February 4, 2022

Gallagher Bassett
P.O. Box 2934
Clinton, IA 52733

Attention: Diane Noble

RE:	LUGO, MARTIN
DOB:	07/30/1964
EMP:	WESTPAC LABS, INC.
DOI:	CT 06/04/2020 - 03/23/2021
DOE:	11/27/2021 & 01/24/2022
SSN:	XXX-XX-1451
CL#:	005834-002969-WC-01
ACCT#:	564008
OFFICE:	GARDEN GROVE, 7052 Orangewood Ave., #6, Garden Grove, CA 92841

QUALIFIED MEDICAL EVALUATION

A comprehensive medical-legal evaluation was performed according to the new medical-legal fee schedule. The patient was seen in the office by me. The report is being compiled according to the standard per the QME guidelines as well per relevant sections of the AMA Guides to Evaluation of Permanent Impairment, 5th Edition. This report is being submitted with a total of 213 pages, which include the cover letter, and was reviewed with the signed declaration as per Labor Code 4062.3. The issues of medical causation, future medical care, and apportionment were considered as indicated and required. This evaluation is limited to my scope of practice in Orthopedics, and other issues should be referred to the appropriate specialists.

Of note, the patient was seen both on November 27, 2021 and January 24, 2022, because the November 27, 2021 dictation voicefile was unable to be accessed. All components of the exam were repeated on January 24, 2022, including obtaining the medical history, physical examination, and measurements.

CHIEF COMPLAINTS:

1. Neck pain with radiating pain to the upper extremities, numbness in the right arm and right hand.
2. Low back pain with radiating pain to the lower extremities and numbness in the left lower extremity.
3. Bilateral shoulder pain.
4. Right wrist pain.
5. Left hip pain.
6. Right knee pain.

HISTORY OF PRESENT ILLNESS AND SUBJECTIVE COMPLAINTS:

The patient is a 57-year-old male who alleges industrial cumulative trauma injury to the neck, low back, bilateral shoulders, right wrist, left hip, and right knee while performing his usual and customary duties as a medical courier for WestPac Labs, Inc. from June 4, 2020 through March 23, 2021.

The patient states that he began having pain to the above areas on June 4, 2020. He states on that day he was involved in an industrial motor vehicle accident as the restrained driver when he was stopped at a stoplight and was rear-ended by a drunk driver going approximately 35-40 miles per hour. He states it was a significant impact and there was moderate car damage. He was jolted around in the vehicle and up against the seatbelt. He states that the impact caused the seat to recline backward. During the impact, his right knee hit and broke the console. He was seen in the ER where he was having mostly neck, back, and shoulder pain, but the wrist hip and knee were also hurting. He was having pain in the wrist hip and knee, but less so, and these areas became worse over time. He states prior to the industrial motor vehicle accident, he was doing well, working full duty and able to do all of his activities without difficulty. He has prior history of neck/shoulders/bilateral upper extremity intermittent pain beginning gradually in 2006, that he states would not interfere with his ADLs and work duties. He states that the only major issue he was having prior to the industrial motor vehicle accident was workplace stress due to the COVID-19 pandemic and not having adequate PPE and other shortages. He states from June 4, 2020 through March 23, 2021 although he was placed on modified duty, he was essentially doing the same job duties as prior, and was doing this with difficulty and the pain became progressively worse causing more and more difficulty with his work duties and ADLs.

The patient states that on March 23, 2021, he began having increased hip pain. He states that this happened from performing his usual and customary job duties over time and being a "big guy" getting in and out of a small Toyota Yaris, his work vehicle, 20-35 times per day, five to six days per week. He had to put all his weight onto his left lower extremity and hold onto the roof and pull himself out to get out of the car. He had to walk frequently to pick up and drop off labs throughout the day. He had to deliver supplies including boxes weighing 5-50 pounds two to three times per week which would take about an hour at a time. He states that the left hip pain began approximately January 1, 2021, became worse over time until it was especially bad on March 23, 2021. He states that he reported his pain to all the above areas to his coworkers and his manager at Westpac Labs Newport, who witnessed him in pain and struggling. He is not sure of the name of the manager. He states around the time of March 23, 2021, it was getting especially hard to walk and bend over and he was struggling quite a bit with these activities.

The patient states that he has been working for Westpac Labs since November 2018. He states his last day of work was March 25, 2021, as he had to stop working because he was having too much pain.

He has had treatment consisting of seeing various providers, x-rays/MRIs, medications, PT/chiropractic/acupuncture, psychology evaluation/biofeedback. He states that he still has pain in the above areas which is constant and affects his ADLs and ability to work. He states he especially has difficulty with prolonged or heavy activities, prolonged walking/standing/sitting, lifting, bending and stooping, and climbing. He states this affects his ADLs, sleep, and ability to work. Through his current treating doctor through workman's compensation, he states surgery has been discussed and is interested in proceeding.

The patient has a history of gradual onset neck/shoulders/bilateral upper extremity pain, numbness and tingling beginning in 2006. He was seen by his personal doctor in 2006 for this. He was seen again for the neck pain in 2009. In 2010, he was seen again for these areas, was given a short course of medication, and had an x-ray and MRI. He denies any long-term treatment including no physical therapy or other types of therapy. He states that his pain level in the above areas was 3-5/10 in severity and he would have pain 2-3 times a year, but it would go away quickly. He states after the industrial motor vehicle accident on June 4, 2020, and the cumulative trauma injury, his pain level went up to 8-9/10, became more constant, and affected his ADLs and ability to work significantly.

The patient has a history of a June 2018 industrial injury to his lumbar spine while working at Sovereign Health Group, pushing vehicles. He states that he did not have any treatment formally as the company went bankrupt. He states that he missed work due to the injury. He denies any permanent disability or impairment. He states that after he recovered from this he would have occasional 3-5/10 pain in his low back 2-3 times a year which would resolve quickly without any formal treatment, did not interfere with his ADLs or ability to work. He denies any other Workers' Compensation claims or injuries. He denies any motor vehicle accident, sports injury, fall, or any other trauma. His past medical history includes obesity, type II diabetes mellitus with mild peripheral neuropathy, hypertension, high cholesterol, colon cancer status post resection in remission for 11 years.

The patient has not been working since March 25, 2021, as he cannot continue due to the pain. He states that he is unable to perform his prior job duties specifically lifting, repetitive/constant work, prolonged walking/standing/sitting, bending, and getting in and out of the small work vehicle.

JOB TITLE WITH JOB DESCRIPTION:

The patient states that he was employed as a Medical Courier for WestPac Labs, Inc. He had worked with this employer for 2.5 years.

The job reportedly involved driving company vehicles, making multiple stops, picking up lab work specimens, and delivering supplies. He normally works 8 hours per day and 40 hours per week with varied overtime. He had performed this type of work for two years and six months.

The regular physical demands of the job reportedly included constantly doing repetitive handwork/motion; frequently twisting, driving, squatting, bending, sitting, and reaching; intermittently standing, kneeling, walking, pushing, pulling, climbing, lifting above shoulder level, and lifting from waist to shoulder and from floor to waist levels; and occasionally typing/mouse work. He had to lift 25 pounds on average. The maximum weight lifted in the course of this work was estimated by the patient to be approximately 50 pounds.

The patient has missed time from work due to this injury. The patient has not been working since March 25, 2021, as he cannot continue due to the pain and was sent home He states that he is unable to perform his prior job duties specifically lifting, repetitive/constant work, prolonged walking/standing/sitting, bending, and getting in and out of the small work vehicle.

Prior to employment for WestPac Labs, Inc, the patient was reportedly employed as a Driver for Sovereign Health from October 2014 to July 2018, as a Security Supervisor for Securitas from October 2011 to October 2014, as a Badge and Lock Operator for Boeing from September 2004 to March 2009.

PRESENT COMPLAINTS:

At this time, the patient complains of neck pain, constant, dull/sharp/achy/burning, moderate, 4-8/10 in severity, radiating to the bilateral upper extremities and associated with right arm and right hand all fingers numbness and tingling. He complains of bilateral shoulder pain, occasional, intermittent, dull/achy, mild, 3-4/10 in severity. He complains of right wrist pain, intermittent, dull/achy, mild, 4/10 in severity. He complains of upper and mid back pain, occasional intermittent, dull/achy, minimal to mild 3-4/10 in severity. He complains of lower back pain, constant, dull/sharp/achy/pulsating, moderate, 6-8/10 in severity, with radiating pain and tingling to the bilateral lower extremities and numbness in the left lower extremity. He complains of left hip pain, frequent to constant, sharp/achy/moderate, 6-8/10 in severity. He complains of right knee pain, occasional intermittent, dull/sharp/achy, mild, 4/10 in severity. He states that his symptoms are aggravated by flexing/bending, climbing, carrying, stooping, extending, pushing, pulling, reaching, sitting, squatting, walking, twisting, turning, standing, driving, lifting, gripping, fine manipulation, walking on uneven ground, and cold weather. He states that he uses a cane most of the time primarily for the low back and left hip pain. His symptoms are also associated with weakness in the right arm, stiffness in the neck and back, giving way in the right hand, pain at night in the neck, back, and hip, pain while resting in the neck and back, loss of balance, difficulty walking with the left lower extremity, depression, anxiety, nervousness, sadness, impatience, frustration, sleeping problems, and bowel and bladder problems.

PAST MEDICAL HISTORY:

Previous Injuries: The patient denies any other Workers' Compensation claims or injuries other than June 2018 industrial injury to his lumbar spine while working at Sovereign Health Group, pushing vehicles. He states that he did not have any treatment formally as the company went bankrupt. He states that he missed work duty to the injury. He denies any permanent disability or impairment. He states that after he recovered from this he would have occasional 3-5/10 pain in his low back 2-3 times a year which would

resolve quickly without any formal treatment, does not interfere with his ADL or ability to work.

He denies any other Workers' Compensation claims or injuries. He denies any motor vehicle accident, sports injury, fall, or any other trauma.

Illnesses: Obesity, type II diabetes mellitus with mild peripheral neuropathy, hypertension, high cholesterol, colon cancer status post resection in remission for 11 years, and varicose veins.

Surgeries/Hosp.: Gallbladder removed in 2005 and cancerous mass in colon removed in January 2020.

Medications: Xanax, oxycodone, ibuprofen, metformin, Glyburide, Jardiance, lisinopril, and atorvastatin.

Allergies: No known drug allergies or sensitivities.

PERSONAL/SOCIAL HISTORY:

Alcohol: The patient does not drink alcoholic beverages.

Cigarette Use: The patient does not smoke.

Family History: Unknown (adopted at birth).

Marital Status: The patient is single and has one child.

Hobbies: Going to church.

Regular Exercise: Walking when able.

REVIEW OF SYSTEMS:

Musculoskeletal: Arthritis and cold extremities.
Eyes: Wears glasses/contact lenses.
Respiratory: Sleep apnea.
Cardiovascular: High blood pressure and high cholesterol.
Gastrointestinal: Constipation, rectal bleeding, blood in stool, and reflux.
Integumentary (skin, breast): Varicose veins.
Endocrine: Diabetes.
Hematologic/Lymphatic: Slow to heal after cuts.
Psychiatric: Depression since the work injury.
Medical History: Colon cancer and chickenpox.

ACTIVITIES OF DAILY LIVING:

Q: How well can you perform personal self-care activities including washing, dressing, using the bathroom, etc.?
A: It is uncomfortable to look after himself and he is slow and careful.

Q: How well can you lift and carry?
A: The patient can only lift very light objects.

Q: How well can you walk?
A: Because of his injury and discomfort, he walks only a limited distance or he uses a cane, crutches or walker.

Q: What is the most strenuous level of activity that you can do for at least 2 minutes?
A: Light activity.

Q: How well can you climb one flight of stairs?
A: A lot of difficulty (but he can still do the activity).

Q: How well can you sit for 30 minutes to an hour?
A: A lot of difficulty (but he can still do the activity).

Q: How well can you sit for 2 hours?
A: Unable (he cannot do this activity).

Q: How well can you stand or walk 30 minutes to an hour?
A: Unable (he cannot do this activity).

Q: How well can you stand or walk for 2 hours?
A: Unable (he cannot do this activity).

Q: How well can you reach and grasp something off a shelf at eye level?
A: Some difficulty (but can still perform the activity well enough).

Q: How well can you reach and grasp something off a shelf overhead?
A: A lot of difficulty (but he can still do the activity).

Q: Do you have any difficulty with pushing and pulling activities?
A: A lot of difficulty (but he can still do the activity).

Q: Do you have any difficulty with gripping, grasping, holding, and manipulating objects with your hands?
A: A lot of difficulty (but he can still do the activity).

Q: Do you have any difficulty with repetitive motions such as typing on a computer?
A: A lot of difficulty (but he can still do the activity).

Q: Do you have any difficulty with forceful activities with your arms and hands?
A: Unable (he cannot do this activity or someone else helps him with it).

Q: Do you have any difficulty with kneeling, bending, or squatting?
A: A lot of difficulty (but he can still do the activity).

Q: Do you have any difficulty with sleeping?
A: The patient's sleep is greatly disturbed (3-5 hours sleepless) since his injury.

Q: In regards to sexual activity since and because of your injury?
A: No sexual functioning because of his injury.

Q: In regards to your pain <u>at the moment</u>:
A: The patient's pain is moderate at the moment.

Q: In regards to your pain <u>most of the time</u>:
A: The patient's pain is moderate to severe most of the time.

Q: How much does your injury and/or pain interfere with your ability to travel?
A: A lot or most of the time.

Q: How much does your injury and/or pain interfere with your ability to engage in social activities?
A: A lot or most of the time.

Q: How much does your injury and/or pain interfere with your ability to engage in recreational activities?
A: All of the time – he cannot engage in recreational activities.

Q: How much does your injury and/or pain interfere with concentrating and thinking?
A: A lot or most of the time.

Q: How much has your injury and/or pain caused emotional distress with depression or anxiety?
A: A lot or most of the time (moderate depression or anxiety from the injury or discomfort).

<u>WORK & FUNCTIONAL CAPACITY ACTIVITY ESTIMATION SUMMARY:</u>

Activity (hours per day)	**Never 0 hours**	**Some < 1 hour**	**Occasionally 1-3 hours**	**Frequently 3-6 hours**	**Constantly 6-8+ hours**
Repetitive neck motions		X			
Static neck posturing					
Bending / twisting (waist)		X			
Squatting & kneeling	X				
Sitting		X			
Standing		X			
Walking		X			
Climbing stairs		X			
Climbing ladders	X				
Walking over uneven ground	X				
Working at heights	X				
Working around moving	X				

machinery					
Repetitive use of upper extremity (right)	X				
Repetitive use of upper extremity (left)		X			
Grasping/gripping (right hand)	X				
Grasping/gripping (left hand)		X			
Forceful use of upper extremity (right)	X				
Forceful use of upper extremity (left)	X				
Fine manipulation (left hand)		X			
Fine manipulation (right hand)		X			
Pushing & Pulling (right) (5 lbs)	X				
Pushing & Pulling (left) (5 lbs)	X				
Reaching (at shoulder level)		X			
Reaching (above shoulder level)		X			
Lifting/carrying (5 lbs)		X			

REVIEW OF MEDICAL RECORDS:

July 18, 2006, MRI of Cervical Spine [Partial Report], HOAG Memorial Hospital Presbyterian

Findings: Bone marrow signal appears normal. No significant disc desiccation is noted. C2-C3 appears normal. At C3-C4, there is a broad disc bulge with some asymmetry and right-sided predominance with extension into the right lateral recess. There is some slight mass effect on the anterior thecal sac, but no significant central stenosis. There is mild narrowing of the right neural foramen inferiorly, but no definite mass effect on the exiting nerve root. There is no left neural foraminal narrowing. C4-C5 appears normal. At C5-C6, there is a central disc protrusion causing mass effect on the anterior thecal sac, but no significant central stenosis. There is no significant neural foraminal narrowing at this level. At C6-C7, there is right paracentral disc extrusion, effacement of the anterior CSF, and mass effect on the cord at this level with mild to moderate central stenosis. No abnormal cord signal is seen. There is no significant neural foraminal narrowing. At C7-T1, there is no significant neural foraminal narrowing or central stenosis.
Impression: Areas of disc pathology, the most prominent of which is at C6-C7 where there is extrusion, mild to moderate central stenosis, and mass effect on the cord.

August 17, 2006, MRI of Left Shoulder [Partial Report], HOAG Memorial Hospital Presbyterian

Findings: Rotator Cuff: There is increased signal intensity in the bursal surface of the mid supraspinatus tendon at the myotendinous junction consistent with a focal partial tear. There is also increased signal intensity in the undersurface of the posterior aspect of the supraspinatus tendon consistent with a partial tear. The high signal intensity extends to the distal infraspinatus tendon, again concerning for focal undersurface partial tear. Teres minor is intact. Subscapularis tendons are also intact. The biceps tendon is in an anatomic location with normal function. Glenohumeral Joint: The articulation is normal. No fracture or marrow infiltration is seen. Labrum is grossly intact. AC Joint: There is a double hook appearance of the acromion. Degenerative changes are seen. Thickening of the coracoacromial ligament is also noted.
Impression:
1. Partial tear of the supraspinatus tendon at the myotendinous junction involving the bursal surface as well as posterior distal undersurface.
2. Partial tear of the undersurface of the infraspinatus tendon.
3. Double hook appearance of the acromion.

February 4, 2009, X-ray of Cervical Spine, Richard Taketa, M.D., HOAG Memorial Hospital Presbyterian

Findings: Degenerative changes are seen at C6-C7 with interspace narrowing and osteophytosis. The C7- T1 interspace is not seen. Degenerative changes of the facets of a mild degree are present. No compression fractures are noted. The atlantoaxial junction is normal.
Impression:
1. C6-C7 degenerative disease.
2. Possible cervical spasm.
3. No fracture is seen.
4. Mild arthritis.

June 25, 2010, Emergency Department Physician Note [Partial Report], Unknown Provider, HOAG Memorial Hospital Presbyterian

History: Moderate bilateral arm pain. Seen by Dr. [*Illegible*] yesterday for fall. Injured left buttock and lower back.
PMH: Acid reflux, colon CA.
Diagnosis: [*Not mentioned*]
Treatment Rendered: [*Not mentioned*]
Treatment Plan: [*Not mentioned*]
Disposition: [*Not mentioned*]
Condition: [*Not mentioned*]

June 4, 2020, Emergency Department History and Physical Note, Patricia Lash, N.P., HOAG Hospital Presbyterian

History: Presented for evaluation of neck pain status post MVA. He was the restrained driver of his vehicle stopped at a stoplight when a car from behind him rear-ended his vehicle. He denied any airbag deployment, head trauma, or loss of consciousness. Currently complained of sudden onset of constant sharp neck pain, lower back pain, and bilateral shoulder pain. Neck pain rated at 7/10 and worse upon movement.
PMH: Colon cancer; colon polyps; diabetes; GERD; HLD; HTN.

PSH: Colon surgery.
CT of cervical spine revealed no definite fracture/malalignment. Images from C5 to T1 limited by motion and body habitus. Multi-level degenerative changes.
Diagnoses:
1. Motor vehicle accident.
2. Strain of neck muscle.
3. Strain of lumbar region.
4. Muscle spasm.
Treatment Rendered: He was placed in cervical collar due to midline tenderness C3, 4, 5, and CT cervical spine obtained.
Treatment Plan:
1. May benefit from PT.
2. Advised to return immediately to the ED if symptoms worsen or persist, or if any concerns arise.
3. Will follow up PCP if not improving.
4. Flexeril 10mg p.o. t.i.d. as needed for muscle spasms; Norco 5-325 mg p.o. q.4-6.h. as needed; Ibuprofen 600mg p.o. q.6.h. as needed for pain.
5. Follow up with Dr. Safer, schedule an appointment as soon as possible for a visit in 2 days.
Disposition: Discharged to home.
Condition: Improved.

June 4, 2020, CT of Cervical Spine without Contrast, William Dalsem, M.D., HOAG Memorial Hospital Newport Beach

Findings: Spinal Column: No evidence of acute bony injury. Vertebral body height and alignment maintained. No worrisome bony lesions. Disc Spaces: Multilevel cervical degenerative disc disease. Soft Tissues: Prevertebral soft tissues within normal limits. Other Findings: Visualized brain parenchyma and posterior fossa, unremarkable. Lung apices clear.
Impression: No evidence of acute bony injury of the cervical spine.

June 5, 2020, Doctor's First Report of Occupational Injury or Illness, Lorraine Sunday, M.D., Concentra Medical Center

DOI: 06/04/20
Job Description: Employed as a Courier at West Pac Labs for 6 months and 1 year. Major job functions were sitting, driving, walking.
HPI: He presented with cervical and lumbar region injury due to MVA sustained while at work on 06/04/20. He reported that he was a restrained driver with a seatbelt ongoing driver, at a complete stop signal, he was rear-ended by a drunk driver going at about 35 mph. He was jolted forcefully. He was initially seen at Hoag ER where CT scan of the neck only was done, pending official report. Moderate, sharp, dull, intermittent pain, associated with moderate muscle tightness.
Previous Injuries: None.
PMH: None.
PSH: Cholecystectomy.
Present Complaints: He presented with pain to the neck and lower back rear-ended in a MVA.
Diagnoses:
1. Cervical sprain.

2. Lumbar sprain.
Treatment Plan:
1. Start Acetaminophen 500mg p.o. q.6.h.; Nabumetone 750mg q.12.h. daily.
2. Dispensed support back low friction pulley, custom touch 2 moist electric heat pad to home.
3. Dispensed hot/cold compress.
4. Referred to PT 3 times a week for 2 weeks.
5. Ordered x-ray of lumbosacral spine.

Work Status: Return to modified activity on 06/08/20 with restrictions of may lift, push, and pull up to 15 lbs occasionally. May bend occasionally. No overhead work.
Causation: Industrial.

June 5, 2020, Physical Therapy Initial Evaluation Note, Bonnie Katayama, P.T., Concentra Medical Center

Subjective Complaints: He was in an MVA, and rear-ended at a stoplight. He reported being unable to participate fully in one or more community or life events due to impairments associated with his current injury. Lumbar spine pain rated at 5/10.
Therapy Assessment: He reported benefit front the current treatment as noted by a reduction in symptoms.
Therapy Plan: PT 3 times a week for 2 weeks.

March 18, 2021, Workers' Compensation Claim Form (DWC 1)

DOI: 03/23/21
Comments: At the end of his shift he felt a strong sharp pain in the pelvic hip area and he had to sit in the vehicle for a while until he was able to move forward. As he arrived at Lido to end shift it was very difficult to walk and stand straight without experiencing pain.

March 18, 2021, Workers' Compensation Claim Form (DWC 1)

DOI: 06/04/20
Comments: He was rear-ended in the company vehicle by a drunk driver on his way home from shift. He had a neck pain, difficulties tilting his head and sleep problems.

March 18, 2021, Workers' Compensation Claim Form (DWC 1)

DOI: CT: 01/01/19 - 04/05/21
Comments: Stress and strain due to repetitive movement over a period of time and injured lower back, shoulder, neck, upper extremities, lower extremities.

March 29, 2021, X-ray of Left Hip, Iris Choo, M.D., Hoag Health Center Huntington Beach

Findings: Frontal view of the pelvis and frog-leg lateral view of the left hip were obtained. No radiographic evidence of acute bony injury in the left hip. Mild degenerative changes in both hips, right greater than left. The pubic symphysis and sacroiliac joints are intact. Degenerative change in the lower lumbar spine. Bilateral pelvic calcifications, likely phleboliths.
Impression:
1. No acute findings in the left hip.

2. Mild degenerative changes in both hips, right greater than left.

April 5, 2021, Application for Adjudication of Claim

DOI: 03/23/21
Comments: While employed as a Courier at Westpac Labs, Inc., at the end of the applicant's shift he felt a strong sharp pain in the pelvic hip area, and he had to sit in the vehicle for a while until he was able to move forward. As he arrived at Lido to end shift it was very difficult to walk and stand straight without experiencing pain.

April 5, 2021, Application for Adjudication of Claim

DOI: 06/04/20
Comments: While employed as a Courier at Westpac Labs, Inc., the applicant was rear ended in the company vehicle by the drunk driver on his way home from shift. He had and continued to have a neck pain, he had difficulties tilting his head to the left and tilting it to the rear, he now experienced severe numbness and tingling in his right arm and could not sleep at night due to pain.

April 5, 2021, Application for Adjudication of Claim

DOI: CT: 01/01/19 - 04/05/21
Comments: While employed as a Courier at Westpac Labs, Inc., the applicant developed stress and strain due to repetitive movement over a period of time and injured lower back, shoulder, neck, upper extremities, lower extremities.

April 5, 2021, X-ray of Left Hip, Kristina Siddall, M.D., Concentra Urgent Care - Santa Ana Warner

Findings: There is no evidence of acute fracture, dislocation, or osseous lesion. There is no radiopaque foreign body. Mild arthritic changes are noted.
Impression: No acute osseous abnormality.

April 5, 2021, X-ray of Lumbar Spine, Kristina Siddall, M.D., Concentra Urgent Care - Santa Ana Warner

Findings: There are 5 non-rib-bearing lumbar vertebral bodies. Lumbar vertebral body height and alignment appear normal. No osseous lesions or fractures are seen. There is multilevel disc space narrowing, greatest at L4-L5 and L5-S1 with the backing phenomenon and endplate changes. There is also facet arthropathy of the lower lumbar levels.
Impression:
1. No acute osseous abnormality.
2. Lumbar spondylosis.

April 5, 2021, Doctor's First Report of Occupational Injury or Illness, Debra Cooper, D.O., Concentra Medical Center

DOI: 03/23/21

Job Description: Employed as a Driver at West Pac Labs for 2.5 years. Major job functions were sitting, squatting, and lifting.
HPI: At work, he got in and out of a small company car to pick up and deliver lab specimens. He has done this for 2 years. Two months ago, began to have pain in left hip, low back, and left groin.
Previous Injuries:
PMH: DM II, HLD and HTN.
PSH: History of cholecystectomy.
Present Complaints: Low back, left hip pain.
Preliminary interpretation of x-rays showed no significant radiologic findings.
Diagnoses:
1. Lumbar sprain.
2. Hip sprain, left.
3. Sprain of groin.
Treatment Plan:
1. Ordered x-ray of lumbosacral spine and x-ray left hip unilateral with pelvis.
3. Referred to PT 3 times a week for 2 weeks.
4. Cold pack, oversize, custom touch 2 moist electric heat pad.
5. Start Cyclobenzaprine HCl 5 mg p.o. at h.s. as needed; Ibuprofen 800mg p.o. q.8.h. with food as needed.
Work Status: Modified work with restrictions of may engage in activities requiring trunk rotation occasionally, may not drive company vehicle due to functional limitations, no lifting, pushing, pulling, or bending. Should be sitting 80 % of the time. No squatting, no kneeling, may not walk on uneven terrain. No climbing stairs, no climbing ladders. May not work at heights. Ground level work only.
Causation: Industrial.

April 8, 2021, Primary Treating Physician's Progress Report (PR-2), Debra Cooper, D.O./Kathy Le, M.D., Concentra Medical Center

Interval History: Since the last visit the pain got worse. He continued to have a moderate dull pain in the low back and left hip. Difficulty sleeping, moving. Medications did not work. Pain breaking through medication.
Diagnoses:
1. Lumbar sprain.
2. Hip sprain, left.
3. Sprain of groin.
Treatment Plan:
1. Requested STAT MRI of left hip.
2. Requested STAT MRI of lumbar spine.
Work Status: Remain off work until 04/12/21.

April 13, 2021, Primary Treating Physician's Progress Report (PR-2), Debra Cooper, D.O./Kathy Le, M.D., Concentra Medical Center

Interval History: Since the last visit the pain was the same. Moderate dull pain in the hip, back and groin.
MRI of left hip showed severe degenerative changes.

Diagnoses:
1. Lumbar sprain.
2. Hip sprain, left.
3. Sprain of groin.

Treatment Plan:
1. Requested pain management specialist for evaluation and treatment.
2. He may benefit from epidural injections or other modalities.
3. Rechecks until specialist assumes care.

Work Status: Remain off work until 04/14/21.

April 14, 2021, Physical Therapy Progress Note, Nathan Mertick, P.T., Concentra Medical Center

Subjective Complaints: He reported some improvement of symptoms since the last visit with increased mobility and strength. New use of shower chair and other assistive devices including increased use of SPC with continued discomfort with functional activities.
Therapy Assessment: Overall progress was as expected.
Therapy Plan: Continue therapy per treatment plan.

April 16, 2021, Primary Treating Physician's Initial Comprehensive Report and Request for Authorization, Edward Komberg, D.C., Tri-City Health Group

DOI: CT: 0l/0l/19 - 04/05/20; 03/23/21
Job Description: Employed as a Medical Courier at Westpac Labs Inc. He was responsible for the transportation of medical items among labs, hospitals, clinics, and other healthcare facilities. Manage pickups and deliveries, take orders, and send invoices to medical clients.
HPI: On 06/04/20, during the course of his employment he suffered a car accident. He was finishing his shift and driving in the company car. He was at a red light when he was suddenly rear-ended by a drunk female driver. Upon the impact, he noticed pain to his neck and back. He went to Urgent Care on his own after the accident. He was examined and had x-rays of his neck; he was given medication for the pain and diagnosed with inflammation. The following day he was seen by the company doctor at Concentra. He was examined had x- rays done of his back and was diagnosed with inflammation, arthritis, and degenerative disease. He had started on PT and subsequently stopped treatment. However, he noticed persisting neck pain that began to radiate to his right arm. He continued working despite of his persisting pain. During the course of employment, he began to experience pain in his low back, hips, and left side. He reported that he noticed the pain after getting in and out of the care from 25-35 times a day to deliver supplies and pick up lab work. On 03/23/21 he noticed increasing while getting inside the small company car that he was provided. He reported he had to sit back and rest to catch his breath due to the increasing back, hip, and left side pain. He reported his injury to his employer who made an appointment to see the company doctor. However, he had to re-schedule the appointment because the way was too long and he was in pain. On 03/29/21, he was seen at an Urgent Care Center was examined. He was administered a pain injection (Toradol) and prescribed Norco to help him with his sleep disturbance due to the pain. On or about 04/02/21, he was seen at Concentra Medical Group in the city of Santa Ana, Ca. He was examined, had x-rays done of his hips and MRI studies of his low back and pelvis. He was placed on TTD and started a course of PT. He was placed on TTD. Cumulative trauma from 01/01/19-04/05/21, during the course of employment as a Medical Courier for West Pack Labs Inc., he injured neck, back, hips, left

side of the leg and developed sleep disturbance. He elaborated to the best of his knowledge that he sustained a cumulative trauma injury while working 8 1/2 hours a day, and 5-6 days per week since November 2028 [sic]. His symptoms developed as a result of his customary job duties. The onset of symptoms began sometime on 01/01/19. He was required to get in and out of the care up to 25-30 times a day. The company car was very small, and he was 6 feet tall.
Previous Injuries: Denied.
PMH: Colon cancer and DM.
PSH: 2010 2 feet of colon removed due to cancer, 2005 gallbladder.
Present Complaints: Frequent neck pain at 10/10, had trouble tilting his head to the left. Frequent low back and left shoulder pain at 6-7/10. Complained of right shoulder with numbness and frequent left hip pain at 8/10.
Diagnoses:
1. Cervical musculoligamentous injury.
2. Rule out cervical disc.
3. Lumbar musculoligamentous injury.
4. Lumbar disc protrusion.
5. Lumbar radiculitis.
6. Bilateral shoulder sprain/strain.
7. Bilateral hip sprain/strain.
8. Hip internal derangement.

Treatment Plan:
1. Chiropractic treatment, physiotherapy, kinetic activities 2-3 x per week for 6 weeks.
2. MRIs of cervical spine, left shoulder, right shoulder, right hip.
3. EMG/NCV of bilateral upper and lower extremities.
4. Referred to pain management.

Work Status: TTD through 05/31/21.
Causation: Industrial.

May 8, 2021, EMG/NCV of Cervical Spine and Upper Extremities, Javier Torres, M.D., Tri-City Health Group

Findings: Electromyographic examination was performed on upper extremities for muscles innervated via the brachial plexus through nerve roots C5-T1. The triceps was +1 polyphasic motor unit potential with increased duration and also polyphasic motor unit potentials +1 of the right brachioradialis. On the left deltoid, there were polyphasic motor unit action potentials with increased amplitude and polyphasic motor unit potentials on the left brachioradialis. For all other muscles examined: normal insertional activity, electrical silence at rest, normal motor unit action potentials, and recruitment pattern. Motor nerve conduction studies were performed on the median and ulnar nerves. Sensory nerve conduction studies were performed on the radial, median and ulnar nerves bilaterally. He has increased peak latency of bilateral median sensory nerves, increased onset latency of the bilateral median motor nerves with decreased velocity. There was increased peak latency of the bilateral ulnar sensory nerves and decreased velocity of the bilateral ulnar motor nerves. For all other nerves tested, there were normal nerve conduction velocities, amplitudes, and latencies.
Impression:
1. C6-7 chronic radiculopathy on the right and C5-6 chronic radiculopathy on the left side.
2. Bilateral moderate carpal tunnel syndrome.
3. Peripheral neuropathy of the ulnar sensory motor nerves bilaterally.

May 18, 2021, Primary Treating Physician's Progress Report (PR-2), Gerald Ferencz, D.C./Edward Komberg, D.C.

Interval History: Complained of constant 7-8/10 neck and low back pain. Currently complained of constant 6/10 left shoulder pain and constant 3/10 right shoulder pain, constant 8-9/10 left hip pain. There have been 12 chiropractic visits to date.
Diagnoses:
1. Cervical disc protrusion.
2. Cervical radiculopathy.
3. Lumbar musculoligamentous injury.
4. Lumbar disc protrusion.
5. Lumbar radiculitis.
6. Shoulder sprain/strain.
7. Hip sprain/strain.

Treatment Plan:
1. Chiropractic treatment, kinetic activities 2-3 times a week for 6 weeks.
2. Referred to Ortho.
3. EMG/NCV of bilateral lower extremities.
4. Follow up 4-6 weeks.
5. FCE pending, follow up if able to provide light duty. Work to pain tolerance and working for different employer.

Work Status: Remain off work until 07/02/21.

June 16, 2021, Primary Treating Physician's Progress Report (PR-2), Gerald Ferencz, D.C./Edward Komberg, D.C.

Interval History: Constant 7/10 neck pain and constant 8-9/10 low back and left hip pain. Constant 6-7/10 left shoulder pain, constant 3/10 right shoulder pain with numbness and tingling.
Diagnoses:
1. Cervical disc protrusion.
2. Cervical radiculopathy.
3. Lumbar musculoligamentous injury.
4. Lumbar disc protrusion.
5. Lumbar radiculitis.
6. Shoulder sprain/strain.
7. Hip sprain/strain.

Treatment Plan:
1. Acupuncture treatment, kinetic activities 2-3 times a week for 6 weeks.
2. Referred to spinal ortho & hip ortho.
3. MRIs of cervical spine, left shoulder, and right shoulder, right hip. (Second request).
4. Follow up 4-6 weeks.
5. FCE pending, follow up if able to provide light duty. Work to pain tolerance and working for different employer.

Work Status: Remain off work until 07/30/21.

July 16, 2021, Primary Treating Physician's Progress Report (PR-2), Gerald Ferencz, D.C./Edward Komberg, D.C.

Interval History: He complained of constant 5-6/10 neck pain and constant 8/10 low back pain. Currently complained of constant 4-5/10 left shoulder pain, constant 4-5/10 right shoulder pain with numbness and tingling. Also complained of constant 6-7/10 left hip pain. Had numbness into bilateral legs when standing for 20-30 minutes.
Diagnoses:
1. Cervical disc protrusion.
2. Cervical radiculopathy.
3. Lumbar musculoligamentous injury.
4. Lumbar disc protrusion.
5. Lumbar radiculitis.
6. Shoulder sprain/strain.
7. Hip sprain/strain.

Treatment Plan:
1. Acupuncture treatment, kinetic activities 2-3 times a week for 6 weeks.
2. Referred to spinal ortho & hip ortho.
3. MRIs of cervical spine, left shoulder, and right shoulder, right hip. (Third request).
4. Follow up 4-6 weeks.
5. FCE pending, follow up if able to provide light duty. Work to pain tolerance and working for different employer.

Work Status: Remain off work until 6 weeks.

August 17, 2021, Primary Treating Physician's Progress Report (PR-2), Patrick Kim, D.C./Edward Komberg, D.C.

Interval History: Complained of constant 5-6/10 neck pain, stiffness, and tingling. Constant severe 7/10 dull, achy low back pain and stiffness. Numbness of leg with prolonged standing. Difficulty with prolonged sitting. Complained of intermittent 4-5/10 achy left shoulder. Constant 5-6/10 achy, burning right shoulder pain with numbness, tingling, and weakness radiated with numbness and tingling. Constant 5-6/10 dull, achy, sharp, stabbing left hip pain. Woke up at night. Occasional 2-3/10 achy right hip pain.
Diagnoses:
1. Cervical disc protrusion.
2. Cervical radiculopathy.
3. Lumbar musculoligamentous injury.
4. Lumbar disc protrusion.
5. Lumbar radiculitis.
6. Shoulder sprain/strain.
7. Hip sprain/strain.

Treatment Plan:
1. Acupuncture treatment, 2-3 times a week for 6 weeks.
2. Follow up with Dr. Mays.
3. Pending MR1 studies.
4. Follow up 4-6 weeks.

Work Status: Remain off work until 10/01/21.

NOTE: The following are the records that were reviewed but not included in the above summary:

- Blank Pages
- E-cover sheet
- ECU Collaborative Assessment and Response Evaluation Form
- Letter-GA
- Medication
- Medical Reports List
- Patient Information sheet
- Proof of Service
- Request for authorization
- Schedule of records

PHYSICAL EXAMINATION:

*Please note that the normal values given in the range of motion tables are from the American Medical Association's Guides to the Evaluation of Permanent Impairment, fifth edition, except for values marked with *, which are taken from the Manual of Orthopaedic surgery.*

GENERAL:

The patient is a 57-year-old right-hand dominant male. The patient is alert, oriented, comfortable, and in no apparent distress. He ambulates with a slow gait, using a cane due to the low back and left hip pain. He is 71 inches tall and weighs 336 pounds. His blood pressure is 148/81 on the right with a pulse rate of 77. His BMI is 49, morbidly obese.

CERVICAL, THORACIC, AND LUMBAR SPINE:

There is loss of lumbar lordosis. There is tenderness to palpation and spasm of the trapezii. There is tenderness to palpation over the left paravertebral cervical musculature. There is tenderness to palpation and spasms of the lower lumbar paravertebral musculature. There is tenderness to palpation in the sacroiliac joints. There is decreased range of motion with pain at the extremes of motion. There is positive Spurling to the shoulders, greater on the left. There is a positive straight leg raise on the left at 30 degrees. Straight leg testing on the right causes low back pain. There is a positive FABER test bilaterally, greater on the left. Sensation is intact to light touch in all dermatomes. He is grossly neurovascularly intact. Deep tendon reflexes are 2+ biceps, triceps, and brachioradialis, **1+ patellar and 0 Achilles. There is dorsiflexion and plantar flexion weakness 4/5 of both arches bilaterally.**

Range of Motion, Cervical Spine:

	Measured	Normal
Flexion	50°	50°
Extension	**40°**	60°
Right/Left lateral bending	**35°/25°**	45°

Right/Left rotation	**75°/65°**	80°

Range of Motion, Thoracic-Lumbar Spine:

	Measured	Normal
Flexion	**40°**	60°-90°*
Extension	**10°**	25°
Right/Left lateral bending	**15°/15°**	25°
Right/Left rotation (Thoracic)	**20°/20°**	30°

The patient's range of motion was assessed three times with the warm-up, and there were no significant differences between range of motion measurements.

SHOULDERS:

There is mild tenderness to palpation over the acromial margins. There is no tenderness to palpation over the acromioclavicular joint or the bicipital groove. The patient has full range of motion with **mild discomfort at the extremes of motion, most pronounced over the trapezii**. **Motor strength is 4/5 for resisted forward flexion and abduction with complaints of trapezial pain**, 5/5 in all other planes. **There is a mildly positive, Hawkins, Jobe, and Speed tests**. There is a negative drop-arm, belly-press, O'Brien's, cross-arm adduction, and Yergason's tests. He is neurovascularly intact.

Range of Motion, Shoulders:

	Right	Left	Normal
Abduction	180°	180°	170°-180°
Adduction	50°	50°	50°
Internal Rotation	90°	90°	90°
External Rotation	90°	90°	90°
Extension	50°	50°	50°
Flexion	180°	180°	180°

ELBOWS:

There is no tenderness to palpation, edema, effusion, ecchymosis, atrophy, deformity, crepitus, or instability. There is a full range of motion and 5/5 motor strength in all planes without discomfort. He is neurovascularly intact.

Range of Motion Elbows:

	Right	Left	Normal
Flexion	140°	140°	140°
Extension	0°	0°	0°
Pronation (forearm)	80°	80°	80°
Supination (forearm)	80°	80°	80°

HANDS/WRISTS:

There is no edema, effusion, ecchymosis, atrophy, deformity, crepitus, or instability. Examination of the left wrist and hand is unremarkable. There is no tenderness to palpation. There is a full active range of motion and 5/5 motor strength in all planes. There is negative special testing. He is neurovascularly intact.

Examination of the right wrist and hand demonstrates tenderness to palpation over the dorsal wrist and volar wrist. **Durkan and Tinel's testing causes localized pain**, but no specific radiating pain, numbness, or tingling to the radial hand. **There is full range of motion in all planes with discomfort at the extremes of wrist range of motion**. There is a full finger and hand range of motion in all planes without discomfort. There is no triggering or locking. Sensation is intact to light touch in all dermatomes. There is a brisk capillary refill. He is neurovascularly intact. **Motor strength is 4/5 in all planes. Decreased grip strength**. The patient has full finger and hand range of motion in all planes. He is able to fully extend the digits and fully flex them into the palms to make a full composite fist bilaterally.

Range of Motion, Wrists:

	Right	Left	Normal
Dorsiflexion, wrist	80°	80°	60°-80°*
Palmar flexion, wrist	70°	70°	60°-70°*
Ulnar deviation	30°	30°	30°
Radial deviation	20°	20°	20°

HIPS:

There is no deformity, atrophy, or crepitus. Examination of the right hip is unremarkable. There is no tenderness to palpation. There is full active range of motion in all planes without discomfort. Negative logroll and FADIR.

Examination of the left hip demonstrates mild tenderness to palpation over the greater trochanteric bursa and tenderness to palpation over the hip joint line/groin. There is decreased range of motion on the left with pain at the extremes of motion. There is a positive FADIR. There is a negative logroll. He is neurovascularly intact.

Range of Motion, Hips:

	Right	Left	Normal
Abduction	40°	35°	25°-55°*
Adduction	30°	25°	15°-45°*
Internal Rotation	30°	**10°**	20°-45°*
External Rotation	30°	25°	30°-45°*
Flexion	105°	100°	100°-120°*
Extension	15°	10°	10°-30°*

KNEES:

On examination of the left knee, there is no edema, effusion, ecchymosis, atrophy, deformity, or gross instability. **There is minimal to mild crepitus with range of motion.** Examination of the left knee is unremarkable with no tenderness to palpation, full active range of motion, and 5/5 motor strength in all planes. Negative McMurray's/varus, valgus, and AP stress.

Examination of the right knee demonstrates mild tenderness to palpation over the lateral compartment, greater than the patellofemoral compartment and medial compartment. There is a full range of motion with discomfort at the extremes of motion. Motor strength is 4+ to 5-/5 for extension and 5/5 for flexion. **There is an equivocal McMurray's with mild diffuse discomfort**. There is negative varus, valgus, AP stress test. He is neurovascularly intact.

Range of Motion, Knees:

	Right	Left	Normal
Flexion	125°	125°	110°-145°*
Extension	0°	0°	0°

FEET/ANKLES:

There is no tenderness to palpation, atrophy, deformity, crepitus, or gross abnormality. He has full active range of motion in all planes without discomfort. **There is mild decreased motor strength for resisted plantar flexion and dorsiflexion bilaterally 4/5,** otherwise 5/5 in all planes. He is neurovascularly intact.

Range of Motion, Ankles/Feet:

	Right	Left	Normal
Dorsiflexion	20°	20°	20°*
Plantar flexion	50°	50°	20°-50°*
Eversion	20°	20°	10°-20°*
Inversion	35°	35°	20°-35°*
Great toe, proximal joint			
Extension	50°	50°	30°-50°*
Flexion	30°	30°	20°-30°*
Lesser Toes			
Extension	40°	40°	10°-40°*

GRIP STRENGTH (kg):

Right	Left
12/12/12	42/42/42

GIRTH MEASUREMENTS (cm):

	Right	Left
Biceps:	36	36
Forearms:	33	33
Thighs:	60	59
Calves:	45	44

X-RAYS/SPECIAL DIAGNOSTIC STUDIES:

11/29/2021 – X-rays of the Cervical Spine, Two Views: **Impression**: Advanced multilevel degenerative changes, most pronounced at C3-C4 and C5-C7, straightening of the cervical lordosis.

11/29/2021 – X-rays of the Lumbar Spine, Three Views: **Impression**: Moderate to advanced multilevel degenerative changes, most pronounced at L5-S1, mild straightening of lumbar lordosis.

01/24/2022 – X-rays of the Bilateral Shoulders, Two Views each: **Impression**: Moderate acromioclavicular joint and osteoarthritis, mild glenohumeral joint osteoarthritis, type II acromion.

~ - X-rays of the Right Wrist, Two Views: **Impression**: Mild to moderate degenerative changes most pronounced in the radiocarpal joint and thumb carpometacarpal joint.

01/24/2022 - X-rays of the Bilateral Hips, AP and Lateral (Two) Views: **Impression**: Moderate bilateral hip osteoarthritis, joint spaces measure 3.0 mm, incidental finding of small pelvic calcifications, recommend follow up with PCP for monitoring.

11/29/2021 - X-rays of the Left Knee, Four Views with Weightbearing: **Impression**: Mild to advanced tricompartmental degenerative changes, most pronounced of the patellofemoral compartment which measures 2.0 mm and medial and lateral compartment maintained at 4.0 mm.

ASSESSMENT:

1. **Cervical strain, disc disorder/stenosis, and radiculopathy**
2. **Thoracic strain**
3. **Lumbar strain, disc disorder, and radiculopathy**
4. **Bilateral shoulder impingement, rotator cuff syndrome**
5. **Right wrist overuse injury, carpal tunnel syndrome**
6. **Left hip osteoarthritis**
7. **Right knee osteoarthritis**

DISCUSSION:

The patient is a 57-year-old male who alleges industrial cumulative trauma injury to the neck, low back, bilateral shoulders, right wrist, left hip, and right knee while performing his usual and customary duties as a medical courier for WestPac Labs, Inc. from June 4, 2020 through March 23, 2021.

The patient states that he began having pain to the above areas on June 4, 2020. He states on that day he was involved in an industrial motor vehicle accident as the restrained driver when he was stopped at a stoplight and was rear-ended by a drunk driver going approximately 35-40 miles per hour. He states it was a significant impact and there was moderate car damage. He was jolted around in the vehicle and up against the seatbelt. He states that the impact caused the seat to recline backward. During the impact, his right knee hit and broke the console. He was seen in the ER where he was having mostly neck, back, and shoulder pain, but the wrist hip and knee were also hurting. He was having pain in the wrist hip and knee, but less so, and these areas became worse over time. He states prior to the industrial motor vehicle accident, he was doing well, working full duty and able to do all of his activities without difficulty. He has prior history of neck/shoulders/bilateral upper extremity intermittent pain beginning gradually in 2006, that he states would not interfere with his ADLs and work duties. He states that the only major issue he was having prior to the industrial motor vehicle accident was workplace stress due to the COVID-19 pandemic and not having adequate PPE and other shortages. He states from June 4, 2020 through March 23, 2021 although he was placed on modified duty, he was essentially doing the same job duties as prior, and was doing this with difficulty and the pain became progressively worse causing more and more difficulty with his work duties and ADLs.

The patient states that on March 23, 2021, he began having increased hip pain. He states that this happened from performing his usual and customary job duties over time and being a "big guy" getting in and out of a small Toyota Yaris, his work vehicle, 20-35 times per day, five to six days per week. He had to put all his weight onto his left lower extremity and hold onto the roof and pull himself out to get out of the car. He had to walk frequently to pick up and drop off labs throughout the day. He had to deliver supplies including boxes weighing 5-50 pounds two to three times per week which would take about an hour at a time. He states that the left hip pain began approximately January 1, 2021, became worse over time until it was especially bad on March 23, 2021. He states that he reported his pain to all the above areas to his coworkers and his manager at Westpac Labs Newport, who witnessed him in pain and struggling. He is not sure of the name of the manager. He states around the time of March 23, 2021, it was getting especially hard to walk and bend over and he was struggling quite a bit with these activities.

The patient states that he has been working for Westpac Labs since November 2018. He states his last day of work was March 25, 2021, as he had to stop working because he was having too much pain.

He has had treatment consisting of seeing various providers, x-rays/MRIs, medications, PT/chiropractic/acupuncture, psychology evaluation/biofeedback. He states that he still has pain in the above areas which is constant and affects his ADLs and ability to work. He states he especially has difficulty with prolonged or heavy activities, prolonged walking/standing/sitting, lifting, bending and stooping, and climbing. He states this affects his ADLs, sleep, and ability to work. Through his current treating doctor through workman's compensation, he states surgery has been discussed and is interested in proceeding.

The patient has a history of gradual onset neck/shoulders/bilateral upper extremity pain, numbness and tingling beginning in 2006. He was seen by his personal doctor in 2006 for this. He was seen again for the neck pain in 2009. In 2010, he was seen again for these areas, was given a short course of medication, and had an x-ray and MRI. He denies any long-term treatment including no physical therapy or other types of therapy. He states that his pain level in the above areas was 3-5/10 in severity and he would have pain 2-3 times a year, but it would go away quickly. He states after the industrial motor vehicle accident on June 4, 2020, and the cumulative trauma injury, his pain level went up to 8-9/10, became more constant, and affected his ADLs and ability to work significantly.

The patient has a history of a June 2018 industrial injury to his lumbar spine while working at Sovereign Health Group, pushing vehicles. He states that he did not have any treatment formally as the company went bankrupt. He states that he missed work due to the injury. He denies any permanent disability or impairment. He states that after he recovered from this he would have occasional 3-5/10 pain in his low back 2-3 times a year which would resolve quickly without any formal treatment, did not interfere with his ADLs or ability to work. He denies any other Workers' Compensation claims or injuries. He denies any motor vehicle accident, sports injury, fall, or any other trauma. His past medical history includes obesity, type II diabetes mellitus with mild peripheral neuropathy, hypertension, high cholesterol, colon cancer status post resection in remission for 11 years.

The patient has not been working since March 25, 2021, as he cannot continue due to the pain. He states that he is unable to perform his prior job duties specifically lifting, repetitive/constant work, prolonged walking/standing/sitting, bending, and getting in and out of the small work vehicle.

The patient's medical records were reviewed and are generally consistent with the patient provided and history. Of note, there is a July 18, 2006 MRI of the cervical spine indicating disc pathology, most prominent at C6-C7 where there is extrusion and mild to moderate central canal stenosis. On August 17, 2006, MRI of the left shoulder from HOAG Memorial Hospital indicates partial tears of the supraspinatus and infraspinatus, hook appearance of the acromion. February 4, 2009, x-ray of the cervical spine, interpreted by Dr. Taketa at HOAG indicates C6-C7 degenerative disease. An ER note dated June 25, 2010 from HOAG Hospital, indicating moderate bilateral arm pain after a fall yesterday, injuring the left buttock and lower back. The patient denies this injury or visits and states this one has the same name and the records have also been confused several times in the past. A June 4, 2020 ER note from nurse practitioner, Lash at HOAG, indicating neck pain after a motor vehicle accident as well as low back pain and bilateral shoulder pain. A CT of the cervical spine June 4, 2020 from HOAG Hospital indicates multilevel cervical degenerative changes, but no fracture. A June 5, 2020 Doctor's First Report of occupational injury by Dr. Sunday indicates the date of injury June 4, 2020, for the industrial motor vehicle accident noted in the ER note with similar complaints as in the ER visit. There are subsequent physical therapy notes. There is a March 29, 2021 x-ray of the left hip indicating degenerative changes. X-ray of the lumbar spine dated April 5, 2021, interpreted by Dr. Siddall, indicates lumbar degenerative changes/spondylosis. An April 5, 2021 office note from Dr. Cooper indicates the date of injury March 23, 2021, with complaints of left hip, low back, left groin pain from getting out in and out of a small company car and picking up and delivering lab specimens.

An office note dated April 13, 2021 from Dr. Cooper indicates request for pain management evaluation and treatment and the patient may benefit from epidural injections or other treatments. There are subsequent physical therapy notes. There is an April 16, 2021, office note from Dr. Komberg, a chiropractor, with complaints of neck pain, back pain, bilateral shoulder pain, and left hip pain. An NCV/EMG dated May 8, 2021, interpreted by Dr. Torres indicates C6-C7 chronic radiculopathy on the right, C5-C6 chronic radiculopathy on the left side, bilateral moderate carpal tunnel syndrome, and peripheral neuropathy of the ulnar sensory motor nerves bilaterally. There are subsequent follow up notes from Komberg indicating the same. There are no complaints of right knee pain in the medical records, however, the patient states that he did have pain in the right knee but that came on later and he did note it to his physicians but the worst areas were focused on and he denies having any problems in the knees prior to the industrial injury.

Given all the above, the patient should follow up with an orthopedic surgeon PTP, as well as a pain management and/or spine specialist. He should have access to further treatment per his treating physiciand including possible cortisone injection, therapy, medications, and other indicated treatment per his PTP. He may be made MMI by his PTP, or may return for a qualified medical re-evaluation upon completion of all the above treatment.

MAXIMUM MEDICAL IMPROVEMENT:

The patient has not reached maximum medical improvement at this point in time. Further treatment is indicated as outlined above.

CAUSATION:

It is my medical opinion that the patient sustained industrial cumulative trauma injury to his neck, low back, bilateral shoulders, right wrist, left hip, and right knee while working his usual and customary job duties as a Medical Courier for WestPac Labs, Incorporated from June 4, 2020 to March 23, 2021. The mechanisms of injury, as outlined above, are consistent with his subjective complaints and my objective finings with reasonable medical probability.

WORK STATUS:

The patient may work modified duty with restrictions of sit/stand/walk at will, limited prolonged standing/walking to no more than 30 minutes at a time and no more than three hours total per day, limited lifting/pulling/pushing of up to 15 pounds intermittently and 25 pounds occasionally, limited upper extremity overhead work/ stooping/ bending/ kneeling/ squatting/ climbing/ forceful gripping and grasping to less than 25% of his shift.

IMPAIRMENT RATING:

Impairment rating will be determined at the time of maximum medical improvement.

APPORTIONMENT:

Apportionment is certainly indicated given prior complaints, comorbidities including obesity and osteoarthritis, and will be determined at the time of maximum medical improvement.

FUTURE MEDICAL CARE:

Future medical care will be determined at the time of maximum medical improvement.

VOCATIONAL REHABILITATION:

Vocational rehabilitation will be determined at the time of maximum medical improvement.

DISCLAIMER:

This entire physical examination, dictation and opinions are those of my own. The only assistance I received was in the taking of the measurements and/or grip strengths, which were done under my supervision by personnel from my back office who have been trained and/or supervised to do this by me. I subsequently reviewed these measurements.

PROPRIETARY INTEREST:

I have no ownership in any of the laboratories, pharmacies, clinics or health care facilities that may have been used in this evaluation.

NOTICE:

The above report is for medical-legal assessment of injuries and is not to be construed as a complete physical examination for general health purposes. Only those symptoms which are believed to have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of this patient, it is advisable to have a physical examination for general purposes with the patient's personal physician.

CALIFORNIA CODE OF REGULATIONS:

The treating physician is required to prepare reports under Title 8, California Code of Regulations, Section 9785, at the outset and during the course of treatment. This report reflects a change in status or treatment of the patient, or it has been more than 45 days since the last report was submitted. Please remit payment for this report.

Furthermore, you are required to be consistent with State and Federal Law. The reviewer must base his or her decision on the cure or relieve medical necessity standard. (LC 4600 sec. a-"services that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer", Vorster v. Bowen. A federal case, which prohibits carriers from denying care, based solely on utilization review criteria when documentation is provided along with the claims.)

In the unlikely event that this claim should be denied, you are required by State and Federal Law to provide specific and clinical reasons and the criteria utilized as the basis for the decisions in a timely fashion. Additionally, you must also provide recommendation for what care is determined to be appropriate and why. Failure to do so may result in a proceeding to issue and order for penalties for each failure. (LC 4610, sec. g4 states, Communications regarding decisions for modify, delay, or deny medical treatment services requested by professionals shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decision regarding medical necessity." LC 4610, sec. g (1)-""decisions shall be made in a timely fashion not to exceed five working days from the receipt of the information" LC 4610, sec. I- "If the administrative director determines that the employer has failed to meet any of the time frames may assess penalties for each failure.)

Please be advised all patient care rendered will be in accordance with current California Worker's Compensation Laws and Regulations, specifically the ACOEM guidelines in situations where applicable. In situations where ACOEM guidelines do not apply, i.e., certain chronic

cases, the care rendered will be based upon scientifically peer reviewed evidence based considerations with supportive documentation provided per LC 4604.5, "For all injuries not covered by the ACOEM Practice Guidelines treatment shall be in accordance with other evidenced based medical treatment guidelines generally recognized by the medical community."

Please be advised if claim to paid within 45 days as required LC 4603.2 (b)(1), we will accept the Official Medical Fee Schedule and not pursue Usual and Customary Fees and/or penalties, interest and fines as prescribed by law. (LC 4603.2, sec. b1- "Payments shall be made by the employer within 45 working days after receipt of each separate, itemization of medical services provided. Any properly documented list of services provided not paid at the rates then in effect under Section 5307.1 within the 45-working-day period shall be increased by 15 percent, together with interest at the same rate as judgments in civil actions retroactive to the date of receipt of the itemization" Lerick Case: (Ramirez v. Fresh Express) Usual and Customary Fees- "Case law has determined that you may be paid you usual and customary fees, not the WC Official Medical Fee Schedule in a case that is denied or not paid with the required time frame."

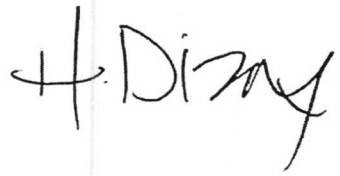
DECLARATION PURSUANT TO LABOR CODE SECTION 4628(J):

"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 that 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."

DISCLOSURE STATEMENT:

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

Sincerely,



Howzean Hailey Dizay, D.O.
Orthopedic Surgery/Sports Medicine & Arthroscopy
License Number: 20A13711

HHD: vin/anr

Executed on February 4, 2022, in the County of Orange, California.

cc: Martin Lugo
135 Horn Beam Lane
Fountain Valley, CA 92708

Diane Noble
Gallagher Bassett
P.O. Box 2934
Clinton, IA 52733

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: MARTIN LUGO *(employee name)* v WESTPAC LABS, INC. / SONIC HEALTHCA *(claims administrator name, or if none employer)*

Claim No.: 005834-002969-WC-01 **EAMS or WCAB Case No. *(if any)*:**

I, JENNIFER MARTINEZ *(Print Name)*, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is: 290 N. 10TH. STREET #100, COLTON, CA 92324
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	02/07/22	MARTIN LUGO SR. - 135 HORN BEAM LN. FOUNTAIN VALLEY CA 92708
A	02/07/22	GALLAGHER BASSETT- PO BOX 2934 CLINTON IA 52733
A	02/07/22	WALL MCCORMICK BAROLDI & DUGAN - PO BOX 1619 SANTA ANA CA 92702
A	02/07/22	WORKERS DEFENDERS LAW GROUP - 751 S. WEIR CANYON RD. STE 157-455 ANAHEIM CA 90211

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 02/07/2022

(signature of declarant) JENNIFER MARTINEZ *(print name)*

Referral Department
290 N. 10th St. Suite #201
Colton, CA 92324

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