

Sedgwick Claims Management Services, Inc.  
P O Box 14421  
Lexington, KY 40512-4421



sedgwick®

Phone: (800)228-0454

Fax: (925)933-9559

September 24, 2019

Sherry Chowdhury  
15428 Morada Rd  
Victorville, CA 92394 1937

RE:      Claimant:                      Sherry Chowdhury  
         Claims Payor:                 Sedgwick Claims Management Services, Inc. ("Sedgwick")  
         File #:                             CA19682338-0001  
         Employer:                        TARGET CORPORATION  
         Date of Injury:                    02/17/2019  
         Date of Birth:                      11/29/1963

Requested procedure/service:

MRI of the Cervical spine without contrast, MRI of the Lumbar spine without contrast, and 12 PT for neck low back both shoulder and both wrists

A request for authorization was received on **09/17/2019** for the above referenced service/treatment. Pursuant to California Code of Regulations, Title 8, Section 9792.9.1(b)(1), there is a dispute regarding liability of your claim and we are unable to review your request for medical necessity at this time.

This treatment is disputed because {Please be advised that your treatment, recommendations for treatment and diagnosis have not been authorized and therefore cannot be honored at this time. Dr. Edwin Haronian is not authorized to be the PTP for this injured worker, and is not recognized as being in the Target MPN. Your office failed to secure prior authorization for this medical procedure or treatment as required by LC 4600(d)(5).

Pursuant to Regulation 9767 of the California Labor code, applicant named above was notified by their Employer, in accordance with the regulation, both prior to and at time of injury, that as an employee who has not pre-designated a physician in the event of incurring an on the job injury, of the employee's obligation to obtain treatment from a provider of the employer's Medical Provider Network. You provided medical care without the authorization of either the employer or the third party administrator.

Pursuant to LC4605, the employee is allowed to treat outside the network at his or her own expense. Please bill accordingly. Please note this is an ongoing treatment objection for all dates of service.



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Any dispute regarding liability for the treatment being requested on this claim will be resolved either by agreement of all parties or through the dispute resolution process of the Workers' Compensation Appeals Board.

You have the right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me, Kristal Hula at (925)988-1141. However, if you are represented by an attorney, please contact your attorney instead of me.

For information about the Workers' Compensation claims process and your rights and obligations, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401. Sedgwick manages claims on behalf of TARGET CORPORATION.

Sincerely,  
Sedgwick Claims Management Services, Inc.

Kristal Hula  
Claims Examiner

Cc: Edwin Haronian, M.D  
724 Corporate Center Drive  
Pomona, CA. 91768

Natalia Foley  
8306 Wilshire Blvd. Suite 115  
Beverly Hills, CA. 90211

File



9/24/2019

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\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
September 17, 2019 9:10:27 AM EDT	8187882453	964	14	Received
Tue 17 Sep 2019 05:54:13 AM PDT	8187882453 Encino Office			Page 1 of 13

**Edwin Haronian., M.D.**

\* 724 Corporate Center Drive Pomona, CA 917682650 \*

**Authorization Request**

**Today's Date:** 09/17/2019  
**Our Chart No.** 20058055  
**Patient Name:** Sherry CHOWDHUARY  
**DOB:** 11/29/1963  
**Claim #:** CA19674107-0001  
**Claim #:** Unassigned  
**Request from office Visit date:** 08 19, 2019

Sedgwick CMS-Walnut Creek Office  
 P.O. Box 14421  
 Lexington, KY 40512

You can contact us by phone, fax or email

**\*Peer to Peer Direct line only: 818-906-4658**

**\*Phone # : (818) 788-2400 Ext 606**

**\*Fax: (818) 827-4706**

**\*Email: UR@synapsedoctor.com**

Thank you.  
 Austin Pathak

Labor Code Section 4610, section (f) states that "no person other than a licensed physician., may modify, delay or deny request for authorization of medical treatment. Labor Code Section 4610 section (g) states the time frame for UR. (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information that is reasonably necessary to make this determination. All of the denial or medication procedures contained in Labor Code section 4610 (g) (2) and (3) are mandatory, and if the statutory requirements are not met, the utilization review report is not admissible. The only other procedure for disputing the treatment is a QME, pursuant to Labor Code section 4067.

**Proof of Service State of California, County of Los Angeles**

I am a resident of the county of Los Angeles; I am over the age of eighteen years and not a party to the within entitled action. My business address is: 5651 Sepulveda Blvd. Suite 201 Sherman Oaks, CA 91411 or 724 Corporate Center Drive. 2nd Floor, Pomona, CA 91768

On this date 09/17/2019 I served Request for Authorization to the above Insurance Co. Sedgwick CMS-Walnut Creek Office P.O. Box 14421 Lexington, KY 40512, by transmitting via US Postal Services between the hours of 8:00am and 5:00pm. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in Los Angeles, CA

Executed on 09/17/2019 at Sherman Oaks, California. I declare under penalty of perjury that the above is true and correct.

Signature: Austin Pathak

Austin Pathak

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State of California  
 Division of Workers' Compensation  
**REQUEST FOR AUTHORIZATION**

DWC Form RFA - California Code of Regulations, title 8, section 9785.

<b>This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.</b>		
<input type="checkbox"/> New Request <input type="checkbox"/> Resubmission - Change in Material Facts <input type="checkbox"/> Expedite Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of prior oral request.		
<b>Employee Information</b>		
Employee Name (Last, First, Middle): CHOWDHUARY, Sherry		
Date of Injury (MM/DD/YYYY): ; Ct:10/01/18-02/17/19 ADJ11965518	Date of Birth(MM/DD/YYYY): 11/29/1963	
Claim Number: CA19674107-0001;Unassigned	Employer: Target Corporation (92337)	
<b>Provider Information</b>		
Provider Name: Edwin Haronian M.D.		
Peer to Peer Direct line: 818-906-4658	Contact Name:	
Address: 724 Corporate Center Drive	City: Pomona	State: CA
Zip Code: 917682650	Phone: 818-616-1666	Fax Number: 818-827-4706
Provider Specialty: Orthopedics	NPI Number: 1063480192	
<b>Claims Administrator Information</b>		
Claims Administrator Name: Sedgwick CMS-Walnut Creek Office		Contact Name: M., Krystal
Address: P.O. Box 14421	City: Lexington	State: KY
Zip Code: 40512	Phone: 800-228-0454	Fax Number: 925-933-9559
E-mail Address:		
<b>Requested Treatment (see instruction for guidance; attached additional pages if necessary)</b>		
Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the request treatment can be found. Up to five (5) procedures may be entered; attached additional request on a separate sheet.		
Diagnosis	S43.409D S63.509D M50.00 M54.17	Shoulder Sprain/Strain Sprain of wrist Cervical Radiculopathy Radiculopathy, lumbosacral region
ICD-Code		
Procedure Requested	<b>Request authorization for Test:</b> MRI of the Cervical spine withOUT contrast, MRI lumbar spine without contrast. 12 PT neck, low back, both shoulders and both wrists.	
CPT/HCPCS Code		
Other Information: (Frequency, Duration, Quantity, Facility, etc.)		
 Treating Physician Signature:		Date: 09/17/2019
<b>Claims Administrator Response</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed		
Authorization Number (if assigned):	Date:	
Authorized Agent Name:	Signature:	
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

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# EDWIN HARONIAN, M.D.

—DISORDERS & SURGERY OF THE SPINE—



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



- Certified, American Board of Orthopedic Surgery

**AACS** THE BOARD OF AMERICAN ORTHOPEDIC SURGEONS

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society

**ACS** AMERICAN COLLEGE OF SPINE SURGERY

- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

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724 CORPORATE CENTER DRIVE  
 SECOND FLOOR  
 POMONA, CA 91768  
 PH (909) 622-6222  
 FX (909) 622-6220

Sedgwick CMS-Walnut Creek Office  
 P.O. Box 14421  
 Lexington, KY 40512  
 Attn: Krystal M.

Patient Name : Sherry Chowdhuary  
 Date of Service : August 19, 2019  
 Claim # : CA19674107-0001  
 Employer : Target Corporation (92337)  
 Date of Birth : November 29, 1963  
 Date of Injury : Ct:10/01/18-02/17/19  
 File # : 20058055

**INITIAL COMPREHENSIVE ORTHOPEDIC EVALUATION AND REQUEST FOR AUTHORIZATION OF PRIMARY TREATING PHYSICIAN**

The above captioned patient, a 55-year-old right-hand dominant female, presented in my Pomona office, located at 724 Corporate Center Drive, 2<sup>nd</sup> Floor, Pomona, California 91768, on August 19, 2019, for an orthopedic examination.

The following is a presentation of my initial evaluation and over all recommendations. The history was obtained by my medical historian, Ms. Alma Azucar. I then reviewed the history in detail with patient.

**HISTORY OF INJURY:**

Ms. Chowdhuary is a 55-year-old right-hand-dominant female who sustained industrial injuries as a result of a cumulative trauma dated CT: 10/01/2018 to 02/17/2019, while working as a Packer with Target Corporation (92337).

The patient states over the course of employment, she gradually developed pain to her shoulders, arms, wrists/hands, fingers in both



**Chowdhury, Sherry****August 19, 2019****Page 2 of 11**

hands, and upper back, which she attributes to her work duties, involving: working the distribution warehouse, packing product consisting of lotions and various other product, the product was brought to her table, and lifting product.

The precise activities required entailed prolonged standing in a fixed position, some walking, as well as continuous fine maneuvering of her hands and fingers, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, lifting and carrying up to 100 pounds.

She continued working and her pain progressively worsened.

She sought legal counsel and was referred for medical care and treatment.

On March 21, 2019, she began medical care and treatment. She was initially examined by a physician in Riverside. She was taken off work. She was given Motrin 800mg., and Tylenol E.S. An **EMG study of her upper extremities** was conducted, with positive findings. She was administered a Cortisone shot in the right wrist/hand with temporary pain relief. She was last examined in July 2019.

She remains off work on disability.

She presents to my office today for a comprehensive orthopedic evaluation.

**JOB DESCRIPTION:**

The patient began employment with Target Corporation (92337) in late 2018, as a Packer.

She worked eight hours per day, five to six days per week. Her job duties at the time of injury included: working the distribution warehouse, packing product consisting of lotions and various other product, the product was brought to her table, and lifting product.

The precise activities required entailed prolonged standing in a fixed position, some walking, as well as continuous fine maneuvering of her hands and fingers, and repetitive bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, lifting and carrying up to 100 pounds.

**CURRENT WORK STATUS:**

The patient is not working. She last worked on March 18, 2019.

She is receiving state disability benefits.

**EMPLOYMENT HISTORY:**

The patient states prior to working with Target Corporation (92337), she worked with Amazon as a Counter for about six months.

**PRESENT COMPLAINTS:**

**Shoulders:**



**Chowdhuary, Sherry**  
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The patient has complaints of constant aching in the shoulders, at times becoming sharp, shooting, and throbbing pain. Her pain travels to her arms and hands. She has episodes of numbness and tingling in her arms. Her pain increases with reaching, reaching, pulling, and with any lifting. Her pain level varies throughout the day depending on activities. She complains of stiffness and difficulty to her shoulders. Pain medication provides her temporary pain relief.

**Wrists/Hands:**

The patient has complaints of constant aching in her wrists/hands, becoming sharp, shooting, and throbbing pain with activity. Her pain travels to her forearms. She has numbness, tingling, and burning in her hands and fingers. She complains of reaching and weakness in her hands and has dropped several objects. Her fingers hurt. Her pain level varies throughout the day depending on activities. Pain medication provides her temporary pain relief.

**Upper Back:**

The patient has complaints of constant nagging pain in the upper back, becoming sharp and stabbing pain with certain activities. She complains of stiffness to her upper back. Her pain increases with prolonged standing, walking, and sitting. Her pain level varies throughout the day depending on activities. She does not have bowel or bladder dysfunction. Pain medication provides her temporary pain relief.

**MEDICAL HISTORY:**

The patient is hypertensive, controlled with medication.

The patient has no known history of heart disease, kidney disease, diabetes, tuberculosis, cancer, ulcers, pneumonia, lung disease, eye problems, skin problems, asthma, hepatitis, liver disease, thyroid disease, gout, rheumatoid arthritis, Lupus, or arthritis.

**SURGERIES:**

The patient states she underwent a gastric bypass over nine years ago; breast reduction 12 years ago; C-section x 3.

**PRIOR/SUBSEQUENT INJURIES:**

The patient injured her left foot, while at work, in 2014. She recovered with medical care and treatment. She received a settlement.

**MEDICATIONS:**

The patient is currently taking prescribed medication for hypertension and inflammation, but cannot recall the names of these. She also takes Tylenol E.S. for her pain.

**ALLERGIES:**

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Wrists/Hands:

The patient has complaints of constant aching in her wrists/hands, becoming sharp, shooting, and burning pain with activity. Her pain travels to her forearms. She has swelling, numbness, and tingling in her hands and fingers. She complains of cramping and weakness in her hands and has dropped several objects. Her fingers lock. Her pain increases with gripping, grasping, and repetitive hand and finger movements. Her pain level varies throughout the day depending on activities. Pain medication provides her temporary pain relief.

Upper Back:

The patient has complaints of constant nagging pain in the upper back, becoming sharp and stabbing pain with certain activities. She complains of stiffness to her upper back. Her pain increases with prolonged standing, walking, and sitting. Her pain level varies throughout the day depending on activities. She does not have bowel or bladder dysfunction. Pain medication provides her temporary pain relief.

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The patient has no known allergies to any medications.

**SOCIAL HISTORY:**

The patient is married and has three children.

She is a social drinker and does not smoke.

**FAMILY HISTORY:**

There is a history of hypertension and diabetes in her immediate family.

**ACTIVITIES OF DAILY LIVING:**

The patient states that prior to the above noted injury she had no disabling conditions and could perform all activities of daily living without any difficulties.

The patient states since the injury dated CT: 10/01/2018 to 02/17/2019, there are episodes of increased pain to her upper extremities, causing her difficulty with showering, dressing, grooming, and with house chores. She avoids lifting and is more aware of proper body mechanics.

**PHYSICAL EXAMINATION:**

HEIGHT: 5'01"

WEIGHT: 190 Lbs.

**Cervical Spine Examination:**

On visual inspection, there is no erythema, edema, swelling or deformity about the cervical spine or upper back area. The patient's head is held in a normal position. No torticollis was noted.

**There is spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not over the cervical spinous processes, or occiput.**

Cervical Range of Motion	Patient ROM	Normal
Forward Flex	50°	50°
Extension	60°	60°
Lateral Flex (rt.)	45°	45°
Lateral Flex (lt.)	45°	45°
Rotation (rt.)	80°	80°
Rotation (lt.)	80°	80°

Range of motion was accomplished without discomfort and spasm.

Reflexes and special tests are as follows:

Reflexes and test	Right	Left	Normal
Tricep reflex	2+	2+	2+



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Biceps reflex	2+	2+	2+
Brachioradialis reflex	2+	2+	2+
Tinel Signs (wrists)	Negative	Negative	Negative
Tinel signs (elbow)	Negative	Negative	Negative
Adson Test	Negative	Negative	Negative

**Motor power testing for the cervical spine:**

Muscle Group	Right	Left	Normal
Deltoid (C5)	4	5	5
Biceps (C6)	5	5	5
Triceps (C7)	5	5	5
Wrists Extensors (C6)	5	5	5
Wrist Flexors (C7)	5	5	5
Finger Flexors (C8)	5	5	5
Finger Abduction (T1)	5	5	5

**Sensory Testing:**

Dermatome	Right	Left	Normal
C5 (Deltoid)	Intact	Intact	Intact
C6 (Lat Forearm, Thumb, Index)	<b>Decreased with pain</b>	Intact	Intact
C7 (Middle Finger)	Intact	Intact	Intact
C8 (Little finger, Med. Forearm)	Intact	Intact	Intact
T1 (Medial Arm)	Intact	Intact	Intact
T2 (Medial Arm)	Intact	Intact	Intact

**JAMAR Grip Testing**Right  
08/08/06Left  
18/28/31**Shoulder Examination:**

Shoulder Range of Motion	Right	Left	Normal
Flexion	---	---	180°
Abduction	---	---	180°
Extension	---	---	50°
Ext Rotation	---	---	90°
Ext Internal Rotation	---	---	90°
Adduction	---	---	50°

**Electronic inclinometers were used for the formal ranges of motion studies. Please see attached which was used for this evaluation.**

No tenderness was noted at the anterior deltoid, supraspinatus insertion, biceps tendon, or the acromioclavicular joint.



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**August 19, 2019**

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**Impingement and Hawkins signs were positive on the right and left.** Jobe's sign was negative on the right and left.

Apprehension test and re-location test were negative. No sulcus was present. **Yergason test was positive bilaterally.** No deformity or incision was noted around the shoulder area.

**Elbow Examination:**

Elbow Range of Motion	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation	80°	80°	80°
Supination	80°	80°	80°

No tenderness was noted over the lateral (tennis) or medial (Golfers) epicondyles. Resisted wrist extension did not elicit tenderness over the lateral epicondyle. The lateral pivot shift test did not reproduce instability. No olecranon bursitis was noted.

**Wrist & Hands Examination:**

Wrist Range of Motion	Right	Left	Normal
Flexion	55°	55°	60°
Extension	55°	55°	60°
Ulnar Deviation	25°	25°	30°
Radial Deviation	20°	20°	20°

No mechanical block was noted to range of motion. **There was tenderness over the distal radius the carpus bilaterally.** No tenderness was noted at the anatomic snuffbox or the TFCC. Finkelstein test was normal. Tinel testing was negative. **Phalen and reverse Phalen (praying position) testing were positive bilaterally.** **Two-point discrimination was 6mm bilaterally.**

No atrophy or tenderness was noted in the thenar, hypothenar, and intrinsic hand musculatures. The radial pulses are present and equal bilaterally.

**Finger Range of Motion is as Follows:**

	MCP Joint		PIP Joint		DIP Joint	
	Right	Left	Right	Left	Right	Left
Thumb	60	60	80	80	N/A	N/A
	0	0	10	10	N/A	N/A
Index	90	90	100	100	70	70
	0	0	0	0	0	0
Middle	90	90	100	100	70	70
	0	0	0	0	0	0
Ring	90	90	100	100	70	70
	0	0	0	0	0	0



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Little	90	90	100	100	70	70
	0	0	0	0	0	0

All normal values in the above table are 0° for extension and 90° for extension. **Ttriggering was noted at the right 2nd through 5th digits.** Range of motion was painless without mechanical block. The thumbs bilaterally (adduction) reach the head of the 5th metacarpal. Thumb abduction is 90° bilaterally.

**Lumbar Examination:**

Patient has a normal gait and is ambulating with no assistive device. On visual inspection, there is no deformity, defect, or swelling about the dorsolumbar spine. No scar or incision was noted. There is no evidence of deformity such as scoliosis or kyphosis.

**There is tenderness and spasm in the paravertebral muscle, but not the spinous processes and the flank. The sciatic notch area was tender bilaterally. The patient toe and heel walks with pain. The patient squats with pain.**

Lumbar Range of Motion	ROM	Normal	Spasm	Pain
Forward Flex	---	60° finger to ankle	<b>Present</b>	<b>Present</b>
Extension	---	25°	<b>Present</b>	<b>Present</b>
Lateral Flex (rt.)	---	25°	<b>Present</b>	<b>Present</b>
Lateral Flex (lt.)	---	25°	<b>Present</b>	<b>Present</b>
Rotation (rt.)	---	25°	<b>Present</b>	<b>Present</b>
Rotation (lt.)	---	25°	<b>Present</b>	<b>Present</b>

**Electronic inclinometers were used for the formal ranges of motion studies. Please see attached which was used for this evaluation.**

Supine straight leg raising: Right 90, Left 90 with no back pain. Sitting straight leg rising was similar. Lasegue test was negative bilaterally.

Motor Function	Right	Left	Normal
Ankle Dorsiflex L4	5	5	5
Great Toe Ext L5	5	5	5
Ankle Planar Flex S1	5	5	5
Knee Ext L4, L5	5	5	5
Knee Flexion	5	5	5
Hip Abductors	5	5	5
Hip Adductors	5	5	5

Deep tendon reflexes are equal at the knee and ankle joints. Palpation over the sacroiliac joint did not elicit tenderness. The FABER (Patrick's) test was negative bilaterally.

Sensory Function	Right	Left	Normal



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L3 Anterior Thigh	Intact	Intact	Intact
L4 Medial Leg, Inner Foot	Intact	Intact	Intact
L5 Lateral Leg, Mid Foot	<b>Decreased with pain</b>	Intact	Intact
S1 Post. Leg, Outer Foot	Intact	Intact	Intact

**REVIEW OF RADIOGRAPHIC EXAMINATION:**

X-rays of the right shoulder were obtained. There is no evidence of any fractures. Acromion type II was seen.

Four views of the lumbar spine were obtained. The AP view revealed relatively normal findings. Vascular clips were noted from non-orthopedic surgery. The lateral view revealed decreased disc height at the L5-S1 level. Flexion and extension studies did not reveal instability. There is no evidence of any fractures or dislocations. There is no evidence of spondylolisthesis or spondylolysis that was noted.

X-rays of the right wrist were obtained. No fractures were noted. There is normal articulation between the scaphoid and lunate.

**REVIEW OF MEDICAL RECORDS:**

Formal range of motion studies were performed using double electronic inclinometers, and the report is attached.

The application for adjudication of the claim and DWC-1 Claim Form was also reviewed.

No other medical records were provided for review.

**DIAGNOSES:**

Cervical radiculopathy.

Lumbar radiculopathy.

Bilateral shoulder sprain.

Bilateral wrist sprain, triggering of the right second and fifth digits.

**DISCUSSION:**

The patient is a 55-year-old female who sustained a continuous trauma injury while working as a packer for Target Corporation. She indicates that she was working in a distribution warehouse packing product consistent with lotions and various other products and she was required to lift a product up to 100 pounds. She developed pain to multiple body parts. She continued working and her pain progressively worsened. She reported the injury and was terminated. She was seen by a physician who obtained neurodiagnostic studies.

The patient is presenting to my attention for comprehensive orthopedic evaluation and to take over the role of the primary treating physician. She is complaining of pain in the neck, low back, both shoulders, and both wrist. She describes radiating pain to the upper and lower extremities mainly on the right side with numbness, tingling, and weakness. She has



**Chowdhuary, Sherry**

**August 19, 2019**

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difficulty with prolonged sitting, standing, walking, lifting, pushing, and pulling.

Spasm, tenderness, and guarding is noted in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. Decreased dermatomal sensation with pain is noted over the right C6 dermatome and right L5 dermatome. Impingement is noted to be positive over the shoulders bilaterally. There is triggering of the second to fifth digits over the right hand with loss of grip strength noted bilaterally.

As it relates to causation, it is with reasonable medical probability, the patient has sustained injuries to the cervical and lumbar spine, bilateral shoulders, and bilateral wrist due to her industrial accident.

I am requesting for my name to be entered in your records to reflect upon the fact that I will be taking over the role of the primary treating physician.

The patient has had neurodiagnostic studies performed and I am requesting for the above to be forwarded to my attention as well.

As it relates to causation, it is with reasonable medical probability, the patient sustained injuries to the cervical and lumbar spine, bilateral shoulders, and bilateral wrist due to her continuous trauma activities that occurred at work.

**Twelve sessions of physical therapy were requested to help reduce pain, increase functional capacity, and avoid further aggravation of her industrial injuries. MRI studies of the cervical and lumbar spine are also being requested in order to further assess the patient's radiculopathy and rule out radiculopathy versus peripheral nerve entrapment.**

Medications will be provided to the patient today. Ibuprofen gel will be provided to the patient, so that she could use to help reduce her pain and help reduce the need for taking oral pain medications.

I am indicating that the patient can return to modified work activities.

She is precluded from lifting, pushing, and pulling greater than 10 pounds. If modified work is not available, then the patient can remain on temporary total disability.

I will re-evaluate the patient back in four weeks. I will await for authorization for the above treatment.

I hope the above information has been helpful to you and thank you for referring this patient to my office for orthopedic examination.

*We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Worker's Compensation Appeals Board. We are advising the Worker's Compensation appeals Board that we may not appear at the hearings or Mandatory*



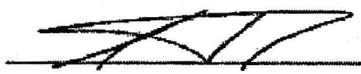
**Chowdhuary, Sherry**  
**August 19, 2019**  
**Page 10 of 11**

*Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual index No. 60610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "workers' compensation lien negotiator".*

*Authorizations for transportation, medication, physiotherapy, rehabilitation, a conditioning program and the above stated recommendations are requested based upon medically reasonable treatment requirements. This is per labor code 4600 and Title 8, Section 9792.6, C.C.R. and Rule 9785(b). Furthermore, we are requesting that all the medical records be forwarded to our office to avoid repetition in testing and treatment. Please provide us with information regarding the status of the case as soon as possible.*

*To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Maria Valles, Marlen Sanchez, Laura Casillas and Emily Shemwell. Sherry Leoni, DC, or Randy Cockrell, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision. I certify that this examiner reviewed the history and the past medical records directly with the patient. The examination of the patient, and interpretation of tests and x-rays, was all performed by this examiner. The dictation and the review of the final report were performed entirely by me. The opinions and conclusions contained in this report are entirely my own. I declare, under penalty of perjury, that the information contained in this report, and any attachments, is true and correct, and that there has not been a violation in this report of Section 139.3 L.C. to the best of my knowledge and belief, except as to information that I have indicated was received from others. As to that information I declare under penalty of perjury, that I have accurately detailed the information provided me and, unless otherwise noted, I believe it to be true.*

*In order to prepare this report and complete the evaluation, time was spent without face to face with the patient. The billings reflect such time spent by the physician with the code 99358. Edwin Haronian, M.D. Inc. does not accept the Official Medical fee schedule as prime facie evidence to support the reasonableness of charges. Edwin Haronian, M.D. is a fellow of the American Academy of Orthopedic Surgeons and is board certified, specializing in disorder and surgery of the spine. Under penalty of perjury under the laws of the State of California, services are billed in accordance with our usual and customary fees. Additionally, this medical practice providing treatment to injured worker's experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity to retain highly-trained personnel to appear before the Workers' compensation appeals board. Based on the level of services provided and overhead expenses for services contained within our geographical area, we bill in accordance with the provisions set-forth in Labor Code Section 5307.1. Please be advised that Dr. Haronian has a financial interest in Osteom Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.*



**Edwin Haronian, M.D.**  
**Certified Diplomate American**  
**Board of Orthopedic Surgery**

**September 12,**  
**2019**  
**Date**



**Chowdhury, Sherry**  
**August 19, 2019**  
**Page 11 of 11**

California License #A71385

County where executed: Los Angeles County

SL

\*Law Office of Natalia Foley  
8306 Wilshire Blvd. #115  
Beverly Hills, CA 90211

**PROOF OF SERVICE**  
**STATE OF CALIFORNIA**

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

**5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

On 9/12/2019 served the foregoing document described as:

**EDWIN HARONIAN, M.D.**  
**EVALUATION REPORT**

**Patient Name: Sherry Chowdhury**  
**File Number: 20058055**  
**Claim #: CA19674107-0001**  
**DOS: 8/19/2019**

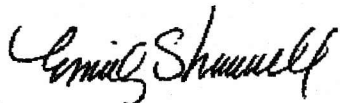
On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Krystal M.  
Sedgwick CMS-Walnut Creek Office  
P.O. Box 14421  
Lexington, KY 40512

Law Office of Natalia Foley  
8306 Wilshire Blvd. #115  
Beverly Hills, CA 90211

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 9/12/2019 at



Emily Shemwell





SEDGWICK  
PO Box 14421

Lexington, KY 40512-4521

Law Offices of Natalia Foley  
8306 Wilshire Blvd.  
Suite 115  
Beverly Hills, CA 90211

**Please find the enclosed carbon copy.**



9/24/2019

CA196823380001

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Sedgwick Claims Management Services, Inc.  
P O Box 14421  
Lexington, KY 40512-4421



sedgwick®

Phone: (800)228-0454  
Fax: (925)933-9559

09/24/2019

SHERRY CHOWDHUARY  
15428 MORADA RD  
VICTORVILLE, CA 92394 1937



9/24/2019

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