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ADJ13487196	ADJ13487287,ADJ13487250	ADJ	MEDICAL DOCS	P & S REPORT	C:\fakepath\2021-08-24 - Jermankov, Szymon - P & S report by Dr Gofnung 4-23-21.pdf	<input type="button" value="Delete"/>
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**ERIC E. GOFNUNG CHIROPRACTIC CORP.**

**SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION**

**6221 Wilshire Blvd., Suite 604 • Los Angeles, California 90048 • Tel. (323)933-2444 • Fax (323) 933-2909**

**PROOF OF SERVICE BY MAIL**

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am a citizen of the United States. I am over the age of 18 years and not a party of the above-entitled action; my business address is 6221 Wilshire Blvd, Suite 604 Los Angeles, CA 90048. I am familiar with a Company's practice where the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Los Angeles, after the close of the day's business. On July 16, 2021, I served the within following letter / forms on all parties in this action by placing a true copy thereof enclosed in a sealed envelope in the designated area for out-going mail addressed as set forth above or electronically on the specified parties with email addresses as identified. I declare under the penalty of perjury that the foregoing is true and correct under the laws of the State of California and that this declaration was executed at 6221 Wilshire Blvd, Suite 604 Los Angeles, CA 90048.

On 16 day of July, 2021, I served the within concerning:

Patient's Name: **Jermakow, Szymon**  
Claim Number: **00080887**

- |                                                                                                                   |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> MPN Notice                                                                               | <input type="checkbox"/> Initial Consultation Report -                                                       |
| <input type="checkbox"/> Designation of Primary Treating Physician & Authorization for Release of Medical Records | <input type="checkbox"/> Re-Evaluation Report / Progress Report (PR-2)                                       |
| <input type="checkbox"/> Financial Disclosure                                                                     | <input checked="" type="checkbox"/> Permanent & Stationary Evaluation Report - <u>04/23/2021</u>             |
| <input type="checkbox"/> Request for Authorization -                                                              | <input type="checkbox"/> Post P&S Follow Up - _____                                                          |
| <input checked="" type="checkbox"/> Itemized - ( Billing) / HFCA - 04/23/2021                                     | <input type="checkbox"/> Review of Records - _____                                                           |
| <input type="checkbox"/> QME Appointment Notification                                                             | <input type="checkbox"/> PQME / Med Legal Report - _____                                                     |
| <input type="checkbox"/> Primary Treating Physician's Referral                                                    | <input type="checkbox"/> Computerized Dynamic Range of Motion (Rom) And Functional Evaluation Report - _____ |

List all parties to whom documents were mailed to:

Workers Defenders Law Group  
8018 E Santa Ana Cyn Ste 100-215  
Anaheim Hills, CA 92808

Pacific Compensation  
PO Box 5042  
Thousand Oaks, CA 91359

I declare under penalty and perjury under the laws of the State of California, that the foregoing is true and correct, and that this Declaration was executed at Los Angeles, California on 16 day of July, 2021.

  
\_\_\_\_\_  
**ILSE PONCE**

# ERIC E. GOFNUNG CHIROPRACTIC CORP.

## SPORTS MEDICINE & ORTHOPEDIC - NEUROLOGICAL REHABILITATION

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April 23, 2021

Workers Defenders Law Group  
8018 E. Santa Ana Canyon, Suite 100-215  
Anaheim, California 92808

Re: Patient: Jermakov, Szymon  
SSN: 345-68-9822  
EMP: Pacific Plastics  
INS: Pacific Comp  
Claim #: 00080887  
WCAB #: ADJ13487196  
DOI: CT: 01/01/2010-03/15/2020  
D.O.E./Consultation: April 23, 2021

### **Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation Report**

Dear Gentlepersons:

The above-named patient was seen for a Primary Treating Physician's Comprehensive Permanent and Stationary Evaluation on April 23, 2021, in my office located at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. The following information contained in this report is derived from a review of the available medical records, as well as the oral history as presented by the patient. **Dr. Gofnung is the PTP and the patient was examined by Dr. Gofnung.**

This report and bill should be kept together by the Workers' Compensation carrier for the review company. The claims examiner should forward this report to the defense attorney and nurse case manager. This report serves as a written request for written authorization for today's evaluation/consultation and all additional appropriate treatment. This request is in compliance per AB 775 and with the mandates contained in Reg. 9792.6. Please pay within 60 days to avoid interest and penalties per Labor Code §§4603.2 and 5814.

My history and physical examination are as follows.

Re: Patient: Jermakov, Szymon  
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**Job Description:**

Mr. Szymon Jermakow was employed by Pacific Plastic as a maintenance worker at the time of the injury. He began working for this employer in or about July 15, 1985. He worked full time.

Job activities included fixing machinery, heavy lifting. He lifted machine parts. He used hand tools and power towels to perform his job duties.

During the course of work, the patient was required to perform walking, standing, flexing, twisting, and side-bending and extending the neck, bending and twisting at the waist, squatting, climbing, and kneeling.

His physical activities included using the bilateral upper extremities repetitively for simple grasping, power grasping, fine manipulation, pushing and pulling, reaching at shoulder level, reaching above shoulder level, and reaching below shoulder level.

The patient was required to lift and carry objects while at work. The patient was required to lift and carry objects weighing up to 100+ pounds and carry these objects up to 10-15 feet.

The patient was required to work near hazardous machinery. The patient was exposed to dust, fumes, and extreme temperatures, or humidity.

The patient worked eight hours per day and five to six days a week. His work hours varied. The lunch break was 30 minutes. The rest break was 15 minutes. The job involved working 100% indoors. He notes he worked outdoor when needed.

The last day the patient worked for Plastic Plastics was March 15, 2020.

There was no concurrent employment at the time of the injury.

The patient denies working for any new employer.

**Prior Work History:**

The applicant worked for the above employer for approximately 34 years.

**History of Injury And Treatment As Presented By Patient:**

**Cumulative Trauma: 01/01/2010-03/15/2020**

The patient states that while working at his usual and customary occupation as a maintenance mechanic for Pacific Plastics, he sustained a work-related injury to his neck, back, shoulders, elbows, wrists, and hands, knees, and both hips, which he developed in the course of

Re: Patient: Jermakov, Szymon  
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his employment due to continuous trauma dated from January 1, 2020, to March 15, 2020. He attributes the injuries due to prolonged standing when performing his job duties. The patient states that over the 34 years of working for the above employer, he incurred various injuries while performing his job duties. However, he cannot recall each one specifically at this time.

He also attributes his symptoms to repetitive movements of kneeling, squatting, heavy lifting and carrying, pushing, pulling, gripping and grasping. He lifted machine parts which weighed 100 pounds plus repeatedly during his work shift. He pain in his hands was due to the constant gripping and grasping when removing parts from machinery, which exceeded 200 degrees in temperature. The applicant relates he was also doing welding with this employer. He developed difficulty breathing and blurry vision due to exposure to excessive temperatures and radiation. Approximately 15 years ago, he developed the gradual onset of progressive pain and discomfort. He complained of pain and discomfort to his employer, but no action by the employer was taken.

He managed his pain with OTC medication.

In or about 1991, the patient explains he was fixing some equipment when a blade cut off part of his right middle finger. The patient reported the injury and was taken for medical care.

In 1991, the patient underwent surgery to reattach the right middle finger. The applicant relates after the injury, the finger was non-functional and he continued to experience persistent pain in his right middle finger.

The patient continued working with persistent pain and discomfort until March 15, 2020.

The patient has had no medical care for this work-related injury.

The patient continues to be under the care of internist, Dr. Koruon Daldalyan and Dr. Marvin Pietruszka, and he reports he was last seen on March of 2021, which is last month. The patient continues under the care of acupuncturist, Dr. David Feder; however, has not been attending treatment for about two weeks as he was sick. The patient continues to exercise at home to the best of his ability of range of motion and stretching exercises as taught in my office. The patient is not working. He denies any new accidents or injuries. The patient reports he has significantly improved with the treatment he has gotten while under our care of chiropractic and physiotherapeutic treatment and has improved and the treatment has been providing relief.

**Current Complaints (April 23, 2021):**

1. Neck pain, intermittent, slight to moderate depending on activity.
2. Bilateral shoulder pain, frequent, left minimal to slight and right moderate.
3. Bilateral elbow pain, frequent and slight.

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4. Bilateral wrist and hand pain, frequent, with numbness of the hands, slight to moderate with right being greater symptom than left.
5. Low back pain, frequent, with radiation to lower extremities, moderate.
6. Bilateral hip pain, occasional to intermittent, slight.
7. Bilateral knee pain, left slight to moderate, right moderate and frequent.
8. Anxiety, stress, depression, and difficulty sleeping.

**Past Medical History:**

**Illnesses:**

The patient has high blood pressure.

**Injuries:**

The patient denied any prior work-related injuries with exception of 1991 right hand injury as explained.

The patient denied any non-work-related injuries.

The patient denied any new injuries.

**Allergies:**

The patient denied any known allergies.

**Medications:**

The patient is taking medication for high blood pressure and OTC medication as needed to pain.

**Surgeries:**

On a date he cannot recall, he underwent surgery to insert stent in his artery of heart 15 years ago.

In 1991, the patient underwent surgery to his right ring finger.

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**Hospitalization:**

The patient denied any hospitalization.

The patient was asymptomatic and without any disability or impairment prior to his employment with Pacific Plastics and the continuous trauma injury from January 1, 2010, to March 15, 2020, as related to the back, shoulders, elbows, wrists, and hands, knees, and both hips.

**Review Of Systems:**

Review of systems is remarkable for trouble sleeping, muscle or joint pain, stiffness, anxiety, depressed mood, and stress.

**Activities of Daily Living:**

Physical Activities: As a result of the industrially-related injury, the patient states: Difficulty with standing, sitting, reclining, walking, and going up and downstairs, with a rating of 3-4/5.

Hand Activities: As a result of the industrially-related injury, the patient states: Difficulty with grasping or gripping, lifting, and manipulating small items with a rating of 3-4/5.

Travel: As a result of the industrially-related injury, the patient states: Difficulty with driving a car and restful night sleep pattern with a rating of 3-4/5.

**Family History:**

Mother is deceased and passed away from cancer (unknown).

Father is deceased and passed away when he suffered a stroke.

The patient has two sisters. They are well and in good health.

There is no known history of colon cancer, prostate cancer, or heart problems.

**Social History:**

He is a widower and he has two children.

The patient completed high school.

The patient consumes no alcohol and does not smoke.



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The patient does not exercise.

The patient does not participate in any sports activities.

The patient has no hobbies.

**Physical Evaluation (April 23, 2021) – Positive Findings:**

**General Appearance:**

The patient is an 80-year-old male, right-hand dominant who appeared reported age, and was well-developed, well-nourished, and well-proportioned. The patient appears to be alert, cooperative and oriented x3.

**Vital Signs:**

Pulse: 70  
Blood Pressure: 140/90  
Height: 5'8"  
Weight: 232

**Cervical Spine:**

**Examination revealed tenderness over the bilateral paravertebral musculature and upper trapezius with muscle guarding noted. Tenderness and hypomobility present at C4 through C7 vertebral regions.**

**Bilateral shoulder depression tests were positive. Cervical compression test elicited increased pain with radiation to bilateral shoulders.**

**Cervical spine ranges of motion were decreased and painful, measured as follows.**

<i>Cervical Spine Range of Motion Testing</i>		
Movement	Normal	Actual
Flexion	50	45
Extension	60	30
Right Lateral Bending	45	35
Left Lateral Bending	45	40
Right Rotation	80	65
Left Rotation	80	60

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Shoulders & Upper Arms:

Left Shoulder:

**Tenderness was noted over supraspinatus musculature near insertion at the shoulder and over the subacromial and subdeltoid bursa.**

Left shoulder Apprehension test was unremarkable today.

Left Hawkins test was negative.

**Left shoulder impingement sign was positive.**

Right Shoulder:

**Tenderness was present over the supraspinatus and subacromial and subdeltoid bursa, deltoid and acromioclavicular joints.**

**Right Apprehension test was positive.**

**Right Hawkins test was positive.**

**Crepitus was present during ranges of motion of the right shoulder.**

Left shoulder ranges of motion were within normal limits. **Right shoulder ranges of motion were decreased and painful, measured as follows:**

<i>Shoulder Ranges Of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	180	180	<b>160</b>
Extension	50	50	<b>50</b>
Abduction	180	180	<b>160</b>
Adduction	50	50	<b>45</b>
Internal Rotation	90	90	<b>80</b>
External Rotation	90	90	<b>65</b>

Elbows & Forearms:

**Examination revealed tenderness present over the bilateral medial and lateral epicondyles as well as extensor and flexor muscle groups.**

**Bilateral Cozens and Golfers' stress tests were positive.**

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**Ranges of motion of the elbows measured as follows:**

<i>Elbow Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	140	140	140
Extension	0	0	-10
Supination	80	65	60
Pronation	80	80	80

Wrists & Hands:

Right Wrist:

**Tenderness over the right wrist at dorsal greater than volar crease and distal ulna and ulnar styloid.**

**Tenderness was present over the right triangular fibrocartilage complex as well as right anatomical snuff box and right thenar region.**

**Right Tinel's sign was positive.**

**Right Phalen's tests were positive and reverse Phalen's tests were positive.**

**Right Finkelstein test was positive.**

Left Wrist:

**Tenderness over the left wrist at dorsal greater than volar crease and distal ulna and ulnar styloid.**

**Tenderness was present over the left triangular fibrocartilage complex.**

Left Tinel's sign was negative.

**Left Phalen's tests were positive and reverse Phalen's tests were positive.**

Left Finkelstein test was negative.

**Ranges of motion of the bilateral wrists were within normal limits with pain greatest upon flexion bilaterally.**

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<i>Wrist Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	60	60	60
Extension	60	60	60
Ulnar Deviation	30	30	30
Radial Deviation	20	20	20

Fingers:

Visual examination showed degenerative changes noted at the bilateral hands at PIP and DIP joints predominantly of digits 2 through 5 with tenderness and flexion deformity noted of the right hand digit three at PIP joint as well as digit five at the PIP and DIP joint. Please note, there is ankylosis of the right hand third digit DIP joint with deformity of the nailbed and nail with healed surgical scarring. Also, tenderness was present at the right hand over the first carpometacarpal joint and metacarpophalangeal joint of the thumb.

Bilateral hand digit ranges of motion were grossly within normal limits with the exception of right hand third digit and fifth digit as described.

Grip Strength Testing:

Grip strength testing was performed utilizing the Jamar Dynamometer at the third notch, measured in kilograms, on 3 attempts and produced the following results:

**Left: 6/10/8, average 8 kilograms**

**Right: 8/8/10 average 8.6 kilograms**

Expected average for the right dominant upper extremity for the individual of the same age, sex, and body habitus is 45.9 kilograms, thus rendering right upper extremity having 81% strength loss index. Left upper extremity expected average is 43.5 kilograms, thus rendering left upper extremity having 81% strength loss index.

Motor Testing of the Cervical Spine and Upper Extremities:

Deltoid (C5), Biceps (C5), Triceps (C7), Wrist Extensor (C6), Wrist Flexor (C7), Finger Flexor (C8) and Finger Abduction (T1) motor testing is normal and 5/5 bilaterally with the exception of right shoulder 4/5 and 20% strength deficit in flexion, abduction, internal and external rotation of the shoulder, bilateral wrist flexion and extension 4/5, all other myotomes 5/5.

Deep Tendon Reflex Testing of the Cervical Spine and Upper Extremities:

Biceps (C5, C6), Brachioradial (C5, C6) and Triceps (C6, C7) deep tendon reflexes are normal and 2/2 bilaterally.

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Sensory Testing:

C5 (*deltoid*), C6 (*lateral forearm, thumb & index finger*), C7 (*middle finger*), C8 (*little finger & medial forearm*), and T1 (*medial arm*) dermatomes are intact bilaterally as tested with a Whartenberg's pinwheel with the exception of hypoesthesia at the right C5, C6 dermatomal innervation as well as median nerve distribution.

<i>Upper Extremity Measurements in Centimeters</i>		
Measurements	Left	Right
Biceps	36	33
Forearms	27.5	26

Thoracic Spine:

Gross edema, swelling, erythema and scars are not present upon visual examination of the thoracic spine. The thoracic spine has a normal kyphotic curvature.

Tenderness and spasm is not present over the paravertebral musculature, trapeziums, rhomboid, latissimus dorsi musculature and interscapular region bilaterally. Tenderness and hypomobility is not present over the vertebral regions from T1 to T12.

**Kemp's test was positive for increased low back pain.**

**Thoracic spine ranges of motion were restricted secondary to low back pain. Please see attached formal ranges of motion study done utilizing inclinometers.**

Lumbosacral Spine:

Examination of lumbar spine revealed tenderness to palpation with muscle guarding of bilateral paralumbar musculature. Tenderness and hypomobility were noted at L3 through L5 vertebral regions.

**Milgram's test was positive for increased low back pain, was difficult to perform.**

**Straight Leg Raising Test (supine) was positive for back pain as well as pain radiating down the lower extremities below the knee:**

**Right: 70 degrees**

**Left: 70 degrees**

**Lumbar spine ranges of motion were restricted and painful. Please see attached formal ranges of motion study done utilizing inclinometer.**

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Hips & Thighs:

Minimal tenderness was present today of the bilateral hips over the greater trochanter and hip bursas.

Bilateral Patrick Fabere test elicited increased back pain, more than hip pain.

Ranges of motion for the hip were measured as follows:

<i>Hip Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	120	110	110
Extension	30	30	30
Abduction	45	40	40
Adduction	30	30	30
External rotation	45	40	40
Internal rotation	45	40	40

Knees & Lower Legs:

Tenderness was present at the bilateral knees, right greater than left.

Bilateral McMurray's test was positive.

Crepitus was present during ranges of motion of the knees.

Weakness was present during squatting with pain and the patient was unable to perform squatting greater than one-third down. The patient favored right knee while squatting.

Ranges of motion of the knees were decreased, measured as follows:

<i>Knee Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Flexion	135	110	100
Extension	0	0	0

Ankles & Feet:

Deformity of the nails was noted of bilateral feet with discoloration consistent with onychomycosis. The patient has bilateral hallux valgus deformity.

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Examination of ankles and feet did not demonstrate gross deformity, dislocation, amputation, edema, swelling, erythema, scars, lacerations, hallux valgus and hammertoes. The foot arch height is normal and without pes planus and pes cavus.

Tenderness is not present of digits 1 through 5, including metatarsals, cuneiforms, navicular, cuboid, talus and calcaneus. Tenderness is not present at the distal tibia, distal fibula, talonavicular joint, anterior talofibular ligament and deltoid ligament. There is no medial ankle instability or lateral ankle instability bilaterally. The Achilles tendon is intact. Tenderness is not present over the tarsal tunnel, sinus tarsi and tibialis posterior tendons (*medial ankle-plantarflexion & inversion*) bilaterally.

Anterior drawer test, posterior drawer test and Tinel's sign are negative bilaterally. The dorsalis pedis pulses are present and equal bilaterally.

Ankle ranges of motion were within normal limits.

<i>Ankle Range of Motion Testing</i>			
Movement	Normal	Left Actual	Right Actual
Metatarsophalangeal joint (MPJ) Extension	60	60	60
MPJ Flexion	20	20	20
Ankle Dorsiflexion	20	20	20
Ankle Plantar Flexion	50	50	50
Inversion (Subtalar joint)	35	35	35
Eversion (Subtalar joint)	15	15	15

Motor, Gait & Coordination Testing of The Lumbar Spine and Lower Extremities:

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 right knee flexion/extension was 4/5, left knee flexion and extension was 5/5, as well as all other myotomes of the bilateral lower extremities.

Squatting was positive for back pain and bilateral knee pain and was able to squat only one-third down. The patient favored right knee while squatting. Today the patient favored right lower extremity more than left during walking.

Heel and toe walking was positive for back pain and bilateral knee pain.

Antalgic gait which was guarded, favoring bilateral lower extremities, more so on the left. Please note, the patient had a slow and guarded gait.

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Deep Tendon Reflex Testing of The Lumbar Spine and Lower Extremities:

Ankle (*Achilles-S1*) and Knee (*Patellar Reflex-L4*) deep tendon reflexes are 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 a pinwheel with the exception of L5 and S1 hypoesthesia; however, the patient reported less sensation on the right side.

Girth & Leg Length (Anterior Superior Iliac Spine to Medial Malleoli) measurements were taken of the lower extremities, as follows in centimeters:

<i>Lower Extremity Measurements Circumferentially &amp; Leg Length in Centimeters</i>		
Measurements (in cm)	Left	Right
Thigh - 10 cm above patella with knee extended	53.5	54
Calf - at the thickest point	38	38.5
Leg Length - Anterior Superior Iliac Spine To Medial Malleolus	100	100

Diagnostic Impressions:

1. Cervical spine myofasciitis, M79.1.
2. Cervical facet-induced versus discogenic pain, M53.82.
3. Cervical radiculitis, M54.12.
4. Lumbar myofasciitis, M79.1.
5. Bilateral sacroiliac joint dysfunction, sacroiliitis, M53.3.
6. Lumbar facet-induced versus discogenic pain, M47.816.
7. Lumbar radiculitis, M54.16.
8. Left shoulder tenosynovitis/bursitis, resolving, M75.51.
9. Right shoulder rotator cuff tear, rule out, M75.101.
10. Bilateral shoulder impingement syndrome, M75.41.
11. Bilateral elbow medial and lateral epicondylitis, M77.10.



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12. Bilateral brachioradialis tendinitis, S46.119A.
13. Triangular fibrocartilage complex tear bilaterally, rule out, S63.592A.
14. Stenosing tenosynovitis of the right thumb, M65.4.
15. Bilateral wrists tenosynovitis, M65.849.
16. Bilateral carpal tunnel syndrome, G56.03.
17. DJD of the bilateral hands, M19.049.
18. Right hand third digit deep laceration/amputation with surgical repair in 1991.
19. Bilateral trochanteric bursitis, improved/resolving, M70.61.
20. Internal derangement of the knees bilaterally, M23.92.
21. Onychomycoses of the feet, B35.1.
22. Anxiety and depression, F41.9, F34.1.
23. Hypertension, R03.0.

#### **Discussion and Treatment Recommendations:**

The patient's condition now is permanent and stationary.

The patient is **encouraged to continue under the care of his secondary treating physicians as per their offices.**

The patient is to **return as necessary to my care and continue home exercise as instructed of ranges of motion and stretching to include core strengthening, wall squats, McKenzie exercises, resistance band training as well as the patient was encouraged swimming and aqua therapy to maintain his current level of function.**

The patient is **recommended to continue with interventional pain management specialist for his spine-related issues as well as orthopedic surgeon as related to his extremity issues as well as psychiatrist versus psychologist as related to his anxiety and depression.**

Re: Patient: Jermakov, Szymon  
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**Medical Causation regarding AOE/COE:**

In my opinion, it is within a reasonable degree of medical probability that the causation of this patient's injuries, resultant conditions, as well as need for treatment with regards to neck, back, upper and lower extremities are industrially related and secondary to the continuous trauma from 01/01/2010 to 03/15/2020 while working for Pacific Plastics as a maintenance mechanic.

I concluded my opinion based on this patient's job description, history of injury as reported, medical records (if any provided), as well as the patient's complaints, my physical examination findings and diagnostic impressions, and absent evidence to the contrary.

**Permanent and Stationary Status:**

The patient's condition is now permanent and stationary.

**Subjective Factors of Disability:**

The subjective factors of disability consist of:

1. Neck pain, intermittent, slight to moderate depending on activity.
2. Bilateral shoulder pain, frequent, left minimal to slight and right moderate.
3. Bilateral elbow pain, frequent and slight.
4. Bilateral wrist and hand pain, frequent, with numbness of the hands, slight to moderate with right being greater symptom than left.
5. Low back pain, frequent, with radiation to lower extremities, moderate.
6. Bilateral hip pain, occasional to intermittent, slight.
7. Bilateral knee pain, left slight to moderate, right moderate and frequent.
8. Anxiety, stress, depression, and difficulty sleeping.

**Objective Factors of Disability:**

With regards to cervical spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Muscle guarding on the exam.
4. Abnormal orthopedic testing.

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With regards to the shoulders, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Abnormal orthopedic testing.
3. For right shoulder, decreased and painful ranges of motion.
4. For right shoulder, decreased muscle function.

With regards to elbows and forearms, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Abnormal orthopedic testing.
3. Decreased and painful ranges of motion.

With regards to the bilateral wrists, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Decreased and painful ranges of motion.
3. Abnormal neurological examination findings.
4. Abnormal orthopedic testing.
5. Decreased bilateral grip strength.

With regards to lumbar spine, the objective factors of disability consist of:

1. Palpatory tenderness.
2. Muscle guarding on the exam.
3. Abnormal orthopedic testing.
4. Decreased and painful ranges of motion.

#### **Work Status:**

Based upon all the information available to me, including the results of diagnostic testing and my physical examination findings, as well as the patient's subjective complaints and the opinions of the secondary treating physicians, I recommend the following prophylactic work restrictions for the patient:

No lifting in excess of over 25 pounds and is further precluded to be no more frequent on occasional basis. The patient is to use lumbar brace while working.

#### **Vocational Rehabilitation Benefits:**

In my opinion, the patient is a qualified injured worker.

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**AMA Impairment Analysis:**

1. Spine: Cervical spine, lumbar spine.
2. Upper Extremity: Bilateral shoulders, bilateral wrists.
3. Internal Medicine: Deferred.

**Spine:**

- A. Cervical Spine: Patient qualifying for DRE category II, 5% whole person impairment by referencing Table 15-5 on page 392 due to asymmetric loss of range of motion.
- B. Lumbar Spine: DRE category II, 5% whole person impairment by referencing Table 15-3 on page 384 due to history and physical examination consistent with injury, muscle guarding on the physical exam, asymmetric decreased and painful ranges of motion.
- C. Spine total impairment is 10% whole person impairment by combining cervical and lumbar spine impairment.

**Upper Extremity:**

**A. Right:**

1. Right shoulder range of motion, 2% upper extremity impairment by referencing figures 16-40, 16-43 and 16-46 on pages 476-477 and 479.
2. Right shoulder muscle function deficit impairment is 11% upper extremity impairment by referencing table 16-35 on pages 510 due to grade IV and 20% strength deficit of flexion, abduction, internal and external rotation of the shoulder.
3. Right shoulder is best represented by muscle function method.
4. Right wrist/hand major grip strength impairment is 30% upper extremity impairment by referring table 16-32 and 16-34 on page 509 due to 81% SLI.
5. Right upper extremity total impairment is 38% by combining 30% wrist impairment with 11% shoulder impairment.

**B. Left:**

1. Left shoulder range of motion is 0% upper extremity impairment.
2. Left wrist/hand minor grip strength impairment is 30% upper extremity impairment by referring table 16-32 and 16-34 on page 509 due to 81% SLI.
3. Left upper extremity total impairment is 30%.

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- C. Bilateral upper extremity total impairment is 57% by combining 38% right upper extremity with 30% left upper extremity impairment or 34% whole person impairment by referencing table 16-3 on page 439.

**Total Calculated Whole Person Impairment Rating:**

Total calculated whole person impairment is 41% by combining 10% spinal impairment with 34% upper extremity whole person impairment. Please note, this does not include internal medicine impairment rating.

**Apportionment to Causation:**

Based on the patient's past medical history, he had injury to right ring finger in 1991 for which he had surgery. He denied any other injuries, symptoms, disability or impairment with regards to cervical spine, lumbar spine and bilateral upper and lower extremities. I have no information to the contrary of the aforementioned. Based upon currently available information, I apportion causation with regards to cervical spine, lumbar spine, bilateral shoulders, and bilateral wrists 100% to above described continuous trauma, 0% to non-industrial causes.

Please note, I reserve the right to change my opinions should additional medical records come forward.

**Future Medical Care:**

Provisions should be made for further chiropractic, acupuncture, physiotherapy care and treatment, to include both medical and surgical treatment, repeat diagnostic studies of X-rays, MRIs & CT NCV/EMG, internal medicine consultation, orthopedic consultation and interventional pain management consultation, psychiatrist/psychologist on an as-needed basis.

**Disclosure:**

I derived the above opinions from the oral history as related by the patient, revealed by the available medical records, diagnostic testing, credibility of the patient, examination findings and my clinical experience. This evaluation was carried out at 6221 Wilshire Boulevard, Suite 604, Los Angeles, California 90048. I prepared this report, including any and all impressions and conclusions described in the discussion.

I performed the physical examination, reviewed the document and reached a conclusion, of this report which was transcribed by Acu Trans Solution LLC and I proofread and edited the final draft prior to signing the report in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph 5 of the subdivision (J) of Section 139.2.

In compliance with recent Workers' Compensation legislation (Labor Code Section 4628(J)): "I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

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In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of this report are true and correct to the best of my knowledge. This statement is made under penalty of perjury and is consistent with WCAB Rule 10978."

The undersigned further declares that the charges for this patient are in excess of the RVS and the OMFS codes due to high office and staff costs incurred to treat this patient, that the charges are the same for all patients of this office, and that they are reasonable and necessary in the circumstances. Additionally, a medical practice providing treatment to injured workers experiences extraordinary expenses in the form of mandated paperwork and collection expenses, including the necessity of appearances before the Workers' Compensation Appeals Board. This office does not accept the Official Medical Fee Schedule as prima facie evidence to support the reasonableness of charges. I am a board-certified Doctor of Chiropractic, a state-appointed Qualified Medical Evaluator, a Certified Industrial Injury Evaluator and certified in manipulation under anesthesia. Based on the level of services provided and overhead expenses for services contained within my geographical area, I bill in accordance with the provisions set forth in Labor Code Section 5307.1.

NOTE: The carrier/employer is requested to immediately comply with 8 CCR Section 9784 by overnight delivery service to minimize duplication of testing/treatment. This office considers "all medical information relating to the claim" to include all information that either has, will, or could reasonably be provided to a medical practitioner for elicitation of medical or medical-legal opinion as to the extent and compensability of injury, including any issues regarding AOE/COE - to include, but not be limited to, all treating, evaluation, and testing reports, notes, documents, all sub rosa films, tapes, videos, reports; employer-level investigation documentation including statements of individuals; prior injury documentation; etc. This is a continuing and ongoing request to immediately comply with 8 CCR Section 9784 by overnight delivery service should such information become available at any time in the future. Obviously, time is of the essence in providing evaluation and treatment. Delay in providing information can only result in an unnecessary increase of treatment and testing costs to the employer.

I will assume the accuracy of any self-report of the examinee's employment activities, until and unless a formal Job Analysis or Description is provided. Should there be any concern as to the accuracy of the said employment information, please provide a Job Analysis/Description as soon as possible.

I request to be added to the Address List for Service of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. I am advising the Workers' Compensation Appeals Board that I may not appear at hearings or Mandatory Settlement Conferences for the case in chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, I request that defendants, with full authority to resolve my lien, telephone my office and ask to speak with me.

The above report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which I believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient has been advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

Face to face **35** minutes. Time spent on reviewing the records and preparation of this report, including dictation and editing, was **60** minutes. **Reviewing the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition in preparing this report, 30 minutes were spent.**

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Should you have any questions with regard to this consultation please contact me at my office.

Re: Patient: Jermakov, Szymon  
DOI: CT: 01/01/2010-03/15/2020  
Date of Exam: April 23, 2021

Sincerely,



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Eric E. Gofnung, D.C.  
*Manipulation Under Anesthesia Certified*  
*State Appointed Qualified Medical Evaluator*  
*Certified Industrial Injury Evaluator*

Signed this 9 day of July, 2021, in Los Angeles, California.

EEG:

**Eric E. Gofnung Chiropractic Corp**

6221 Wilshire Blvd Suite 604  
Los Angeles, CA 90048  
United states

Phone (323)933-2444  
Fax (323)933-2909

Important Notice: This report contains protected health information that may not be used or disclosed unless authorized by the patient or specifically permitted by the Health Insurance Portability and Accountability Act (HIPAA).



\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Date

## Summary/Discussion

### Calibration Certificate

Date of Examination	Device Type	Device ID
4/23/2021	Muscle Tester	19EE89

#### Last Factory Calibration

Date
5/28/2014

#### Last Full Calibration

Date & Time	Drift from Factory Calibration	JTECH Recommended Drift Limits
1/20/2021 3:59:10 PM	2.0%	±20%

#### Last Zero Calibration

Date & Time	Drift from Factory Calibration	JTECH Recommended Drift Limits
1/20/2021 3:59:10 PM	2.0%	±20%

### Medical Necessity

Based on functional deficits observed and reported by the patient during the initial physical examination, objective computerized testing was ordered to evaluate the patient's physical performance, quantify the functional losses and establish a baseline functional level. The objective data will also be used to develop an appropriate treatment plan, track patient's response to treatment and to modify the treatment plan accordingly. The following areas were included in the evaluation \_\_\_\_\_.

This patient's computerized physical performance evaluation is being re-administered including the following tests \_\_\_\_\_ as outlined in the established treatment plan to measure the patient's progress during this course of care. Objective measurements are medically necessary to determine the patient's response to treatment by documenting functional progress. The treatment plan began on \_\_\_\_\_ and these results show the patient is responding to treatment and will benefit from further intervention. Please review the attached progress report graphs. The treatment plan has been modified to reflect status and (on-going/continuing) care for \_\_\_\_\_ weeks is medically necessary to reach established goals.

The computerized physical performance evaluation has been re-administered including the following tests \_\_\_\_\_ as outlined in the established treatment plan to measure response to treatment. Objective measurements are medically necessary to determine Maximum Medical Improvement with standardized objective and reproducible findings. Based on the results of this evaluation, the patient will be discharged from active care with an established discharge plan that includes \_\_\_\_\_ to maintain final physical/functional outcomes.

Maximum Medical Improvement is defined in the American Medical Association's Guides to the Evaluation of Permanent Impairment 5th Edition (p. 601) as: "A condition or state that is well stabilized and unlikely to change

substantially in the next year, with or without medical treatment. Over time, there may be some change; however, further recovery or deterioration is not anticipated."

## **Patient Information**

**Name:** Szymon Jermakow  
**Gender:** Male  
**Dominant Hand:** Right

### **Primary Insurance**

### **Secondary Insurance**

### **Employer**

### **Referral**

### **Attorney**

### **Care Providers**

## **Range of Motion - Incliniometry**

### **Spine Range of Motion**

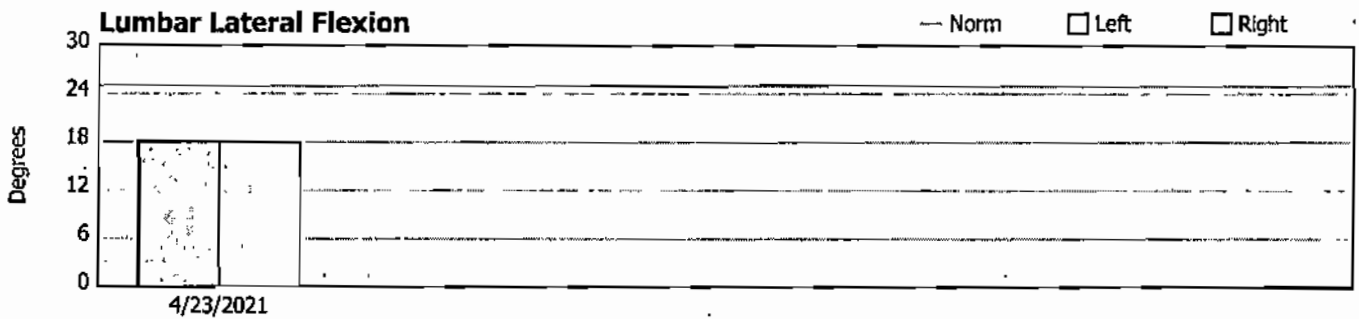
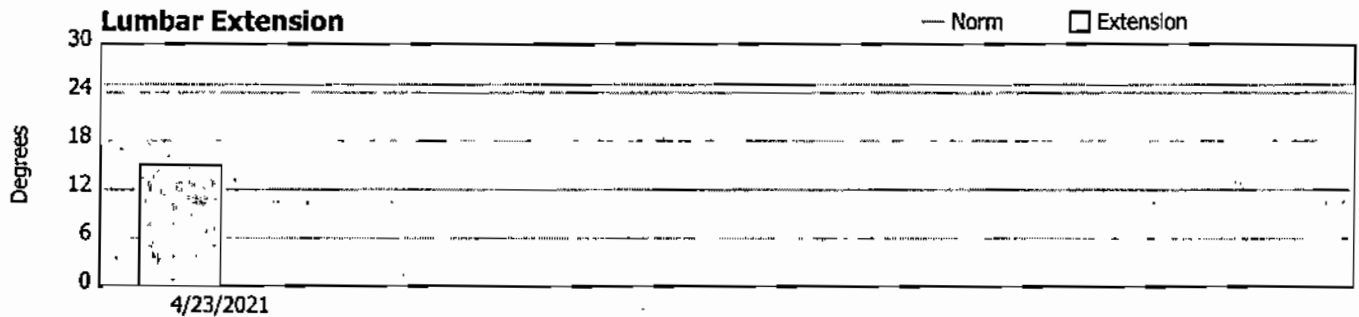
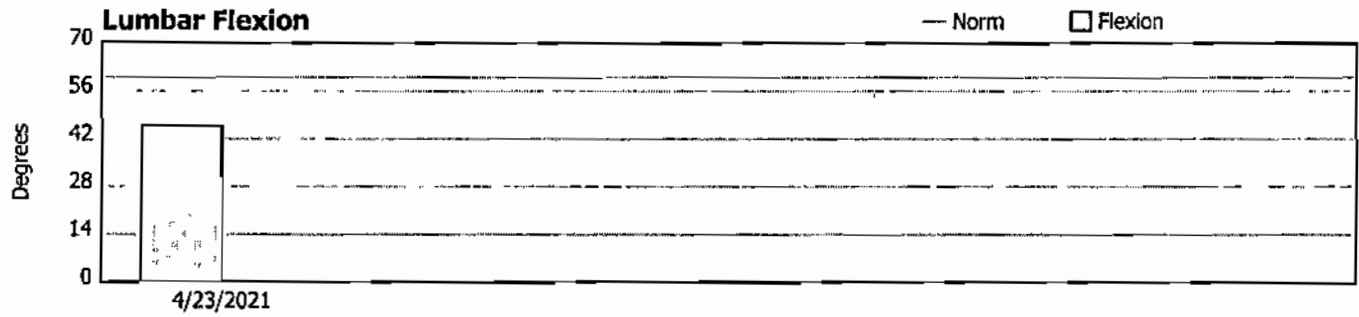
The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

<b>Lumbar ROM</b>	<b>Norm</b>	<b>Result</b>	<b>Difference</b>	<b>% Norm</b>
Lumbar Flexion	60°	46°	14°	77%
Lumbar Extension	25°	15°	10°	60%
Lumbar Lateral Left	25°	18°	7°	72%
Lumbar Lateral Right	25°	18°	7°	72%

According to the AMA Guides, "An accessory validity test can be performed for lumbosacral flexion and extension... If the straight-leg-raising angle exceeds the sum of sacral flexion and extension angles by more than 15°, the lumbosacral flexion test is invalid. Normally, the straight-leg-raising angle is about the same as the sum of the sacral flexion-extension angle... If invalid, the examiner should either repeat the flexion-extension test or disallow impairment for lumbosacral spine flexion and extension."

Unless otherwise noted, the table(s) above show current test results compared to American Medical Association normative values.

### **Spine Range of Motion Progress**



**Custom Spine Range of Motion**

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using dual inclinometry protocols.

**Custom Spine Range of Motion Progress**

**Extremity Range of Motion**

The patient's active range of motion was objectively evaluated with Tracker ROM from JTECH Medical using the single and dual inclinometry protocols outlined in the AMA Guides to the Evaluation of Permanent Impairment.

The table(s) above show current test results compared to American Medical Association normative values.

**Extremity Range of Motion Progress**

**Custom Extremity Range of Motion**

The patient's range of motion was objectively evaluated with Tracker ROM from JTECH Medical using single and/or dual inclinometry protocols.

**Custom Extremity Range of Motion Progress**