reports impaired sleep; awakening multiple times per night from pain, anxiety and depression. He scored 15 out of 24 on the Epworth Sleepiness Scale. Impaired sleep can also impact cognition, as described in the following literature.

In the journal Sleep, Volume 42, pages 2019-2021, 1/2001, it is reported that patients with impaired sleep, including insomnia, show impaired neuropsychological performance.

In the journal PLoS One (Electronic Medical Journal), Volume 9, 2014, reference is made to patients with impaired sleep showing impairment of executive frontal lobe function as well as impaired cognition.

In the journal Behavioral Sleep Medicine, Volume 6, pages 32-54, 2008, it is reported that insomnia has detrimental effects on cognitive function in healthy older adults.

In the journal Acta Neurobiologiae, Volume 60, page 373, 2000, reference is made to the relationship between impaired sleep and cognitive impairment. The test group was also found to have difficulty with learning.

He has headaches that are frequently present, which in my opinion, are, in part, related to his prior cerebral concussions and, in part, related to his sleep disturbance. Impaired sleep is known to cause headaches, as well, described in the following literature.

In an article published in the journal Current Neurology & Neuroscience Reports, Volume 15, page 520, 2015, J. Rains, it is reported that patients who suffer with chronic tension headaches also have insomnia. Insomnia is a risk factor for onset of tension headaches.

In the journal Cephalalgia, Volume 34, pages 455-463, 5/2014, M. Engstrom, it is reported that insomnia is commonly associated with tension headaches. The authors believe tension headache patients need more sleep than healthy controls in that they may be relatively sleep deprived.

With respect to the patient's pre-existing impairments, in my opinion the patient qualifies for a 16% whole person impairment from Table 13-6 with 100% apportionment of permanent disability to nonindustrial factors. In my opinion, of the 16%, 10% of the patient's cognitive impairment is related to impaired sleep leaving the patient with a 14% whole person impairment related to prior and multiple injuries to the head predating his employment at Store2Door, Incorporated.

As relates the patient's convergence insufficiency, in my opinion he qualifies for a 12% whole person impairment from Table 13-9 by way of analogy, utilizing the Almaraz-Guzman III Decision, so as to best characterize the patient's impairment of vision. This impairment is nonindustrial and predated his date of hire.

For the patient's headache complaints, in my opinion he qualifies for a 3% whole person impairment with 10% apportionment of permanent disability to sleep and 90% apportionment of permanent disability to pre-existing blunt head trauma, which still leaves the patient with a 3% whole person impairment.

For the patient's sleep disturbance, in my opinion he qualifies for a 9% whole person impairment from Table 13-4 with 100% apportionment of permanent disability to nonindustrial factors which

predate his date of hire. In my opinion the Almaraz-Guzman III Decision should be incorporated in that from Tables 13-4 and 13-6 should be combined.

In my opinion, based on my evaluation of Mr. Lev, it is reasonably medically probable that the combination of the applicant's neurological impairments have, at least, an additive effect leading to a combined disability that is no less than the sum of the impairments for each area. It would be more accurate to add the impairments, using simple addition than by compressing the impairments, using the Combined Values Chart, per KITE. The patient's pre-existing whole person impairment is calculated as follows: Fourteen percent added to 12% equals 26%. Twenty-six percent is added to 9% to equal 35%. Thirty-five percent is added to 3% to equal 38%. The patient's final whole person impairment, predating his date of hire, is 33%.

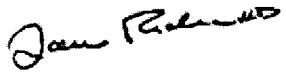
If I can be of further assistance regarding this case, please do not hesitate to contact this office.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the examinee and review of the previous examiner's medical reports. I personally interviewed the examinee, performed the physical examination, reviewed the history with the examinee, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC Guidelines. I declare under penalty of perjury that the information contained in this report and its attachments, if any, are true and correct to the best of my knowledge and belief, except as to the information that I have indicated and received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Angelica Hernandez, Assistant and Rapid Care, Record Summarizer, each of whom were trained by Arrowhead Evaluation Services, Incorporated. Please note that all times listed reflect physician time spent and not staff time.

Date of Report: March 15, 2021. Signed this 6th day of April, 2021 at San Bernardino County, California.

Yours truly,



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LMR/kdp