Babak Kamkar, OD

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March 19, 2022

Subsequent Injuries Benefits Trust Fund
SIBTF Sacramento
1750 Howe Avenue, Suite 370
Sacramento, CA 95825

Natalia Foley, Esq.
751 S Weir Canyon Road, Suite 157-455
Anaheim Hills, CA 92808

RE:	**CHOWDHUARY, SHERRY**
Social Security:	XXX-XX-2508
DOB:	11/28/1963
Date of Subsequent Injury:	CT: 10/01/2018 - 02/17/2019
Employer:	TARGET DISTRIBUTION CENTER
Claim #:	SIF11965518
WCAB Case No.:	ADJ11965518
Date of Exam:	March 15, 2022
Interpreter:	No

COMPREHENSIVE MEDICAL-LEGAL EVALUATION
SUBSEQUENT INJURIES BENEFITS TRUST FUND

To Whom It May Concern:

As requested, Ms. Sherry Chowdhuary was evaluated for a Subsequent Injuries Benefits Trust Fund Medical Evaluation – ophthalmic factors – on March 15, 2022, at her residence, 15428 Morada Road, Victorville, CA 92394.

I have received a cover letter dated October 7, 2021, from Natalia Foley, Esq., requesting a medical-legal report regarding the Ophthalmic aspects of Ms. Chowdhuary's case.

The letter states that she had pre-existing conditions that rendered her permanently partially disabled and her subsequent industrial injury is equal to or greater than a 35% standard rating before being adjusted for the occupation or age, and that industrial injury affected her left eye and its ratable disability is equal to or greater than a 5% standard rating and that the applicant had pre-existing disability in an equal and opposite right eye, and the degree of disability caused by the combination of both disabilities is greater than that which would have resulted from the subsequent

injury alone, and the combined effect of the last injury and the previous disability or impairment is a permanent disability equal to 70 percent or more of total.

According to the letter, Ms. Chowdhuary has a worker's compensation case with a WPI that eclipses the 35% threshold for SIBTF qualification. As such, I am instructed to evaluate her current vision impairment and determine with reasonable medical probability any labor disabling ocular impairment that existed before the injury of 2/17/2019.

I have also reviewed the Primary Treating Physician Report of Edwin Haronian, M.D., dated August 19, 2019, as well as Follow-Up Reports of Edwin Haronian, M.D., dated September 30.-, 2019 and November 19, 2019. Dr. Haronian reported with reasonable medical probability that Ms. Chowdhuary had sustained injuries to the cervical and lumbar spine, bilateral shoulders, and bilateral wrist due to her continuous trauma activities that occurred at work. Dr. Haronian identified history of hypertension in his report.

Therefore, I am asked to address issues of causation, apportionment, labor disablement, and work restrictions, related to my specialty. Arrowhead Evaluation Services, Inc., Redlands, CA, facilitated this evaluation.

I had the opportunity to perform an evaluation for Ms. Sherry Chowdhuary at her residence, using mobile diagnostic equipment, due to her difficulty to come to my office. This was a Qualified medical evaluation under the Subsequent Injuries Benefits Trust Fund and was concerned with an ocular impairment which has been assigned the end date of injury of February 17, 2019. This report will focus on the ocular and visual conditions of the examinee. The appointment on March 15, 2022, began at 10:45 a.m. and concluded at 1:00 p.m. Diagnostic tests performed included kinetic visual fields.

Per the Official Medical-Legal Fee Schedule effective April 1, 2021, this evaluation qualifies for billing as **ML-201-95**, Comprehensive Medical Legal Evaluation. The total number of pages of medical records provided for my review was 71 pages, which is fewer than 200 pages.

The evaluation included a detailed history taking 55 minutes in time, involving multiple body parts, comprehensive dilated eye examination including evaluation of visual fields, extensive medical records review, and the preparation and editing of the report. Causation and apportionment are discussed. I, Babak Kamkar, OD, QME, verify under penalty of perjury, that I personally reviewed 71 pages of records received from the parties involved in this matter.

The appointment began with the explanation that the purpose of the visit was solely to evaluate and report on her case, and that a doctor-patient relationship was not established. She understood this purpose and had no questions. The following report contains my professional opinion and conclusions concerning this case.

PRE-EXISTING DISABILITY AND INDUSTRIAL DISABILITY

Ms. Chowdhuary's ocular complaints included irritated eyes, light sensitivity, blurry vision, and difficulty seeing the periphery.

She reported a specific industrial injury while working for Target Distribution Center. She does not recall the date, but it was sometime between 10/1/2018 and 2/17/2019, when a lot of dust went into her eyes. Her eyes became swollen, and her vision became blurry. She reported she rinsed her eyes for a few minutes, but they were still irritated and swollen. She continued working. She recovered over time, but she expressed that she still experiences eye irritation and dryness. She reported using eye drops to relieve her symptoms temporarily.

She reported being greatly bothered by light sensitivity for several years. She stated that she always likes to keep her house dimmed and wears sunglasses outdoors. She reported being greatly bothered by glare of lights at night. She stated that she cannot drive at night. She reported that she had an eye exam at Kaiser in 2021, complaining of decreased vision and difficulty seeing at night. She was prescribed eyeglasses with progressive lenses but still has difficulty adapting to them. She reported difficulty seeing around her sides.

She reported wearing glasses for reading since the age of 55 years old but started with over-the-counter reading glasses at that time.

HISTORY OF INJURY

Ms. Chowdhuary reported that she sustained cumulative trauma to her back, shoulders, arms, wrist, and fingers, while working for Target Distribution Center from 10/1/2018 – 2/17/2019 as a packer.

Over the course of her employment, the medical records indicate that she experienced progressive pain in her back, shoulders, arms, wrists, and fingers due to repetitive movements. In February 2019, she developed excessive pain in different parts of her body and sought medical attention. Imaging studies, including X-ray, MRI, as well as EMG were done. She was diagnosed with cervical radiculopathy, lumbar radiculopathy, bilateral shoulder sprain, bilateral wrist sprain.
She was prescribed medications, received steroid injections, and underwent multiple sessions of physical therapy. Despite the treatment, she still experiences pain in her upper extremities including shoulders, arms, wrists, and fingers, as well as pain in her back and knees, and has difficulty with ambulating and performing many activities of daily living.

JOB HISTORY AND DESCRIPTION

Ms. Chowdhuary worked for Target Distribution Center from 9/5/2018 – 2/18/2019 as a packer. She worked at the distribution warehouse and her work duties included packing various products. Her work required prolonged standing in a fixed position, repetitive movements with arms, hands, and fingers, as well as repetitive banding, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, lifting, and carrying up to 100 pounds.

Prior to working for Target, she worked for Amazon as a counter for about six months.

MEDICAL HISTORY

Ms. Chowdhuary suffers from hypertension since the age of 18, diabetes for more than 10 years, and arthritis since 2018. Her random BS level is usually about 170 and her most recent HbA1c was 6. She has suffered from diarrhea and gastroesophageal reflux disease since her gastric bypass surgery in 2010. She also complained of headaches and frequent episodes of dizziness, as well as anxiety and depression.

ALLERGIES

She reported being allergic to lisinopril.

PRESENT MEDICATIONS

She uses eyedrops for dry eyes

Systemic medications:
Nifedipine 60 mg
Losartan 50 mg
Glipizide 25 mg
Atenolol 25 mg
Baclofen 10 mg
Tylenol

PRIOR INJURIES AND SURGERIES

Ms. Chowdhuary has a history of left foot injury in 2014. She recovered with medical care and treatment.

2010 - Gastric bypass surgery

2010 – Breast reduction surgery

She has had 3 c-sections.

FAMILY HISTORY

There is history of high blood pressure in her both parents, and history of diabetes in her mother.

SOCIAL HISTORY

The examinee has been married for 37 years and has three children. She denies using tobacco products and does not use illegal drugs. She drinks wine socially.

She is not driving due to her injuries as well as due to difficulty seeing at night. She reported that she can no longer engage in most daily life activities, such as hair braiding, driving, working, gardening, and cooking, due to her industrial injuries. She stated that her visual problems also interfere with her daily activities.

RECORD REVIEW:

Please see the Section attached to the end of this report.

PHYSICAL EXAMINATION

Examination revealed a 5 feet 2 inches female, who appeared her stated age of 58. She was oriented to time, place, and person.

Uncorrected vision:

FAR:	Right eye 20/80	Left eye 20/30	Both eyes 20/25
NEAR:	Right eye RS 50	Left eye RS 40	Both eyes RS 40

Corrected vision: Ms. Chowdhuary had a pair of glasses with progressive lenses with the following powers.

Rt lens	-1.00 -1.00 x 120
Left lens	PL -0.50 x 157
PAL Add	+2.25 both lenses

She also uses over-the-counter reading glasses with the power of +1.75.

Cover-uncover test showed no tropia. Extraocular muscles were smooth and unrestricted. Confrontation fields was full and unrestricted. Near point of convergence was 15 cm. There were no misses on Ishihara color vision plates in either eye.

Refractive findings were as follows:

OD	-0.50 - 0.75 x 120	20/30
OS	PL - 0.75 x 177	20/25
OU		20/25

Near add of +2.25 OU resulted in near acuity of RS 30 at 40 cm.

External exam: The upper eyelids were positioned low at primary gaze. There was marked dermatochalasis of both upper eyelids. The lashes and lid margins were healthy.

Slit lamp exam: Conjunctiva and cornea were clear in both eyes. Tear-break-up time was greater than 10 seconds in both eyes. The irides were flat and brown in color in both eyes. The crystalline lens

showed 2+ cortical cataract in both eyes. The anterior chambers were deep and quiet in both eyes. The angles were open in both eyes.

Pupils were 4 mm in dim lighting in both eyes. Both eyes constricted to 2 mm in bright lighting. There were brisk reactions to direct and consensual light. They were regular in appearance and there was no afferent pupillary defect using the APD Tester™.

Intraocular pressure (IOP) was measured by Perkins Applanation Tonometry. Right eye measured 16 mmHg; left eye measured 16 mmHg at 12:40 p.m.

The pupils were dilated with 1.0% tropicamide followed by 2.5% phenylephrine drops.

Binocular indirect ophthalmoscopy and slit lamp biomicroscopy were performed after full dilation.

The vitreous humor was clear in both eyes.

Examination of the retinal vasculature no abnormalities in caliber or A/V crossings in both eyes. There were no hemorrhages, exudates, or cotton wool spots in either eye. Macula was homogenous and avascular without edema in both eyes.

The cup-to-disc ratio was 0.3 round in the right eye and 0.3 round in the left eye.

There were no holes or tears, and the peripheral retina was attached 360 degrees in both eyes.

DIAGNOSTIC STUDIES:

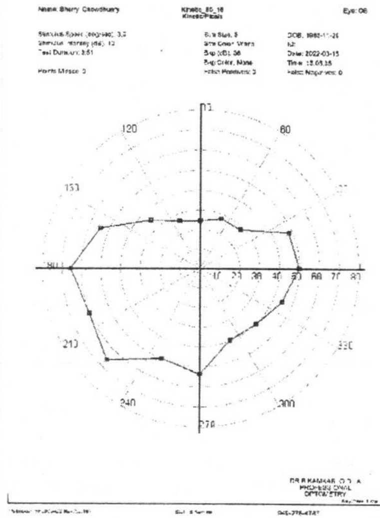
- Visual Fields, CPT code: 92082

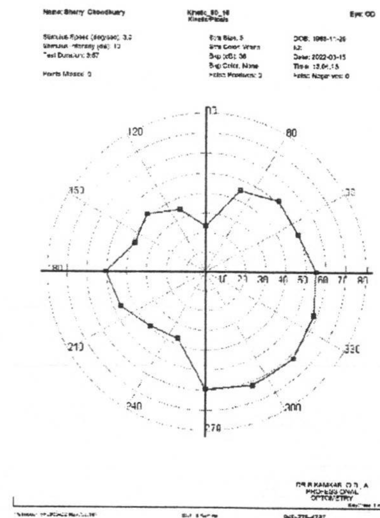
Associated ICD-10 code: H02.839

Visual Field Studies was performed using a kinetic strategy from non-seeing to seeing along 16 meridians for both eyes. The kinetic method is used to quantify defects in the visual fields in accordance with the disability rating system of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition. The results are plotted in the figures below and interpreted as slightly restricted in both eyes. Their reliability for both eyes were excellent.

Figure 1 Left Eye Kinetic Visual Field

Figure 2 Right Eye Kinetic Visual Field





The impairment related to the visual acuity loss and field restrictions in this case are considered further in this report.

DIAGNOSES

1. Dry eye syndrome, pre-existing, ICD-10 code: H04.123
2. Glare sensitivity, pre-existing, ICD-10 code: H53.71
3. Dermatochalasis of bilateral upper eyelids, pre-existing, ICD-10 code: H02.839
4. Cortical age-related cataract, bilateral, pre-existing, ICD-10 code: H25.013
5. Myopia, right eye, natural, ICD-10 code: H52.11
6. Regular astigmatism, bilateral, natural, ICD-10 code: H52.223
7. Presbyopia, natural, ICD-10 code: H52.4

DISCUSSION

In this SIBTF case, each impairment prior to the subsequent injury date of 2/17/2019 and its cause must be identified and quantified. Furthermore, current impairments and their causes must also be identified and quantified. I will consider those visual impairments that are labor disabling and the level of impairment that likely existed before the industrial injury.

The labor-disabling visual impairments include irritations and ocular pain from dry eyes, glare sensitivity, and reduced vision.

- Dry eye syndrome

In my evaluation of Ms. Chowdhuary, I found that she has dry eye syndrome. This was evidenced by her subjective symptoms and the chronic use of artificial tears for temporary relief. On examination, the tear break-up time was greater than 10 seconds in both eyes and no punctate keratitis was detected, indicating a mild case of insufficient tear film composition. She reported an industrial injury, while she was working at Target Distribution Center, when dust went into her eyes and her eyes became swollen and irritated. She rinsed her eyes for several minutes and continued working with irritated eyes. She reported her eyes never felt the same after this incident.

Dry eye syndrome is labor disabling. It limits a person in working in front of a computer screen for extended periods, in dusty or windy environments, in jobs with differing humidity conditions such as kitchens or laundry facilities. There are many other examples where dry eye syndrome causes work preclusions. Work preclusions for this case is discussed further in this report.

The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, considers dry eye syndrome as bodily pain and allows up to a maximum of 3% disability rating. In this case, I believe, there is **1%** disability from dry eye syndrome. This opinion is justified because of the level of her symptoms and the ocular signs observed. It is likely that her dry eye level prior to 2/17/2019 was the same as current level. Therefore, she has **pre-existing 1.0%** disability from dry eyes.

- Glare sensitivity

Ms. Chowdhuary suffers from glare sensitivity. She has been bothered by this symptom for several years, pre-dating the subsequent industrial injury of 2/17/2019. She reported sensitivity to lights at night and has been avoiding driving at night. On examination, she had moderate bilateral cortical cataract which can cause scatter light and cause glare. The level of her cataract progression is not at the point of needing cataract surgery, in my opinion. Her optometrist at Kaiser has also not recommended cataract surgery. Her best-corrected visual acuity is better than 20/40 in each eye which is the level of passing a driver's vision test.

Glare sensitivity is a labor disabling conditions and can be hazardous in cases of blinding lights while operating machinery, walking in unfamiliar areas, or going up or down stairs.

Chapter 12 of the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, lists glare sensitivity under Individual Adjustment. The Guides allow up to the maximum of 15% for individual adjustment. Specifically, on page 297, it states:

> "Although visual acuity loss and visual field loss represent
> significant aspects of visual impairment, they
> are not the only factors that can lead to a loss of
> functional vision. This edition of the Guides does not
> provide detailed scales for other functions, such as:
> ...Glare sensitivity (veiling glare), delayed glare
> recovery, photophobia (light sensitivity), and
> reduced or delayed light and dark adaptation...
> Color vision defects...Binocularity, stereopsis, suppression,
> and diplopia.

> If significant factors remain that affect functional vision and that are not accounted for through visual acuity or visual field loss, a further adjustment of the impairment rating of the visual system may be in order. The need for the adjustment, however, must be well documented. The adjustment should be limited to an increase in the impairment rating of the visual system (reduction of the FVS) by, at most, 15 points."

In the precedence case of Michele Tousley vs. Dept of Interior, State of Utah, the individual adjustment for glare and decrease in contrast sensitivity was determined as 15%.

Therefore, I see reasonable medical justification of allowing **5.0% pre-existing** for Ms. Chowdhuary as Individual Adjustment for her glare sensitivity as a labor disabling visual impairment. This opinion is based on the severity of her symptoms, my opinion that the level of her cataracts has been at maximum medical improvement, the research cited above, and on my 35 years of clinical experience.

- Reduced vision and restricted visual fields

Ms. Chowdhuary has best-corrected visual acuity of 20/30 in the right eye, 20/25 in the left eye, and 20/25 binocularly. These are near-normal level of vision. Her peripheral vision is reduced significantly due to bilateral dermatochalasis. The pre-existing levels of her visual acuity and peripheral vision are likely the same as the current level since the likely cause for these findings are slow-progressing age-related cataracts and age-related droopy eyelids, respectively. Therefore, it is reasonable to consider the same level of visual acuity and peripheral vision loss since prior to 2/17/2019.

The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, has detailed instructions on calculating visual impairment. In the Guides, visual acuity of 20/30 is assigned a Visual Acuity Score (VAS) of 90 (Visual Acuity Impairment Rating of 10%) and visual acuity of 20/25 is assigned a Visual Acuity Score (VAS) of 95 (Visual Acuity Impairment Rating of 5%).

Using Table 12-3 of AMA Guides, on Page 284, the Functional Acuity Score (FAS) is calculated as follows:

VASOU : 95 x 3 = 285

VASOD : 90 x 1 = 90

VASOS : 95 x 1 = 95

ADD OU, OD, and OS = 470

Divide by 5 = 94 This is Functional Acuity Score (FAS)

Pre-existing and current acuity-related Impairment Rating is 6% (calculated as 100 – FAS).

As mentioned above, peripheral vision must also be considered. The automated visual field test results were presented earlier in this report.

The AMA Guides, 5th Edition, has specific instructions on how to score the visual fields, starting on page 287. The guidelines dictate plotting the fields in 10 meridians, 2 in each upper quadrant and 3 in each lower quadrant. In this rule, the following meridians divide the 360-degree field: 25°, 65°, 115°,155°, 195°, 225°, 255°, 285°, 315°, and 345°. The visual fields in this case are plotted and the missed points in each meridian are calculated as follows.

<u>Right Eye</u>

25° Meridian → 9 points are seen = 9

65° Meridian → 8 points are seen = 8

115° Meridian → 7 points are seen = 7

155° Meridian → 7 points are seen = 7

195° Meridian → 8 points are seen = 8

225° Meridian → 7 points are seen = 7

255° Meridian → 7 points are seen = 7

285° Meridian → 10 points are seen = 10

315° Meridian → 10 points are seen = 10

345° Meridian → 9 points are seen = 9

Adding all the values, the visual field score for right eye (VFS_{OD}) is 82.

<u>Left Eye</u>

25° Meridian → 8 points are seen = 8

65° Meridian → 6 points are seen = 6

115° Meridian → 6 points are seen = 6

155° Meridian → 9 points are seen = 9

195° Meridian → 10 points are seen = 10

225° Meridian → 10 points are seen = 10

255° Meridian → 9 points are seen = 9

285° Meridian → 8 points are seen = 8

315° Meridian → 8 points are seen = 8

345° Meridian → 8 points are seen = 8

Adding all the values, the visual field score for left eye (VFS_{OS}) is 82.

According to the 5th Edition of the AMA Guidelines, to calculate the visual field score for both eyes, an overlay grid is placed over the combination of the right and left visual fields. This grid contains points at the following radial locations: 1°, 3°, 5°, 7°, 9°, 15°, 25°, 35°, 45°, 55°, and 65°. Each meridian is then assessed to see if the point at that radial position is theoretically seen by the subject. The seeing locations are added together to find the visual field score for both eyes (VFS_{OU}).

<u>Both Eyes</u>

25° Meridian → 9 points are seen = 9

65° Meridian → 9 points are seen = 9

115° Meridian → 8 points are seen = 8

155° Meridian → 10 points are seen = 10

195° Meridian → 10 points are seen = 10

225° Meridian → 10 points are seen = 10

255° Meridian → 9 points are seen = 9

285° Meridian → 10 points are seen = 10

315° Meridian → 10 points are seen = 10

345° Meridian → 10 points are seen = 10

Adding all the values, the visual field score for both eyes (VFS_{OU}) is 95.

Subsequently, FFS is calculated as follows:

VFSOU : 95 x 3 = 285

VFSOD : 82 x 1 = 82

VFSOS : 82 x 1 = 82

ADD OU, OD, and OS = 449

Then divide by 5 = 89.8 This is Functional Field Score (FFS)

Field Related Impairment Rating is 10.2% (calculated as 100 – FFS).

With known FFS and FAS values the FVS is calculated as follows: FVS = (FAS x FFS)/100
FVS for the current time and the pre-existing period equals: (94 x 89.8) /100 = 84.41%

Functional Vision Score (FVS)

By these calculations, the **current and pre-existing** level of impairment rating based on the visual acuity loss and visual field loss is **15.59%**.

Having considered all the aspects of the visual impairment in this case, we can combine them to achieve a total visual impairment rating for both current and pre-existing periods. The impairments are additive according to the AMA Guides.

Pre-existing and current: 1.0% (dry eye) + 5.0% (glare sensitivity individual adjustment) + 15.59% (visual acuity and visual fields impairment) = **21.59%**.

Table 12-10, The Classification of Impairment of the Visual System (expanded) of AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, is shown on page 298 of the Guides. With the pre-existing impairment rating of 21.59%, the table categorizes Claimant's visual impairment as Class 2, in the range of 10-29%. From an ocular standpoint, Whole Person Impairment Rating (WPI), with an estimate of overall Activities of Daily Living ability loss, was 21.59% prior to 2/17/2019.

This value is additive to all other impairments of the body since there is no overlap in the function of the eyes with respect to other body parts. The visual impairments in this case are labor disabling due to the reasons cited in each case above.

MAXIMUM MEDICAL IMPROVEMENT

From an ocular disability standpoint, it is my opinion that the examinee's ocular condition has reached maximum medical improvement.

Prior to the industrial injury of 2/17/2019, her ocular conditions had reached maximum medical improvement.

SUBJECTIVE FACTORS

Subjective factors of examinee's ocular conditions include eye irritation and pain from dry eyes, glare sensitivity, reduced visual acuity, and reduced peripheral vision.

OBJECTIVE FACTORS

1) Dry eyes
2) Glare sensitivity
3) Reduced visual acuity
4) Visual field loss

CAUSATION

With the available medical records and professional opinions already rendered in this case, it is likely that the visual and ocular impairments identified in this report are due to non-industrial causes.

Her condition of dry eyes was likely temporarily aggravated by an incident at her work where her eyes became swollen from dust that went into her eyes. She recovered from this injury over a two-week period, and there is likely no permanent disability from this injury.

Her glare sensitivity is natural and not unrelated to industrial causes. The slow formation of age-related cortical cataract in both her eyes contribute to her nighttime glare sensitivity.

The cataracts are also partially cause of the reduced best-corrected visual acuity in both her eyes and are non-industrial in causation.

The reduced peripheral vision in both her eyes are mainly caused by the droopy eyelids. They are due to excessive skin or dermatochalasis of the eyelids restricting her natural peripheral vision. This is also non-industrial in causation.

APPORTIONMENT:

Regarding visual impairments, apportionment is not an issue in this case. The pre-existing visual impairments levels are likely the same as the current levels.

WORK PRECLUSIONS

Ms. Chowdhuary has dry eye syndrome, which is labor disabling. Work preclusions include any job that increases dry eyes, such as working in windy environments, working long hours in front of a computer screen, working in air-conditioned rooms, jobsites that have altering humidity and temperatures throughout the day, such as kitchens and laundry facilities, or working with aerosolized chemicals. In addition, jobs that would prevent her from frequent instillation of eyedrops, such as continuous wearing of hazmat suits or goggles, are precluded.

Ms. Chowdhuary suffers from glare sensitivity. Work preclusions include working under bright artificial lights, such as stadiums and concert halls. Due to her disabling glare at night, any occupation that involves driving at night can be hazardous to her and others. Examples include delivery services, bus and transportation jobs, emergency vehicle jobs, police or security jobs, ride sharing jobs, chauffeur, etc.

These work preclusions existed prior to the subsequent industrial injury, limiting her ability to compete in the workplace.

FUTURE MEDICAL TREATMENT

Ms. Chowdhuary needs annual eye examinations.

SUMMARY

Pre-existing and current: 1.0% (dry eye) + 5.0% (glare sensitivity individual adjustment) + 15.59% (visual acuity and visual fields impairment) = **21.59%**.

The visual impairments are 100% due to natural causes.

REASONS FOR OPINIONS

1. Review of available medical records.

2. Physical examination findings, which support the examinee's condition.

3. Correlation of the examinee's oral history compared to the records.

4. Credibility of the examinee.

5. Clinical experience and research.

Thank you for the opportunity to evaluate Ms. Sherry Chowdhuary. Please contact me if I can be of further assistance.

COMPLIANCE DISCLOSURE STATEMENT

I certify that I took the complete history from the patient, conducted the examination, reviewed all available medical records, and composed and drafted the conclusions of this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. Partial compilation and excerpting of the medical records were completed by trained staff at Arrowhead Evaluation Services. In combination with the examination, the excerpts and records were reviewed to define the relevant medical issues. The conclusions and opinions within this report are solely mine. 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. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Pursuant to 8 Cal. Code Regs. Section 49.2-49.9, I have complied with the requirement for face-to-face time with the patient in this evaluation. If necessary, I have discussed apportionment in the body of this report. If I have assigned disability caused by factors other than the industrial injury, that level of disability constitutes the apportionment. The ratio of nonindustrial disability, if any, to all described disability represents my best medical judgment of the percentage of disability caused by the industrial injury and the percentage of disability caused by other factors, as defined in Labor Code Section 4663 and 4664.

Date of Report: March 19, 2022. Date of Signing of Report: April 12, 2022, in Orange County, California

Sincerely,

Babak Kamkar, OD, QME

Babak Kamkar, OD, QME
Optometry

REVIEW OF RECORDS

Chowdhuary, Sherry

08/19/19 - Initial Ortho Eval by Edwin Haronian, MD. DOI: CT: 10/01/18 - 02/17/19. Over the course of employment, pt gradually developed pain in shoulders, arms, wrists/hands, fingers in B/L hands and upper back, which she attributes to her work duties, involving working in a distribution warehouse, packing products consisting of lotions and various other products, 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 lbs. She continued working and her pain progressively worsened. On 03/21/19, she began medical care and tx. She was initially examined by a physician and was taken off work. She was given Motrin 800 mg and Tylenol ES. An EMG of UE was conducted with positive findings. She was administered Cortisone shot in R wrist/hand with temporary pain relief. She was last examined in 07/2019. She remains off work on disability. She is receiving state disability benefits. Presently c/o constant aching in shoulders at times becoming sharp, shooting and throbbing pain. Pain travels to arms and hands. She has episodes of N/T in her arms. She c/o stiffness and tightness to her shoulders. C/o constant aching in wrists/hands, becoming sharp, shooting and burning pain with activity. Pain travels to forearms. She has swelling, N/T in her hands and fingers. C/o cramping and weakness in her hands and have dropped several objects. Her fingers lock. C/o nagging pain in the upper back, becoming sharp and stabbing pain with certain activities. Also, c/o stiffness to her upper back. Her pain level varies throughout the day depending on activities. Pain med provides temporary pain relief. Had difficulties with ADLs. Employment Hx: Prior to working with Target Corporation, she worked with Amazon for 6 months. PMH: HTN, controlled with meds. PSH: Underwent gastric bypass over 9 yrs ago, breast reduction 12 yrs ago and C-section x3. Prior/Subsequent Injuries: Injured L foot while at work in 2014. She recovered with medical care and tx. She received a settlement. Current Meds: Currently taking prescribed meds for HTN and inflammation. Also, take Tylenol ES. SH: Social drinker and does not smoke. FH: HTN and diabetes in her immediate family. Diagnostic Studies: X-rays of R shoulder: Acromion type II. X-ray of L/S: Vascular clips were noted from non-orthopedic surgery. The lateral view revealed decreased disc height at the L5-S1 level. X-ray of R wrist: Normal. Dx: 1) Cervical radiculopathy. 2) Lumbar radiculopathy. 3) B/L shoulder sprain. 4) B/L wrist sprain, triggering of R second and fifth digits. Rx: Ibuprofen Gel. Plan: Requested previous records. Requested 12 sessions of PT. Ordered MRI of C/S and L/S. Also requested EMG/NCS. Causation: Industrial. Modified duties. Precluded from lifting, pushing and pulling greater than 10 lbs. If modified work is not available, then can remain on TTD.

09/24/19 - Correspondence from Sedgwick. Request for MRI of C/S and L/S and PT for neck, B/L shoulders and B/L wrists were received. There is a dispute regarding the liability of the claim and being unable to review the request for medical necessity at this time.

09/30/19 - F/u Rpt by Edwin Haronian, MD. Pt presents with c/o chronic pain in shoulders, upper and lower back and wrists and hands bilaterally. Pain is of such severity that it dominates virtually every conscious moment producing physical and psychological debilitations. Therefore, she cannot perform usual and customary work duties at this juncture. As per pt, the claim is presented

in disputed status. Dx: 1) Shoulder S/S. 2) Sprain of the wrist. 3) Radiculopathy, lumbosacral region. Plan: Refilled meds. Modified work with avoiding lifting, punishing or pulling more than 20 lbs.

11/11/19 - F/u Rpt by Edwin Haronian, MD. Pt c/o neck pain and LBP. Also has pain in shoulders. She has difficulty with prolonged sitting, standing, walking, lifting, pushing and pulling. Pain awakens her at night. Dx remains unchanged. Rx: Ibuprofen Gel. Plan: Requested neurodiagnostic studies of BUE and BLE. Disability status remains unchanged.

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: CHOWDHUARY, SHERRY v TARGET DISTRIBUTION CENTER
(employee name) *(claims administrator name, or if none employer)*

Claim No.: SIF11965518 **EAMS or WCAB Case No. (*if any*)**: ADJ11965518

I, MARYLU CASTRO, declare:
(Print Name)

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	04/29/22	SIBTF Sacramento 1750 Howe Avenue, Suite 370 Sacramento, CA 95825
A	04/29/22	WORKERS DEFENDERS LAW GROUP 751 S Weir Canyon Road, Suite 157-455 Anaheim Hills, CA 92808

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 04/29/22

Marylu Castro
(signature of declarant)

MARYLU CASTRO
(print name)