

RECORDS PROVIDED BY GEMINI

Case Information

Steevio Bardadjian vs. OLIVE VIEW MEDICAL CENTER

SSN: 554812130

DOB: 05/23/1970

Case Number: SIF11540526

Claim Number: SIF11540526

Ship To:

Attn: Qualified Med Eval

Record Information

Request Number: 1544096

Copy Date: 01/15/2025

Record Type(s): Medical

Requested Location

Philip Conwisar

4835 Van Nuys Blvd

Sherman Oaks CA 91403

Verified Location

Philip Conwisar, M.D.

MEDICAL RECORDS

4835 Van Nuys Blvd Ste 210

Sherman Oaks CA 91403



250 Technology Way, Rocklin, CA 95765

877.739.7481 | clientsupport@gemini.legal



Gemini Legal Support, Inc., a professional photocopier organized and existing under the laws of the State of California has reviewed the attached records and attests that said records consist of 340 pages.

Executed on 01/16/2025, at Rocklin, California.

Respectfully,
Gemini Legal Support, Inc.

DECLARATION OF CUSTODIAN OF RECORDSName of records subject: Steevio Bardadjan

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

Philip Conwisar, M.D., Medical Records**(Facility Name)**

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

- That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.
- That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

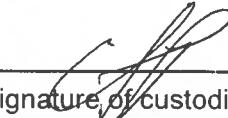
Records were produced in the following manner:

- Records were made available to Gemini and/or its affiliate for copying and/or picking up.
- Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on 1/15/25 at Calabasas, CA (city), State of CA.

Ayllin Palomino

Printed name required



Signature of custodian required



250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Steevio Bardadjian

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

Philip Conwisar, M.D., Medical Records

(Facility Name)

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

- That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.
- That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

Records were produced in the following manner:

- Records were made available to Gemini and/or its affiliate for copying and/or picking up.
- Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on _____ at _____ (city), State of _____.

Printed name required

Signature of custodian required



250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000003

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

Steevio Bardadjian

Claimant/Applicant,

VS.

**OLIVE VIEW MEDICAL CENTER/
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF11540526**

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See instructions below.*

The People of the State of California Send Greetings to: Philip Conwisar, M.D.

4835 Van Nuys Blvd Ste 210 Sherman Oaks, CA 91403 Medical Records

We COMMAND YOU to appear before: Gemini Legal Support, Inc.
at 250 Technology Way Rocklin CA 95765

on the 21st day of January, 2025 at 5:30 o'clock PM to testify in the above-
entitled matter and to bring with you and produce the following described documents, papers, books and records.

-Please see Attachment 3 for a detailed description of requested records-

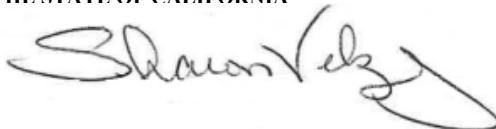
(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 12/19/2024

**WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**



Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990,
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

**SEE REVERSE SIDE
(SUBPOENA INVALID WITHOUT DECLARATION)**



You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid. Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF11540526

STATE OF CALIFORNIA, County of Los Angeles

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That Philip Conwisar, M.D., Medical Records

has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES. PURSUANT TO LABOR CODE SECTION 5401 FORM DWC 1 HAS BEEN DULY FILED.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

- That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (*Check box if applicable and part of declaration below. See instructions on front of subpoena.*)

I declare under penalty of perjury that the foregoing is true and correct

Executed on 12/19/2024, at VAN NUYS, California.
KOSZDIN FIELDS VAN NUYS
6151 Van Nuys Blvd
Van Nuys CA 91401

/s/ Michael Fields

Signature

Address

818-781-1503

Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of _____

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served

Date

Place

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury that the foregoing is true and correct

Executed on _____, at _____, California.

Signature

ATTACHMENT 3

Case Name: vs. OLIVE VIEW MEDICAL CENTER

Case Number: SIF11540526

Records Subject: Steevio Bardadjian

AKA:

Date of Birth: 05/23/1970

Social Security Number: 554-81-2130

Claims #: SIF11540526

Date of Injury: 07/03/2018 -

Employee #:

Records Requested:

Need records from 05/23/1970 - Present

Any and all non-privileged physical, digital and hand-written medical records including records from May 23, 1970 to present, including but not limited to:

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

MUST INCLUDE RECORDS FROM Philip Conwisar AT 4835 VAN NUYS BLVD, SHERMAN OAKS, CA 91403

Ref #: REC-1544096

000006

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Michael Fields, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401		313679	FOR COURT USE ONLY
TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): michael@koszdin.com ATTORNEY FOR (Name): Steevio Bardadjan		FAX NO. (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 6150 Van Nuys Blvd. Rm. 105 MAILING ADDRESS: 6150 Van Nuys Blvd. Rm. 105 CITY AND ZIP CODE: Van Nuys 91401 BRANCH NAME: Workers' Compensation Appeals Board - Van Nuys			
PLAINTIFF/ PETITIONER: Steevio Bardadjan DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF11540526	
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6)			

NOTICE TO CONSUMER OR EMPLOYEE**TO (name):** Steevio Bardadjan1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Steevio BardadjanSEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 01/21/2025

The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): Philip Conwisar, M.D. MEDICAL RECORDS 4835 Van Nuys Blvd Ste 210 Sherman Oaks CA 91403 Sherman Oaks, CA 91403
 A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING:** IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 12/19/2024

Michael Fields, Esq.

(TYPE OR PRINT NAME)

► /s/ Michael Fields

(SIGNATURE OF REQUESTING PARTY) ATTORNEY**OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS**1. I object to the production of all of my records specified in the subpoena.2. I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE)

Page 1 of 2

PLAINTIFF/ PETITIONER: Steevio Bardadjan
 DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:
 SIF11540526

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (*check either a or b*):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: Michael Fields, Esq.	(3) Date of mailing: 12/19/2024
(2) Address: KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401	(4) Place of mailing (<i>city and state</i>): Rocklin, CA

 (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*): 250 Technology Way Rocklin CA 95765
- d. My phone number is (*specify*): 877-739-7481

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

Date: 12/19/2024

Alain Gutierrez
 (TYPE OR PRINT NAME OF PERSON WHO SERVED)


 (SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action**.
2. I served a copy of the *Objection to Production of Records* as follows (*complete either a or b*):
 - a. **ON THE REQUESTING PARTY**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. **ON THE WITNESS**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (*specify*):
4. My phone number is (*specify*):

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

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)


 (SIGNATURE OF PERSON WHO SERVED)

Case No.: **SIF11540526**

Case Name: **vs. OLIVE VIEW MEDICAL CENTER**

Notice of Service

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the above entitled action. My business address is 250 Technology Way Rocklin, CA 95765

Documents Served: Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

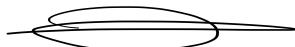
On 12/19/2024, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

Delivered to	Sent to	Method
Michael Fields, Esq.	KOSZDIN FIELDS VAN NUYS michael@koszdin.com	Email
Subsequent Injuries Fund (SIBTF)	Subsequent Injuries Fund (SIBTF) 1750 HOWE AVE SUITE 370 SACRAMENTO, CA 95825	Mail
od legal	od legal 1515 Clay Street Ste 701 Oakland, CA 94612	Mail

I am familiar with Gemini Legal Support, Inc.'s practice of collection and processing correspondence. Under that practice for mail, it will be delivered, same day, via digital delivery to our vendor Kubra who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Gardena, California, in the ordinary course of business.

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

Executed on 12/19/2024, at Rocklin, California.



Alain Gutierrez

000009

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000010

DATE: Jan. 3, 2025
 PATIENT: Bardakjian, Steven

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 1/03/2025

- Temporary Total Disability Until: RE EVAL
- Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

- RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

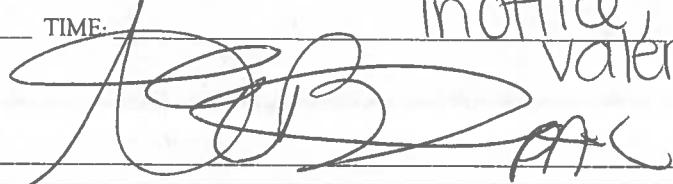
Queens

TIME:

2/14/2025
@2:00pm
In office,
Valencia

Philip Conwisar, M.D.

DATE: 1/03/2025



Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

4835 Van Nuys Blvd., Ste. 210
 Sherman Oaks, CA 91403

819 Auto Center Drive
 Palmdale, CA 93551

28212 Kelly Johnson Pkwy, Ste 155
 Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000011

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steviro

Date: 11/03/2025

Referring Physician:

ALLERGIES: NYDA.

MEDICATIONS:

SUBJECTIVE: • Contd PT HS - anned
• Contd TX w/ Dr. Kohan.

rerequest
Dr. Chan
report via
fax.

Industrial Injury: X

Personal Injury:

Private:

D/I: 11/03/2018

SX Date:

- 5/2022 @ knee
- 2018 LJS.

OBJECTIVE:

LHS - anned PT - ^{occulting in newel}
^{but JS one click}
still pain
KNEE - some

X-RAYS/MRI/SCAN:

ASSESSMENT:

wants to wait until calls with
get approval or travel to KROPT

PLAN:

(mid back
in PCP)

TTD STATUS:

APR cont'd LAM
cont' TEP
spine to attorney

RECOMMENDATION/LITERATURE FOR PATIENT:

struggling on work
apparently no progress
but still no major

0000012

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: November 15, 2024
PATIENT: Bardakjian, Stevrio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 11/15/2024

- Temporary Total Disability Until: Reach
- Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
- NO REPETITIVE BENDING OR STOOPING
- NO USE OF INVOLVED HAND/ARM
- NO OVERHEAD LIFTING
- LIMITED USE OF INVOLVED HAND/ARM
- NO FORCEFUL PUSHING OR PULLING
- MINIMAL STANDING OR WALKING
- NO CLIMBING
- NO REPETITIVE STAIRS
- NO REPETITIVE SQUAT/CLIMBING

- RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 5 weeks TIME: _____

Philip Conwisar, M.D.

DATE: 11.15.2024

11/03/2025
@ 2:00PM
telemed.

R.B. Conwisar

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

819 Auto Center Drive
Palmdale, CA 93551

28212 Kelly Johnson Pkwy, Ste 155
Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000013

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevio

Date: 11/15/2024

Referring Physician:

Industrial Injury: X

Personal Injury:

Private:

ALLERGIES: NKDA

uric acid

MEDICATIONS:

SUBJECTIVE: • PRP Inj. R knee denied auth.
• Consult pain mgmt. denied auth.

D/I: 7.08.2018

SX Date:

5.2022 R knee
2018 4S

Cont'd P. 1 4S.

OBJECTIVE:

LJS - removed from cyclosporine & hip MR helped
but no change
LJS - received MRI w/ report
R knee - okay, scaly

X-RAYS/MRI/SCAN:

WITNESS PCP MD
SICKLE CELL
in caries
runny

ASSESSMENT:

RIP - cannot walk
through open doorway
redness

PLAN:

start own care
referrals to send to work

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: Oct 2, 2024
 PATIENT: Bardakjian, Stavros

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 10.02.2024
 Temporary Total Disability Until: RE eval
 Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

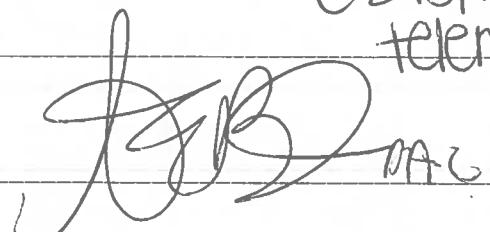
RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: Sculcocks nogueira

11/15/2024
@2:15pm
telemed

Philip Conwisar, M.D.
 DATE: 10.02.2024



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Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000015 X

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steeno
Date: 10/02/2024
Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES: NYDA.

D/I: 7/03/2018

MEDICATIONS:

SX Date:

SUBJECTIVE: cont'd P.T US.

5/2022 (Knee
2018 4s

US CME 7-8/10.

Rt. Knee CME 5-6/10.

OBJECTIVE:

coccydynia new block 8/10

PCP

X-RAYS/MRI/SCAN:

skinal pain is worse
and in my PCP

8/20

ASSESSMENT:

mid-thigh pain
venous occlusion or severe - tender - varicose inj
swelling every month

PLAN:

AP CONPT US
regprep incision

warning
OK to do L5
incision
reinforcement
even though
DKR

TTD STATUS:

Currently attending PT for US has 3-4 sessions left

RECOMMENDATION/LITERATURE FOR PATIENT:

0000016

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: JULY 18, 2024
 PATIENT: Bardakjian, Steenio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 7/18/2024

Temporary Total Disability Until: Re Eval

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |
-
-
-

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

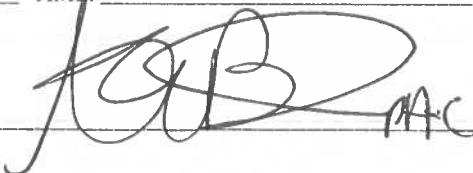
NEXT APPOINTMENT

TIME:

Philip Conwisar, M.D.

DATE: 7/18/2024

8/29/2024
@ 2:30PM
In Office,
Sherman
Oaks.



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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevi O

Date: 7/18/2024

Referring Physician:

Industrial Injury:

Personal Injury:

Private:

ALLERGIES: NKDA.

11c6.5

D/I: 7|03|2018

MEDICATIONS:

SX Date:
5/2022 @ Knee
2018 US

SUBJECTIVE:

CONT'D P.T OF LOW BACK.

OBJECTIVE:

45° \rightarrow supralall

X-RAYS/MRI/SCAN:

N: ⑧ KNEE - not real impairment yet from all soccer pk & his pain - seems better Aug but still private

ASSESSMENT:

hiccup or after 3 days
snick pain - finally after see docy on next
see docy from 10 shades
(see)

PLAN:

~~AP~~ CONOPT 4S
CONOPT
CONOPT
CONOPT T

TTD STATUS:

~~CONFIDENTIAL~~ ~~TRANSMISSION~~
⑧ TELETYPE ~~IMMEDIATE~~
~~EXPERIMENTAL~~

RECOMMENDATION/LITERATURE FOR PATIENT:

5
S
CIRCUIT
ACERA
INTERIOR
DE LA
MANZANA

000018

PHILIP H. CONWISAR, M.D.
A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: MAY 31, 2024
PATIENT: Bardakjian, Steevie

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 5.31.2024
 Temporary Total Disability Until: RE EVAL
 Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT: Scanned image

7/18/2024
@ 1:30pm
telemed.

Philip Conwisar, M.D.

DATE: 5.31.2024

[Handwritten signature of Philip Conwisar, M.D.]

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0000019

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian Stevio

Date: 5.31.2024

Referring Physician:

Industrial Injury:

Personal Injury:

Private:

ALLERGIES: NKA.

MEDICATIONS: *EMG Lower Ext (per Dr. Woods) available.

SUBJECTIVE: *Monovisc Inj. @ knee in office today.

- additional P.T. pts sent to Vargo P.T.

*xray @ hip available for review.

OBJECTIVE:

HS crp 5-6/10
numbers is expanding
Rt. knee crp 4-5/10

X-RAYS/MRI/SCAN:

@ MTR - class ↑ pain
R

waiting for x-ray scan after retirement

ASSESSMENT:

start PT pts next week
Alp-

PLAN:

TTD STATUS:

Will start PT for HS @ Vargo pt next wk

RECOMMENDATION/LITERATURE FOR PATIENT:



DICTATED PR2

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE:

5/8/24

PATIENT:

Bardakjian, Steevie

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

4/2/24

Temporary Total Disability Until:

Recovery

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

X Patient's appointment on 5/16/24 was rescheduled
to 5/31/24.

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____

TIMES A WEEK.

NEXT APPOINTMENT:

5/31/24

TIME:

1:45 pm Valencia

Philip Conwisar, M.D.

DATE: 5/8/24

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0000021

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: April 2, 2024
 PATIENT: Bardakjian, Stevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 04/02/2024

Temporary Total Disability Until: ne total

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

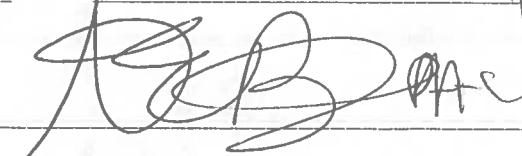
CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 5 weeks TIME: _____

5/16/2024
@ 2:45pm
telemed.

Philip Conwisar, M.D.

DATE: 04/02/2024



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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steen
Date: 4.02.2024
Referring Physician:

Industrial Injury: X
Personal Injury:
Private:

ALLERGIES: NKDA

MEDICATIONS:

SUBJECTIVE: Mononisc Inj R knee pending receipt of solution.

D/I: 7.03.2018

SX Date:

- 5.2022 R. Knee
- 2018 4S

• Contd P.T 4S.
Is doing PT - 1 week 100%

OBJECTIVE:

UR-Same still problematic
w/ my HEP

X-RAYS/MRI/SCAN: R knee

ASSESSMENT:

DR. TIGHE

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

(S)
RAXR R hip
get Mononisc
cont for L/S, regard PT 4S
cont Rx DR/OMR

0000023

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: Feb. 19 2024
PATIENT: Bardakjian, Steven

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 2/19/2024

- Temporary Total Disability Until: Re eval
- Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
- NO REPETITIVE BENDING OR STOOPING
- NO USE OF INVOLVED HAND/ARM
- NO OVERHEAD LIFTING
- LIMITED USE OF INVOLVED HAND/ARM
- NO FORCEFUL PUSHING OR PULLING
- MINIMAL STANDING OR WALKING
- NO CLIMBING
- NO REPETITIVE STAIRS
- NO REPETITIVE SQUAT/CLIMBING

- RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: Skullcra TIME: PT

Philip Conwisar, M.D.

DATE: 2/19/2024

4/02/2024
@ 2:00pm
telemed.

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio
 Date: 2/19/2024
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKDA

MEDICATIONS:

*mir @ knee. Arthro. available.
 SUBJECTIVE:
 - xray bil. shoulders pending.

D/I: 7/03/2018
 SX Date:
 5/22 R. Knee
 2018 4s

OBJECTIVE:

If usual pain, start cl pg
 knee pain w/ proneda standing

X-RAYS/MRI/SCAN:

ASSESSMENT:

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

OBIA
 01/2023
 MEMOW

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: Jan. 11. 2024
 PATIENT: bardakjian, Steenvo

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 1/11/2024

Temporary Total Disability Until: Re Eval

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

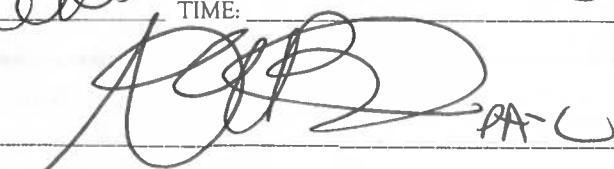
CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 5-cause TIME: _____

2/19/2024
 @ 2:30PM
 telemed

Philip Conwisar, M.D.

DATE: 1/11/2024



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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevko
Date: 1/11/2024
Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES:

D/I: 07/03/2018
SX Date:

MEDICATIONS:

SUBJECTIVE: MRI arthro Right knee pending PTH
- P.T for 4s, sent to Vargo P.T

OBJECTIVE:

VS PT rel to sched; cont HEP
② knee sched MRI @ UVA Jan 29th

X-RAYS/MRI/SCAN:

EMG BUN ^{thru} Woods
accepted packet & vacera - Oct 2024
newick

ASSESSMENT:

cont pmgmt
PT
MRI @ UVA 1/29

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000027

DATE: November 22, 2023
PATIENT: Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 11.22.23

Temporary Total Disability Until: Rec trial

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY: _____ TIMES A WEEK.

NEXT APPOINTMENT: S-Cawls TIME: _____

01.11.2024

@2:00pm

telemed

Philip Conwisar, M.D. _____

DATE: 11.22.23

JHB DATE

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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0000028

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steenvio

Date: 11-22-23

Referring Physician:

Industrial Injury:

Personal Injury:

Private:

ALLERGIES: NKDA

MEDICATIONS:

SUBJECTIVE: AME report from Dr. Woods available

D/I: 07-08-18

SX Date:

06-22 : R knee
2018, LIS

LIS Constant pain 7/10.
numbness/tingling towards distal legs/feet
cramping NO △, little physical activity
Rt. knee

OBJECTIVE:

Constant pain 5/10.
numbness/tingling towards legs/feet,
popping.
Dr. Woods wanted

X-RAYS/MRI/SCAN:

Joint UCLA or MRI
Feb 2.

Scored according APP
02/22/2029

ASSESSMENT:

NOTATE DRUGS
reg MEI ANAMUR (R) KNEE
ALP CORTEX DRILLING
reg incision & repair
reg PT 4/

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000029

DATE: October 11, 2023

PATIENT: Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 10.11.23

Temporary Total Disability Until: RE EVAL

Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
- NO REPETITIVE BENDING OR STOOPING
- NO USE OF INVOLVED HAND/ARM
- NO OVERHEAD LIFTING
- LIMITED USE OF INVOLVED HAND/ARM

- NO FORCEFUL PUSHING OR PULLING
- MINIMAL STANDING OR WALKING
- NO CLIMBING
- NO REPETITIVE STAIRS
- NO REPETITIVE SQUAT/CLIMBING

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

Stavls in office

TIME:

11/22/2023
@ 2:30pm
in office
Valencia

Philip Conwisar, M.D.

DATE: 10.11.23

RHB

PA-C

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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0000030

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevio
Date: 10.11.23
Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES: NKDA

D/I: 07.03.18

MEDICATIONS:

SX Date:

SUBJECTIVE: pending report from Dr. Chan office

05.2022: L knee OPA

OBJECTIVE:

2018: US

X-RAYS/MRI/SCAN:

can't sleep on back, has to sleep on side
initially working pain - can sleep b/c of p?/rad & shoulder pain

ASSESSMENT:

Dr. Woods QME - he and talk about them

PLAN:

9/18/28
AMT OR WOOD REPORT - PULMONARY
ALP reg X-RAYS shoulder
CONT'D DR. KARAN NECK
CONT'D DR. CHAN

RECOMMENDATION/LITERATURE FOR PATIENT:

74183

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000031

DATE: 8:30.2023
PATIENT: Bardakjian, Steeno

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 8:30.2023

Temporary Total Disability Until: Re Eval

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: Follows TIME: _____

10-11-2023
@ 10:45am
telemed

Philip Conwisar, M.D. _____

DATE: 8.30.2023

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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0000032

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian Steenö
Date: 08-30-2023
Referring Physician:

Industrial Injury: X
Personal Injury:
Private:

ALLERGIES: NKDA.

D/I: 07-03-2018

MEDICATIONS:

SX Date:
5-4-22 R knee
OPA.
2018 U/S SX

SUBJECTIVE:
contd home exercises.

OBJECTIVE:

LFS - below leg radiicular pain ↑ sig
since working
⑫ knee - sciatica

X-RAYS/MRI/SCAN:

Dr. Chan → last week saw him; L3-S1 fusion
- severe coccydynia w/ sitting w/ work
→ Dr. Kahan → req block or im-mycoccyx last week
LACERA → he put in of mediterranean

ASSESSMENT:

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

do mycoccyx
to relieve pain

74183

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000033

DATE:

JULY 14, 2023

PATIENT:

Bardakjian, Steevie

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

07.14.2023

Temporary Total Disability Until:

Return to work on: 7/14/2023 with the following restrictions:

- NO LIFTING OVER 10 LBS.
 NO REPETITIVE BENDING OR STOOPING
 NO USE OF INVOLVED HAND/ARM
 NO OVERHEAD LIFTING
 LIMITED USE OF INVOLVED HAND/ARM

- NO FORCEFUL PUSHING OR PULLING
 MINIMAL STANDING OR WALKING
 NO CLIMBING
 NO REPETITIVE STAIRS
 NO REPETITIVE SQUAT/CLIMBING

30 min max standing or walking per hour
Alternate sitting/standing

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____

TIMES A WEEK.

NEXT APPOINTMENT: 6-8 weeks

TIME:

8.30.2023

@11:15am

telemed

Philip Conwisar, M.D.

DATE: 07.14.2023


PA-C

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steenio

Date: 07.14.2023

Referring Physician:

Industrial Injury: Personal Injury: Private:

ALLERGIES: NKDA.

A1C under control

D/I: 07.03.2018

MEDICATIONS:

SX Date: 5.4.22

SUBJECTIVE: MRI US 6.1.2023

(R)Knee
OPA

available.

2018 US SX.

Pending scheduling @ Dr. Chon's office for consult.

OBJECTIVE:

when running flat, feet & toes cramped
LFS - static quo - still having same pain
different numbers
~~(R)KNEE~~ P! shifter; esp w/ambulation

X-RAYS/MRI/SCAN:

ASSESSMENT:

DR CHON → end of AUGUST

LACERRA apt early Sept

dictate w/ LFS
CONT'D DR CHON

acute (acute pain - acute)

PLAN:

AP - see DR CHON

TTD STATUS:

ANK - DR WOODS - end of Sept

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000035

DATE:

5/22/2023

PATIENT:

Bardakjian, Steenio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

5/22/2023

Temporary Total Disability Until:

Return to work on: 5/22/2023 with the following restrictions:

- NO LIFTING OVER 10 LBS.
 NO REPETITIVE BENDING OR STOOPING
 NO USE OF INVOLVED HAND/ARM
 NO OVERHEAD LIFTING
 LIMITED USE OF INVOLVED HAND/ARM

- NO FORCEFUL PUSHING OR PULLING
 MINIMAL STANDING OR WALKING
 NO CLIMBING
 NO REPETITIVE STAIRS
 NO REPETITIVE SQUAT/CLIMBING

50 min max standing or walking per hour
Alternate sitting/standing

RETURN TO WORK ON: WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

5 weeks

TIME:

7/14/2023
@1:30pm
telemed

Philip Conwisar, M.D.

DATE: 5/22/2023

JHB PAC

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevie
Date: 5/22/2023
Referring Physician:

Industrial Injury: X
Personal Injury:
Private:

ALLERGIES: NKDA.

MEDICATIONS:

SUBJECTIVE:

- Second opinion consult w/ Dr. Chan sent on 5/3/23.
- MRI L/S → no art in midline

OBJECTIVE:

L/S - status quo;
done chiro w/ Kahan → no real improvement
chin won't rec. traction bc of
everything same back & L
R knee - okay last 3 weeks - marginal

X-RAYS/MRI/SCAN:

ASSESSMENT:

AKT/RA mid JWB

PLAN:

sched DR. CHAN
AP - MRI L/S TUE 2nd @ 10 AM
CONT'X DR. CHAN

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

0000037

DATE:

4/7/2023

PATIENT:

Bardakjian, Steevie

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

4/7/2023

Temporary Total Disability Until:

Return to work on: 4/7/2023 with the following restrictions:

- | | |
|---|--|
| <input checked="" type="checkbox"/> NO LIFTING OVER 10 LBS. | <input checked="" type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input checked="" type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

30 min max standing or walking per hour.
Alternate sitting/standing

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

5-Weeks

TIME:

5/22/2023

@ 2:00pm

telemed

Philip Conwisar, M.D.

DATE: 4/7/2023


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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio
 Date 4/07/2018
 Referring Physician:

Industrial Injury:
 Personal Injury:
 Private:

ALLERGIES: NKDA.

MEDICATIONS: titrate peracet ↓ +

SUBJECTIVE: cont'd home exercises.

- pending auth. for second opinion consult.

OBJECTIVE:

L1/S slight pain, stiffness, cracking, popping, numbness towards legs and feet.
 Dr. Konan ordered chiro - starting next week
 Pt. still rad & back
 L1/S slight pain, tenderness, spasticity, tender, especially at top of womb, starts getting

X-RAYS/MRI/SCAN:

returning to modified duty has ↑ pt
 still hasn't seen 2nd opinion spine dx

ASSESSMENT:

Dr. Lee QME 4 months

PLAN:

A/P → re submit auth for Dr. Konan spine dx
 cont tx Dr. Konan - starting chiro
 req QME - refills
 req update MRI 4/5 w/ Nopadolium

TTD STATUS:

P.T. States continues w/ home exercises.

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

0000039

DATE:

12/29/2022

PATIENT:

Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 12/29/2022

Temporary Total Disability Until: 11/8/2023

Return to work on: 11/9/2023 with the following restrictions:

- NO LIFTING OVER 10 LBS.
 NO REPETITIVE BENDING OR STOOPING
 NO USE OF INVOLVED HAND/ARM
 NO OVERHEAD LIFTING
 LIMITED USE OF INVOLVED HAND/ARM

- NO FORCEFUL PUSHING OR PULLING
 MINIMAL STANDING OR WALKING
 NO CLIMBING
 NO REPETITIVE STAIRS
 NO REPETITIVE SQUAT/CLIMBING

30 min max standing or walking per hour
Alternate sitting/standing

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____

TIMES A WEEK.

NEXT APPOINTMENT:

5-6 weeks in office/revised

2/10/2023

@ 11:30am

in office

Philip Conwisar, M.D.

DATE: 12/29/2022



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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevie
 Date: 12/29/2022
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKDA

MEDICATIONS:

Taper down Percocet thru KOHAN

D/I: 7/03/2018

SX Date:

• 5/4/22 R Knee
 Arthro.

SUBJECTIVE:

- Cont'd PT R knee & Ls.
- Cont'd home exercises.
- pt. was to see Dr. Johnson.

OBJECTIVE:

HS - same, PT didn't help
 Ls KOHAN

R knee - improved a lot w/ PT
 Ls still getting stronger (working on strength)
 pain & swelling 85-90% gone

X-RAYS/MRI/SCAN:

ASSESSMENT:

A/P req updated spine dx w/ Dr. Chon
 cont FEP

PLAN:

TTD STATUS:

- RTW modified duty 1/9

RECOMMENDATION/LITERATURE FOR PATIENT:

74183

PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

000041

DATE:

11/23/2022

PATIENT:

Bardakjian, Steven

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

11/23/2022



Temporary Total Disability Until:

Retval



Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
- NO REPETITIVE BENDING OR STOOPING
- NO USE OF INVOLVED HAND/ARM
- NO OVERHEAD LIFTING
- LIMITED USE OF INVOLVED HAND/ARM

- NO FORCEFUL PUSHING OR PULLING
- MINIMAL STANDING OR WALKING
- NO CLIMBING
- NO REPETITIVE STAIRS
- NO REPETITIVE SQUAT/CLIMBING

 RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____

TIMES A WEEK.

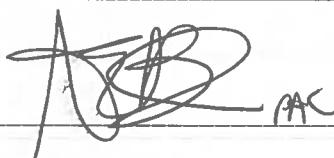
NEXT APPOINTMENT: 4-5 weeks

TIME: _____

12/29/2022
@ 2:45pm
telemed.

Philip Conwisar, M.D. _____

DATE: 11/23/2022



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ORTHOPEDIC PROGRESS NOTES

0000042

Name: Bardakjian Steenvo
Date: 11/23/2022
Referring Physician:

Industrial Injury
Personal Injury:
Private:

ALLERGIES: NKDA

D/I: 7/3/2018

MEDICATIONS: Naproxen

SX Date:

SUBJECTIVE:

• 5/4/22 R Knee
Arthro.

- pt cont'd. Additional pt in R knee, pt lumbar, - currently attending TX w/ Dr. Kohan. - will have appointment w/ Dr. Kohan tomorrow. Telemed.
- pt was to see Dr. Johnson. has not been contact

Joints Dull
inner leg
SF strain

P/LIS:
↳ everyday pain. pain radiating to L leg, Numbness in leg.
(R) knee: Discomfort
↳ doing better

X-RAYS/MRI/SCAN:

ASSESSMENT:

wants to go back to work before Jan 1

PLAN:

AP cont PT R knee
cont PT LIS
see Dr Johnson spine SX - #
cont Dr Kohan

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

0000043

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE:

10/06/2022

PATIENT:

Bardakjian, Steenio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

10/06/2022

Temporary Total Disability Until:

10/06/2022

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

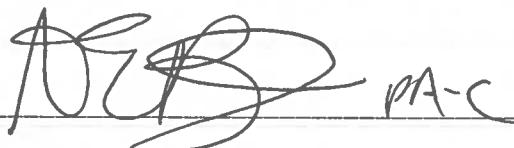
NEXT APPOINTMENT:

4 weeks in office

11/23/2022
@ 9:00 am
in office

Philip Conwisar, M.D.

DATE: 10/06/2022


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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio
 Date: 10/06/2022
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKDA

MEDICATIONS:

SUBJECTIVE:

- Add PT R knee — opt approval strayed lost
- Second opinion consult w/ Dr. Chan or Dr. Johnson pending auth.
- PT Lumbar — approved

OBJECTIVE:

R knee — coming along swelling down, pain 7/10. M/D and aches/pains build strength

1 session ↓
 stand by night L/S → usual

X-RAYS/MRI/SCAN:

R shoulder — B/L frozen shoulder — ongoing
 PT 4 weeks

ASSESSMENT:

DR KUMAN — spinal stimulator

PLAN:

AP - cont PT R knee & US
 sched 2nd opinion w/ Dr. Johnson

TTD STATUS:

cont w/ DR KUMAN

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000045

DATE: 8/31/22

PATIENT: Bardakjian, Stevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 8/31/22

Temporary Total Disability Until: Re-EVAL

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

NEXT APPOINTMENT:

TIMES A WEEK.

TIME:

Philip Conwisar, M.D. _____

DATE: 8/31/22

10/6/22
2:15PM
Telcmcd

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0000046

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio
Date: 8/31/22
Referring Physician:

Industrial Injury
Personal Injury:
Private:

ALLERGIES: NKA

MEDICATIONS: Percocet

D/I: 7/3/18

SX Date:

5/4/22: Rt. knee
Arthro

SUBJECTIVE: *Pending auth for add P/T
for Rt. knee, spine surgical consult
Pt to cont. tx w/ Dr. Kohan

OBJECTIVE:

SAME

X-RAYS/MRI/SCAN:

ASSESSMENT:

AP

Add P.T. z \times 6

SPINE consult

Dr. PATRICK DURRAN

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

TM

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevio
 Date: 7/22/22
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKDA

D/I: 7/03/2018

MEDICATIONS: PRN alt

SX Date:

SUBJECTIVE:

- Pt. began post op PT.
- Conti. Tx w/ Dr. Kohan

OBJECTIVE:

knee / l/r 4/5 R knee Rt. Knee: Finished P/T Sessions. Doing well. Swelling going down first 12 sessions with implant strength

LIS: would like to have consult w/ Dr. Patrick Johnson Spine Surgeon

Bilateral pain sources ↓
 (R Shallow running/mm)

ASSESSMENT:

pt would like to return RTW next visit

PLAN:

AP - req add post op PT R knee (vario)
 req spine sx cl → DR patrick
 johnson cedar
 req PT l/s 2x/wk

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: _____

7/22/22

PATIENT: _____

Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: _____

7/22/22

Temporary Total Disability Until: _____

8/15/22 RE EVAL

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

S-Weekly

TIME: _____

8/31/2022

@ 2:30PM
In Office

Philip Conwisar, M.D.

ACB PA-C

DATE: 7/22/22

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000049

PHILIP H. CONWISAR, M.D.

A Professional Corporation

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE:

6/3/2022

PATIENT:

Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

6/3/22

Temporary Total Disability Until: RE EVAL 7/22/2022

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 4 weeks to weeks TIME: 7/22/2022
in once

Philip Conwisar, M.D.

ASCB PA-C

DATE: 6/3/22

7/22/2022
@ 2:00PM
Valencia

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevio
 Date: 01/31/2022
 Referring Physician:

Industrial Injury:
 Personal Injury:
 Private:

ALLERGIES: NKA

MEDICATIONS: PERCOCT #10 TID PRN

SUBJECTIVE:

- Pt was to begin post op PT.
- stitches were removed last visit

OBJECTIVE:

(R)Knee: patient states, has pain but feels knee is getting stronger.
 and is happy w/ the progress.
 * currently attending P.T. for (R)Knee.

X-RAYS/MRI/SCAN:

120✓
 10 ext

3 sessions of PT so far, - still have 9 sessions
 doing exercises @ home

ASSESSMENT:

L5- Dr. Kohan Prgm's.

PLAN:

A/P- Schleel PT
 cont therp

* needs to work
 on his extension *

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

0000051

DATE: 5/9/22

PATIENT: Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 5/9/22

Temporary Total Disability Until: RE FNCU

Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
- NO REPETITIVE BENDING OR STOOPING
- NO USE OF INVOLVED HAND/ARM
- NO OVERHEAD LIFTING
- LIMITED USE OF INVOLVED HAND/ARM
- NO FORCEFUL PUSHING OR PULLING
- MINIMAL STANDING OR WALKING
- NO CLIMBING
- NO REPETITIVE STAIRS
- NO REPETITIVE SQUAT/CLIMBING

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 4 weeks in office TIME: 6/3/22 10:00AM
Valencia

Philip Conwisar, M.D. Philip PA-C

DATE: 5/9/22

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjan, Steevio

Date: 5/9/22

Referring Physician:

Type II DM diet controlled
100-110

ALLERGIES: NKA

MEDICATIONS:

SUBJECTIVE: Post-OP Rt. Knee SX

OBJECTIVE: ~~Rt.~~ knee: Pain managed by usual med. Soreness

Around incision area. No fever/chills

- ice machine & elevate
- C/SAT

DMT2

X-RAYS/MRI/SCAN:

Eff/c/n/v

sugars stayed above
>100 4 days in a row

ASSESSMENT:

~~AP~~ start post op PT

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

Industrial Injury:

Personal Injury:

Private:

D/I: 7/13/18

SX Date:

8/4/18: LIS sx

5/4/22: Rt. knee
Arthro

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000053

DATE: 4/28/22

PATIENT: Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 4/28/22

Temporary Total Disability Until: 6-30-22

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: MAY 9, 2022 (IN OFFICE, SUMMER VAC)

TIME: 2:30PM

Philip Conwisar, M.D. _____

DATE: 4/28/22

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

819 Auto Center Drive
Palmdale, CA 93551

28212 Kelly Johnson Pkwy, Ste 155
Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000054

ORTHOPEDIC PROGRESS NOTES

Name: Bardakian, Steevio
Date: 4/28/22
Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES: NKA

MEDICATIONS: ~~PNUCOSET~~, ASA, Metformin,
Pre-OP ~~METAPROKOT~~

SUBJECTIVE:

D/I: 7/3/18
SX Date:
8/4/18: LJS sx

(R) knee: constant pain,
* Had appointment w/ Doctor Leonie
yesterday.

OBJECTIVE:

Walmart Pharmacy
25450 The Old Rd.
Stevenson Ranch CA 91381

X-RAYS/MRI/SCAN:

PE ~~CART~~

ASSESSMENT:

Bx D'Vino SPA, Pm
5-4-22

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

R, B, A Discussion
PT CONSULTS
TTD, RPT 5-9-22

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000055

DATE: 4/11/22

PATIENT: Bardakjian, Steenvio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 4/11/22

Temporary Total Disability Until: 6-1-22

Return to work on: _____ with the following restrictions:

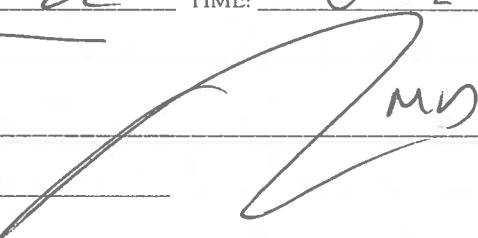
- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 4-28-22 TIME: 2:30 pm

Sherman Oaks

Philip Conwisar, M.D. 

DATE: 4/11/22

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Palmdale, CA 93551

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Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000056

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio
Date: 4/11/22
Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES: NKA

D/I: 7/03/18

MEDICATIONS:

SX Date:

SUBJECTIVE:

8/4/18: L/S SX

• Scheduled for Rt. knee sx 5/4/2022

OBJECTIVE:

Scheduled For

Rt knee DPA 5-4-22

X-RAYS/MRI/SCAN:

ASSESSMENT:

Rs CMT

PLAN:

B P Rx 4-28-22

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000057

DATE:

2/23/22

PATIENT:

Bardakjian Steeno

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

2/23/22



Temporary Total Disability Until:

Re-Eva/

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

4-6 wks

TIME:

4/11/22 10:45AM
Telmed

Philip Conwisar, M.D.

DATE:

2/23/22

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Valencia, CA 91355

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0000058

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian Stevio
Date: 2/23/22
Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES: NKA

D/I: 7/03/18

MEDICATIONS:

SX Date:
8/4/18 U/S SX

SUBJECTIVE: Pending auth for extension for Rt Knee SK

OBJECTIVE:

5 Am

X-RAYS/MRI/SCAN:

ASSESSMENT:

A B ~~Hip OA~~

PLAN:

TTD STATUS:

Pending Am

RECOMMENDATION/LITERATURE FOR PATIENT:

Explain

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000059

DATE: 1/17/22

PATIENT: Bardakjiar) Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 1/17/22

Temporary Total Disability Until: Re-Eval

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

NEXT APPOINTMENT:

4 weeks in office TIMES A WEEK.

TIME:

2/23/22

2:30pm

Valencia

Philip Conwisar, M.D.

DATE: 1/17/22

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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00000

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian Steevio

Date: 1/17/22

Referring Physician:

Industrial Injury:

Personal Injury:

Private:

ALLERGIES: NK/T

D/I: 07/03/18

MEDICATIONS:

SX Date:

8/4/18

SUBJECTIVE: Pt to continue treating w/ PCP, US Dr Barcottang
cardiologist, and Dr Konan pain management specialist

OBJECTIVE:

Cleared for surgery
Hm QMAD Myositis

X-RAYS/MRI/SCAN:

ASSESSMENT:

Pt does well
- Dr Konan DIA

PLAN:

Post Prod
Urg

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

000061

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: 11/29/21

PATIENT: BARDAKJIAN, STEEVIO

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 11/29/21

Temporary Total Disability Until: Re-eval

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 6 weeks TIME: 11/17/2022

11:15am
Telemed.

Philip Conwisar, M.D.

DATE: 11/29/21

VG

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ORTHOPEDIC PROGRESS NOTES

Name: BARDAKIAN, STEVEN
 Date: 11/29/21
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKDA

MEDICATIONS:

SUBJECTIVE:

- PATIENT WAS TO FOLLOW UP WITH PRIMARY CARE PROVIDER, CARDIOLOGIST, AND CONTINUE TO TREAT WITH DR. KOHAN PAIN MANAGEMENT

He cont to tx w/ his cardiologist who he stated will give him the clear for sx (R. knee) in early January

OBJECTIVE: will give him the clear for sx (R. knee) in early January

He may finished all his cardiac therapy.

L15 → SAME

X-RAYS/MRI/SCAN: R. Knee

He is eager to have sx process for R. knee to begin again

ASSESSMENT:

Ap - cont tx w/ go provider

PLAN:

TTD STATUS:

TTD

RECOMMENDATION/LITERATURE FOR PATIENT:

Flu weekly Dr. C next

- cont tx w/
cardiologist -

- cont tx w/
Dr. Kohan

PHILIP H. CONWISAR, M.D.

A Professional Corporation

74183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

000063

DATE:

October 13, 2021

PATIENT:

Bardakjian, Steevia

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on:

10/13/21



Temporary Total Disability Until:

Re eval



Return to work on:

with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 6 weeks TIME: 11/29/2021

11:00am
telemed.

Philip Conwisar, M.D.

DATE: 10/13/21

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio

Date: 10/13/21

Referring Physician:

Industrial Injury: X

Personal Injury:

Private:

ALLERGIES: NKDA

D/I: 07/03/18

MEDICATIONS:

SX Date:
8/4/18

SUBJECTIVE:

* Pt. is to cont. treating w/ Dr. Kohan Pain Management, Dr. Barcohana L1S SX.

OBJECTIVE: L1S
R knee > same.

X-RAYS/MRI/SCAN:

cardiologist Oct 17 - primary PCP
out 25 cardio echom.
3 mo p/o fr.

ASSESSMENT:

PM - Dr. Kohan

PLAN:

TTD STATUS: TTD

RECOMMENDATION/LITERATURE FOR PATIENT:

6 wks

A

p. fr w/ cardiologist

ppcp

- cont fr w/ PM

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

0000065

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: 09/01/21

PATIENT: Bardakjian, Steenvo

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 09/01/21

Temporary Total Disability Until: re-enrol

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 6 weeks TIME: 10/13/21
11:00 am
telemed.

Philip Conwisar, M.D. _____
DATE: 09/01/21

Order

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Valencia, CA 91355

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steenvio
 Date: 07/01/21
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKDA

MEDICATIONS:

SUBJECTIVE: Pt. to cont. treating w/ Dr. Kahan Dr. Barcohana

- L/S
- R/knee > same.

OBJECTIVE:

Now in cardiac rehab. → fu in Oct 17, w/ Cardiologist
 goal: R knee sx - in October

X-RAYS/MRI/SCAN:

* A1C 12 → 5.3 w/in 3 mo's, ↓DM
 - lost 40 lb.

ASSESSMENT:

-
- cont tx w/ Dr. Kohan
 - fu w/ cardiologist
 ↳ clearance for R knee surgery.

PLAN:

TTD STATUS: TTD

RECOMMENDATION/LITERATURE FOR PATIENT:

4 WKS

74193

PHILIP H. CONWISAR, M.D.
A Professional Corporation

0000067

Member, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: _____

July 30, 2021

PATIENT: _____

Bardakjian, Steevie

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: _____

7/30/21

Temporary Total Disability Until: Re-eval

Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
- NO REPETITIVE BENDING OR STOOPING
- NO USE OF INVOLVED HAND/ARM
- NO OVERHEAD LIFTING
- LIMITED USE OF INVOLVED HAND/ARM

- NO FORCEFUL PUSHING OR PULLING
- MINIMAL STANDING OR WALKING
- NO CLIMBING
- NO REPETITIVE STAIRS
- NO REPETITIVE SQUAT/CLIMBING

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: bi weekly TIME: Sept 1 @ 10:45 am

Telmed

Philip Conwisar, M.D.

DATE: 7/30/21

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steviv
 Date: 7/30/21
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKA

MEDICATIONS:

SUBJECTIVE:

*triple bypass SX scheduled 6/28/21

His triple bypass was successful. He will follow w/ his cardiologist on 10/23/21 for an echo cardiogram to see if he will be able to be cleared for SY.

OBJECTIVE:

L1S → Same
 R. knee

He cont to be on his keto diet & intermittent fasting & is 35 lbs down.

His labs are normal right now.
 Walking is preceatue.

X-RAYS/MRI/SCAN:

ASSESSMENT:

A | P - Cont tx w/ P mgmt
 (Dr. Kohan)

PLAN:

TTD STATUS: TTD

RECOMMENDATION/LITERATURE FOR PATIENT:

Flu 6 weekly

6
00000

PHILIP H. CONWISAR, M.D.

A Professional Corporation

14183

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: _____

JUNE 18, 2021

PATIENT: _____

Bardakjian, Stevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: _____

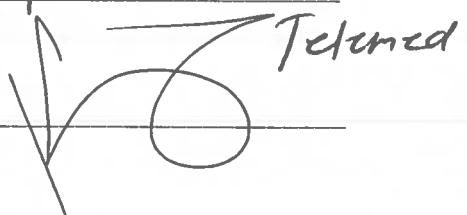
6/18/21

 Temporary Total Disability Until: Re-eval Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

 RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: 6 weekly TIME: 7/30/21 10:30 AM

Philip Conwisar, M.D. _____

DATE: 6/18/21

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4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403819 Auto Center Drive
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Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000070

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevio
Date: 6/18/21
Referring Physician:

Industrial Injury: X
Personal Injury:
Private:

ALLERGIES: NKA

D/I: 7/3/18

MEDICATIONS:

SX Date:

SUBJECTIVE:

6/4/18

* pending auth. for spine surgical consult

6/5 SX

He is going to have a triple bypass @ Henry Mayo on 6/28/21

Dr. Barcohang

OBJECTIVE: He notes his knee sx is now on hold till he

L1S → SAME
R Knee

X-RAYS/MRI/SCAN:

A | p

ASSESSMENT:

- SX for triple bypass
Scheduled for 6/28/21

PLAN:

TTD STATUS: TTD

RECOMMENDATION/LITERATURE FOR PATIENT:

FIU 6 weekly

14183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

0000071

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: _____

MAY 7, 2021

PATIENT: _____

Bardakjian, Steven

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: _____

5/7/21

 Temporary Total Disability Until: _____

Re-eval

 Return to work on: _____ with the following restrictions:

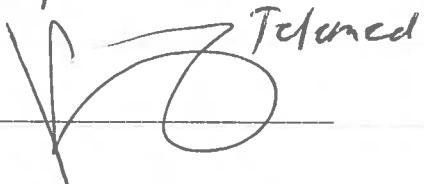
- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

 RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____ TIMES A WEEK.

NEXT APPOINTMENT: biweekly TIME: _____

6/18/21 11:45AM


Tcanced

Philip Conwisar, M.D. _____

DATE: 5/7/21

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Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevrio
 Date: 5/1/21
 Referring Physician:

Industrial Injury: X
 Personal Injury:
 Private:

ALLERGIES: NKA

D/I: 7/3/18

MEDICATIONS:

SX Date:

SUBJECTIVE:

* Pending auth. for 2nd opinion

8/4/18

L/S SX

Dr. Barcohany

He has not had any change in his P since

last exam. He is following up w/ his primary & notes he has

OBJECTIVE: a referral for cardiologist. As he was not cleared for

Sx w/ Dr. Leoni he is getting his heart evaluated in hopes to get cleared for St.

L/S - → SAME

R. Knee -

X-RAYS/MRI/SCAN:

ASSESSMENT:

A/p - re-reg auth for 2nd opinion

PLAN:

- Patient to fv w car diabetologist through his
Prv. Mng.

TTD STATUS:

TTD

RECOMMENDATION/LITERATURE FOR PATIENT:

FU 6 weekly

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: 03/22/21
 PATIENT: Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 03/22/21

Temporary Total Disability Until: 5-31-21

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |
-
-
-

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY 6 WKS TEE MED TIMES A WEEK.

NEXT APPOINTMENT: 5/10/21 TIME: 9:15 AM

Philip Conwisar, M.D.

DATE: 03/22/21

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

4835 Van Nuys Blvd., Ste. 210
 Sherman Oaks, CA 91403

819 Auto Center Drive
 Palmdale, CA 93551

28212 Kelly Johnson Pkwy, Ste 155
 Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevie

Date: 03/22/21

Referring Physician:

Industrial Injury:
Personal Injury:
Private:

ALLERGIES: NKA

MEDICATIONS:

SUBJECTIVE: Auth pending for 2nd opinion T Dr. Patrick Johnson.

D/I: 07/03/18

SX Date:
08/04/18

HSSX
Dr. Barcohina

Rt. knee - 3/26/21

OBJECTIVE:

*pt. wasnt ~~case~~ ^{AL} clear
for SX.

X-RAYS/MRI/SCAN:

SAME

ASSESSMENT:

A
P
Not Closer
Rt b)

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

0000075

DATE: 03/04/21

PATIENT: Bardakjian, Steevie

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 03/04/21

Temporary Total Disability Until: Re-Eval

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON:

CONTINUE THERAPY

NEXT APPOINTMENT:

Philip Conwisar, M.D.

DATE: 03/04/21

WITHOUT RESTRICTIONS.

TIMES A WEEK.

3/22/21

10:15 AM
Preop

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Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

X0000076

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steevio

Date: 03/04/21

Referring Physician:

Industrial Injury:

Personal Injury:

Private:

ALLERGIES: NKA

D/I: 07/03/18

MEDICATIONS:

SX Date:

SUBJECTIVE: 2nd opinion to Dr. Patrick Johnson
pending

08/04/18

L/S SX

Dr. Barcohana

OBJECTIVE:

SAME

X-RAYS/MRI/SCAN:

ASSESSMENT:

B 2nd op^{pt} consult
no Z^{pt}

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

0000077

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: 02/18/2021
PATIENT: Bardakjian, SteeviO

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 02/18/21
 Temporary Total Disability Until: 4-15-21
 Return to work on: _____ with the following restrictions:

- NO LIFTING OVER _____ LBS.
 NO REPETITIVE BENDING OR STOOPING
 NO USE OF INVOLVED HAND/ARM
 NO OVERHEAD LIFTING
 LIMITED USE OF INVOLVED HAND/ARM
- NO FORCEFUL PUSHING OR PULLING
 MINIMAL STANDING OR WALKING
 NO CLIMBING
 NO REPETITIVE STAIRS
 NO REPETITIVE SQUAT/CLIMBING

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

TIMES A WEEK.

NEXT APPOINTMENT:

TIME:

Philip Conwisar, M.D.

DATE: 02/18/21

Sherman Oaks

3/22/21 10:15am

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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Sherman Oaks, CA 91403

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Palmdale, CA 93551

28212 Kelly Johnson Pkwy, Ste 155
Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

ORTHOPEDIC PROGRESS NOTES

0000078

Name: Bardakjian, Steevio

Date: 02/18/21

Referring Physician:

Industrial Injury: X

Personal Injury:

Private:

ALLERGIES: NKA

MEDICATIONS:

SUBJECTIVE: 2nd opinion to Dr. Patrick Johnson
pending auth.

- Scheduled for ⑫ knee sx 03/26/21

D/I: 07/03/18

SX Date:

08/04/18

L/S SX:

Dr. Parcohana

OBJECTIVE:

X-RAYS/MRI/SCAN:

Smo

ASSESSMENT:

Dr. Yous OPA

3/26/21

PLAN:

2 w/ opinion consent

TTD STATUS:

Dr. Patrick Johnson

RECOMMENDATION/LITERATURE FOR PATIENT:

do 4-5 w

DICTATED PR2

74183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

0000079

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: 02/02/21

PATIENT: Bardakjian, Steevio

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: 02/02/21

Temporary Total Disability Until: 3-15-21

Return to work on: _____ with the following restrictions:

- | | |
|--|---|
| <input type="checkbox"/> NO LIFTING OVER _____ LBS. | <input type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY

NEXT APPOINTMENT:

4 wks TELMED TIMES A WEEK
MARCH 04, 2021
@ 10:00am

Philip Conwisar, M.D.

DATE: 02/02/21

[Handwritten Signature]

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Palmdale, CA 93551

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Valencia, CA 91355

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ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Steviv

Date: 02/02/21

Referring Physician:

Industrial Injury: Personal Injury: Private:

ALLERGIES: NKA

MEDICATIONS:

SUBJECTIVE: 2nd opinion to Dr. Patrick Johnson

Pending auth.

D/I: 07/03/18

SX Date:

01/4/18

LIS SX

Dr. Barcahanca

OBJECTIVE:

R shoulder -
Arm, elbow
/ Scapula
Same, R shoulder

X-RAYS/MRI/SCAN:

ASSESSMENT:

A
R shoulder 3-26-21
2nd opinion Patrick
Johnson

PLAN:

TTD

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

14183

PHILIP H. CONWISAR, M.D.
A Professional Corporation

0000081

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

DATE: _____

JANUARY 20, 2021

PATIENT: _____

Bardakjian, Stevivo

TO OUR PATIENTS:

ONLY THE DOCTOR CAN DETERMINE WHETHER YOUR DISABILITY STATUS SHOULD BE CHANGED OR EXTENDED. THEREFORE, YOU SHOULD MAKE EVERY EFFORT TO KEEP YOUR RETURN APPOINTMENT.

The above patient was examined on: _____

11/20/21

 Temporary Total Disability Until: _____ Return to work on: 1-20-21 with the following restrictions:

- | | |
|---|--|
| <input checked="" type="checkbox"/> NO LIFTING OVER <u>10</u> LBS. | <input checked="" type="checkbox"/> NO FORCEFUL PUSHING OR PULLING |
| <input checked="" type="checkbox"/> NO REPETITIVE BENDING OR STOOPING | <input type="checkbox"/> MINIMAL STANDING OR WALKING |
| <input type="checkbox"/> NO USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO CLIMBING |
| <input type="checkbox"/> NO OVERHEAD LIFTING | <input type="checkbox"/> NO REPETITIVE STAIRS |
| <input type="checkbox"/> LIMITED USE OF INVOLVED HAND/ARM | <input type="checkbox"/> NO REPETITIVE SQUAT/CLIMBING |

 RETURN TO WORK ON: _____ WITHOUT RESTRICTIONS.

CONTINUE THERAPY _____

NEXT APPOINTMENT: _____

Philip Conwisar, M.D.

DATE: 11/20/21

30 min MAX standing
on walking per hour
1 week TELERX

2/18/21

9:45pm

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Valencia, CA 91355

Phone: 818-784-1354 • Fax: 818-784-5705 • Email: info@drconwisar.com

0000082

ORTHOPEDIC PROGRESS NOTES

Name: Bardakjian, Stevlio
Date: 11/20/21
Referring Physician:

Industrial Injury: X
Personal Injury:
Private:

ALLERGIES: NKA

D/I: 7/3/18

MEDICATIONS:

SX Date:

SUBJECTIVE:

* Pending auth. for second opinion

8/4/18

Spine surgical consult with Dr. Patrick Johnson

L1/S SX

Dr. Batcahan

OBJECTIVE:

Same

X-RAYS/MRI/SCAN:

AP D'Vus SPA
Postero
Z ms Opinions
Consult

PLAN:

TTD STATUS:

RECOMMENDATION/LITERATURE FOR PATIENT:

6-5 Soc
No Ch

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 15, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	November 15, 2024
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REVIEW OF MEDICAL RECORDS

REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. The patient states the telemedicine examination was done at home. He continues to have persistent pain in his low back and right knee that can be severe at times. He is presently attending physical therapy for the low back. He continues to treat with the pain management specialist for the low back. He found only mild temporary improvement following the Monovisc injection given to his right knee at this visit on May 31, 2024.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the bilateral lower extremities obtained on 2/13/24 is interpreted by the doctor as showing active bilateral L4-S1 lumbosacral radiculopathy.

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5, S1 RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.
6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient has been denied the PRP injection for the right knee and a consultation for a PRP injection with the pain management specialist. He is to discuss this with his attorney.

He is to continue treating with Dr. Kohan, the pain management specialist for his low back.

November 15, 2024

Page 4 of 5

0000086

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He is to continue his authorized physical therapy for the low back.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on November 15, 2024 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: November 15, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

BARDAKJIAN, STEEVIO

November 15, 2024

Page 5 of 5

0000087

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

October 2, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: October 2, 2024
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated in the office today. He continues to have persistent pain in his low back and right knee that can be severe at times. He is presently attending physical therapy for the low back. He found only mild temporary improvement following the Monovisc injection given to his right knee at this visit on May 31, 2024.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a slight limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	POS-mild	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

SENSATION:

There is decreased sensation:

Right Left

L1
L2
L3
L4 X
L5 X
S1

DEEP TENDON REFLEXES:**RIGHT****LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the bilateral lower extremities obtained on 2/13/24 is interpreted by the doctor as showing active bilateral L4-S1 lumbosacral radiculopathy.

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5, S1 RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.
6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is two years postop right knee arthroscopic surgery. He continues to have persistent pain in his right knee. He had mild temporary benefit from the Monovisc injection given to his right knee at his visit on May 31, 2024. He has mild degenerative joint disease of the right knee. He has had physical therapy and a Monovisc injection. He is diabetic and does not want a corticosteroid injection. He would benefit from a PRP injection to the right knee. This is indicated in degenerative joint disease. I request authorization for a PRP injection to the right knee to be given by the pain management specialist, Dr. Kohan or Dr. Sadik at Universal Pain Management under IV sedation, monitored anesthesia care and ultrasound guidance. Please authorize. I request a consultation with the pain management specialist for the PRP injection for the right knee. Please authorize.

He is to continue treating with Dr. Kohan, the pain management specialist for his low back.

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He is to continue his authorized physical therapy for the low back.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on October 2, 2024 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: October 2, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
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cc: Lewis, Brisbois, Bisgaard & Smith
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PHILIP H. CONWISAR, M.D.

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

July 18, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: July 18, 2024
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. The patient states the telemedicine examination was done at home. He continues to have persistent pain in his low back and right knee that can be severe at times. He is presently attending physical therapy for the low back. He had mild improvement following the Monovisc injection given to his right knee at this last visit on May 31, 2024. He had an MRI of his right knee at Tower Imaging through the Agreed Medical Examiner.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the bilateral lower extremities obtained on 2/13/24 is interpreted by the doctor as showing active bilateral L4-S1 lumbosacral radiculopathy.

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5, S1 RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.
6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve two years postop right knee arthroscopic surgery. He continues to have persistent pain in his right knee. He has had mild improvement following the Monovisc injection given to his right knee at his last visit on May 31, 2024. He is to continue his home exercises and stretches to tolerance.

He is to continue treating with Dr. Kohan, the pain management specialist.

July 18, 2024

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He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He is to continue his authorized physical therapy for the low back.

He had an MRI of his right knee obtained through the Agreed Medical Examiner and had this done at Tower Imaging Open MRI. I request a copy of this report be provided to our office for review.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

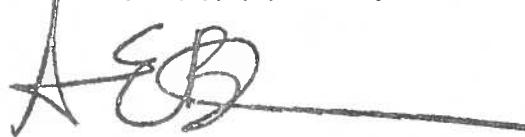
The patient's pain remains severe. He will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on July 18, 2024 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: July 18, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

July 18, 2024

Page 5 of 5

cc: Lewis, Brisbois, Bisgaard & Smith
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660000

PHILIP H. CONWISAR, M.D.

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

May 31, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: May 31, 2024
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has been authorized for additional physical therapy for the low back and is scheduled to start this next week. He had electrodiagnostic studies of the bilateral lower extremities which we reviewed today. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon, for a consultation and states that Dr. Chon has recommended fusion from L3 to S1. He also has persistent pain in his right knee. He has been authorized for a Monovisc hyaluronate ViscoSupplementation injection for the right knee. We have received the solution from the pharmacy.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a slight limp present on the right.

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Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	POS-mild	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:

MOTOR TESTING:

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5

Great Toe Extension: 4+/5 5/5 Great Toe Flexion: 5/5 5/5

SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES: **RIGHT** **LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the bilateral lower extremities obtained on 2/13/24 is interpreted by the doctor as showing active bilateral L4-S1 lumbosacral radiculopathy.

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5, S1 RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.

6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve two years postop right knee arthroscopic surgery. He continues to have persistent pain in his right knee. He has been authorized for a Monovisc hyaluronate ViscoSupplementation injection for the right knee. We have received the solution from the pharmacy. This was given in the office today under sterile conditions. The patient tolerated the procedure well.

He is to continue treating with Dr. Kohan, the pain management specialist.

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He has been authorized for additional physical therapy for the low back and is scheduled to start this next week.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

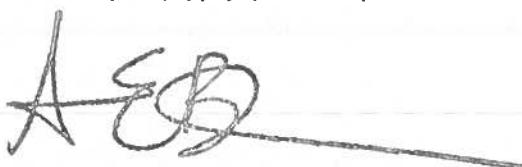
The patient's pain remains severe. He will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on May 31, 2024 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: May 31, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
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000106

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

April 2, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: April 2, 2024
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. The patient states the telemedicine examination was done at home. He continues to have persistent pain in his low back that is severe at times. He has been authorized for a Monovisc hyaluronate viscosupplementation injection for the right knee. We are pending the receipt of the solution from the pharmacy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon, for a consultation and states that Dr. Chon has recommended fusion from L3 to S1. The pain in his low back is severe and worsening. He is presently attending physical therapy for his low back and has nearly completed his sessions. He finds improvement with physical therapy; however, he continues to have persistent pain. He had electrodiagnostic studies of the bilateral lower extremities on February 15, 2024. We are pending a copy of this report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

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MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.
6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He continues to have persistent pain in his right knee that is severe at times. He has been authorized

BARDAKJIAN, STEEVIO

April 2, 2024

Page 4 of 5

for a Monovisc hyaluronate ViscoSupplementation injection for the right knee. We are pending the solution from the pharmacy.

He is to continue treating with Dr. Kohan, the pain management specialist.

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He is to continue his authorized physical therapy for his low back. He finds improvement with physical therapy; however, he continues to have persistent pain. He is nearly complete with his sessions. He would benefit from additional treatment. I request authorization for additional physical therapy for the lumbar spine to be twice a week for six weeks. Please authorize.

He had electrodiagnostic studies of the bilateral lower extremities ordered by the Agreed Medical Examiner, Dr. Woods, on February 15, 2024. I re-request a copy of this report be provided to our office for review.

He has worsening pain in his low back that radiates to his right hip and pain in his right hip that radiates down to the right knee. He had x-rays of his right hip in 2019 which showed mild degenerative joint disease of the right hip. He is indicated for an updated x-ray to evaluate the extent of the arthritis and to rule out a cause of referred pain to the knee. Please authorize.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on April 2, 2024 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C

April 2, 2024

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000111



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: April 2, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

February 19, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: February 19, 2024
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated by telemedicine. Consent was given for telemedicine examination. The patient states he was at home during the telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He is over one-year postop right knee arthroscopy. He recently had an MRI arthrogram of the right knee which we reviewed today. He has persistent swelling and pain with prolonged weightbearing. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon, for a consultation and states that Dr. Chon has recommended fusion from L3 to S1. The pain in his low back is severe and worsening. He is also having pain in the bilateral shoulders due to being able to sleep on his back. He is presently attending physical therapy for his low back. He had electrodiagnostic studies of the bilateral lower extremities on February 15, 2024. We are pending a copy of this report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI arthrogram of the right knee obtained on 1/29/24 is interpreted by the radiologist as showing intact menisci cruciate and lateral ligaments. There is mucoid degeneration of the intact ACL fibers. There is mild tricompartmental osteoarthritis with low grade chondromalacia, most predominantly affecting the patellofemoral compartment of the knee. There is tenderness / tendinopathy of the distal quadriceps and proximal patellar tendons.

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. STATUS POST RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.
5. PATELLOFEMORAL SYNDROME, RIGHT KNEE.
6. MILD DEGENERATIVE JOINT DISEASE, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one-year postop right knee arthroscopic surgery. He has persistent pain with prolonged weightbearing, predominately patellofemoral. He has MRI

February 19, 2024

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arthrogram findings of mild tricompartmental osteoarthritis and chondromalacia. He continues his self directed home exercise program following the completion of physical therapy. He would benefit from a Monovisc hyaluronate ViscoSupplementation injection for the right knee. He is diabetic and does not want a corticosteroid injection. He is indicated for a Monovisc hyaluronate ViscoSupplementation injection for the right knee. I request authorization for a hyaluronate ViscoSupplementation injection for the right knee. Please authorize.

He is to continue treating with Dr. Kohan, the pain management specialist.

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He is to continue his authorized physical therapy for his low back.

He had electrodiagnostic studies of the bilateral lower extremities ordered by the Agreed Medical Examiner, Dr. Woods, last week on February 15, 2024. I request a copy of this report be provided to our office for review.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on February 19, 2024 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C

February 19, 2024

Page 5 of 5



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: February 19, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

000116

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

January 11, 2024

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: January 11, 2024
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon for a consultation and states that Dr. Chon has recommended fusion from L3 to S1. The pain in his low back is severe and worsening. He is also having worsening pain in his bilateral shoulders due to being unable to sleep on his back. He has apparently received authorization for an MRI arthrogram of the right knee and is scheduled to have this on January 29, 2024. He has been authorized for physical therapy for the low back. This is pending scheduling.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the

right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrowing of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program. The Agreed Medical Examiner, Dr. Woods, has requested an updated MRI of the right knee. Apparently, this was authorized and is scheduled for January 29, 2024. I request a copy of the report be provided to our office for review when it is complete.

He is to continue treating with Dr. Kohan, the pain management specialist.

He saw the second opinion spine surgeon, Dr. Chon. I re-request a copy of this report be provided to our office for review.

He has persistent pain in his low back that is severe and worsening. He found benefit from physical therapy in the past. He has been authorized for physical therapy for the lumbar spine. This is

January 11, 2024

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pending scheduling.

He is indicated for x-rays of the bilateral shoulders. He has been having worsening pain in his bilateral shoulders due to the way he has had to change his sleeping habits. This is certainly indicated. I re-request authorization for x-rays of the bilateral shoulders. Please authorize.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on January 11, 2024 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: January 11, 2024 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

BARDAKJIAN, STEEVIO

January 11, 2024

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PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 22, 2023

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	November 22, 2023
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon for a consultation and states that Dr. Chon has recommended a fusion from L3 to S1. The pain in his low back is severe and worsening. He is also having worsening pain in his bilateral shoulders due to being unable to sleep on his back. He has been sleeping on his side since 2018. He now has worsening pain in his shoulders and is unable to lift his arms without pain. He had an AME with Dr. Woods on September 8, 2023. We reviewed this report today.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a slight limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-3 degrees	0 degrees	0 degrees

TESTS:	RIGHT	LEFT
Medial Joint Line Tenderness:	Neg	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	Neg	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:

MOTOR TESTING:

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5

November 22, 2023

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Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5
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SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program. The Agreed Medical Examiner, Dr. Woods, has requested an updated MRI of the right knee. Apparently, this was never done. I request authorization for an updated MRI arthrogram of the right knee. Please authorize.

He is to continue treating with Dr. Kohan, the pain management specialist.

He had a second opinion spine surgical consultation with Dr. Chon. I re-request a copy of this report be provided to our office for review.

November 22, 2023

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He is indicated for x-rays of the bilateral shoulders. He has been having worsening pain in his bilateral shoulders due to the way that he has had to change his sleeping habits. This is certainly indicated. I re-request authorization for x-rays of the bilateral shoulders. Please authorize.

The patient has persistent pain in his low back that is severe and worsening. He has found benefit from physical therapy in the past. I request authorization for physical therapy for the lumbar spine to be twice a week for six weeks. Please authorize.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on November 22, 2023 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: November 22, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

November 22, 2023

Page 7 of 7

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

000128

PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

October 11, 2023

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: October 11, 2023
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REVIEW OF MEDICAL RECORDS REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon for a consultation and states that Dr. Chon has recommended a fusion from L3 to S1. The pain in his low back is severe and worsening. He has also been having worsening pain in his bilateral shoulders due to being unable to sleep on his back. He has been sleeping on his side since 2018. He now has worsening pain in his shoulders and is unable to lift his arms without pain. He had an AME with Dr. Woods on September 8, 2023.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the

right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

MEDICAL RECORD REVIEW:

I have reviewed the following:

9/8/23 Lee Woods, M.D. - Agreed Medical Evaluation.

End of Medical Record Review

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program. The Agreed Medical Examiner, Dr. Woods, has requested an updated MRI of the right knee. I request a copy of this report be provided to our office for review when it is complete.

He is to continue treating with Dr. Kohan, the pain management specialist.

He had a second opinion spine surgical consultation with Dr. Chon. I request a copy of this report be provided to our office for review.

He is indicated for x-rays of the bilateral shoulders. He has been having worsening pain in his bilateral shoulders due to the way that he has had to change his sleeping habits. This is certainly indicated. I request authorization for x-rays of the bilateral shoulders. Please authorize.

BARDAKJIAN, STEEVIO

October 11, 2023

Page 4 of 4

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient's pain remains severe. He will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on October 11, 2023 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: October 11, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

August 30, 2023

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: August 30, 2023
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He saw the second opinion spine surgeon, Dr. Chon for a consultation last week. He states that Dr. Chon has recommended a fusion from L3 to S1. The pain in his low back is severe and worsening.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program.

He is to continue treating with Dr. Kohan, the pain management specialist.

He is scheduled for an AME with Dr. Woods at the end of September of 2023.

He saw the second opinion spine surgeon Dr. Chon for a consultation last week. I request that the report be provided to our office for review.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

Due to an increase in severity of pain, I am placing the patient on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on August 30, 2023 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

August 30, 2023

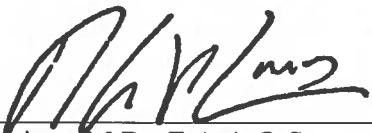
Page 4 of 4

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I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: August 30, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
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Fellow, American Academy of Orthopaedic Surgeons

July 14, 2023

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: July 14, 2023
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He was authorized for a second opinion spine surgical consultation with Dr. Chon at Cedar Sinai. This is scheduled for the end of August, 2023. He had an updated MRI of the lumbar spine on June 1, 2023. We have reviewed this today. He had a QME with Dr. Lee approximately six months ago. We are still pending a copy of this report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine with IV gadolinium obtained on 6/1/23 is interpreted by the radiologist as showing a 4mm. posterior disc bulge at L4-L5 with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, severe bilateral neural foraminal stenosis with impingement upon the bilateral L4 exiting nerve roots. A partial laminectomy is noted. There is a 2mm. posterior disc bulge at L3-L4 and L5-S1 with moderate bilateral neural foraminal stenosis at L3-L4 and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis or neural foraminal narrowing at L5-S1.

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy

at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program.

He is to continue treating with Dr. Kohan, the treating pain management specialist.

He is scheduled for an AME with Dr. Woods at the end of September of 2023.

The patient was authorized for a second opinion spine surgical consultation with Dr. Jae Chon at Cedar Sinai. He is scheduled for this at the end of August of 2023. I request that the report be provided to our office for review when it is complete.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient can continue to work modified duty with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on July 14, 2023 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

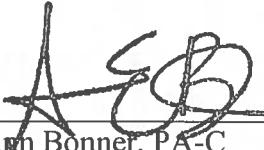
July 14, 2023

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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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: July 14, 2023 Los Angeles County, California

AB/jt

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Fellow, American Academy of Orthopaedic Surgeons

May 22, 2023

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	May 22, 2023
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He completed his physical therapy and continues on a self directed home exercise program. He is over one year postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He was authorized for a second opinion spine surgical consultation with Dr. Chon at Cedars Sinai. This is pending scheduling. He is presently attending chiropractic therapy ordered by the pain management specialist. He finds mild temporary benefit. He saw Dr. Lee, the QME doctor approximately five months ago. We are still pending a copy of this report. He is scheduled for an updated MRI of the lumbar spine on June 2, 2023.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

BARDAKJIAN, STEEVIO

May 22, 2023

Page 2 of 4

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

BARDAKJIAN, STEEVIO

May 22, 2023

Page 3 of 4

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve over one year postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program.

The patient is to continue treating with Dr. Kohan, the treating pain management specialist. He is presently attending chiropractic therapy ordered by Dr. Kohan.

He had a QME with Dr. Lee approximately five months ago. I re-request a copy of this report be provided to our office for review.

The patient was authorized for a second opinion spine surgical consultation with Dr. Jae Chon at Cedars Sinai. This is pending scheduling and will be scheduled in the near future.

He has been authorized for an updated MRI of the lumbar spine with IV gadolinium. He is scheduled to have this done on June 2, 2023. I request a copy of the report be provided to our office for review when it is complete.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient can continue to work modified duty with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on May 22, 2023 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

BARDAKJIAN, STEEVIO

May 22, 2023

Page 4 of 4

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Ann Bonner, PA-C

Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: May 22, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry &Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

April 7, 2023

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	April 7, 2023
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He has completed his physical therapy and continues on a self directed home exercise program. He is eleven months postop right knee arthroscopy. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer accepts workers' compensation cases. He continues to have severe pain that radiates down his right lower extremity. He saw Dr. Lee, the QME doctor approximately four months ago. We are still pending a copy of this report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a slight limp present on the right.

BARDAKJIAN, STEEVIO

April 7, 2023

Page 2 of 6

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:**RIGHT****LEFT**

Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:**RIGHT****LEFT**

Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of

BARDAKJIAN, STEEVIO

April 7, 2023

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motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-3 degrees	0 degrees	0 degrees

TESTS:	RIGHT	LEFT
Medial Joint Line Tenderness:	Neg	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	Neg	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIO

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SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
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L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:	RIGHT	LEFT
------------------------------	--------------	-------------

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

April 7, 2023

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve eleven months postop right knee arthroscopic surgery. He is to continue on a self directed home exercise program.

The patient completed his authorized physical therapy for his low back and continues on a self directed home exercise program.

The patient is to continue treating with Dr. Kohan, the treating pain management specialist. He states that he is scheduled to start chiropractic therapy ordered by Dr. Kohan next week.

He had a QME with Dr. Lee approximately four months ago. I request a copy of this report be provided to our office for review.

The patient was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer sees workers' compensation cases. I re-request that the authorization for a second opinion spine surgical consultation be amended to be with Dr. Jae Chon at Cedars Sinai. Please provide the amendment so the patient can see Dr. Chon promptly.

The patient is indicated for an updated MRI of the lumbar spine. He continues to have severe pain that is worsening. His last MRI is over two years old. He continues to do poorly at this time. I request authorization for an updated MRI of the lumbar spine with IV gadolinium to evaluate for disc herniation and nerve root impingement. Please authorize. IV gadolinium is indicated as the patient has had previous lumbar spine surgery.

The patient will return for reevaluation in four weeks.

BARDAKJIAN, STEEVIO

April 7, 2023

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WORK/DISABILITY STATUS:

The patient can continue to work modified duty with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on April 7, 2023 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Ann Bonner, PA-C

Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: April 7, 2023 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

December 29, 2022

Sedgwick
P.O. Box 11028
Orange, CA 92856

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	December 29, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee; however, he has had significant improvement with physical therapy. He has completed his physical therapy and continues on a self directed home exercise program. He feels as though his knee is getting stronger, but it is not at the same strength as the left knee. He has had a significant decrease in pain and swelling of his right knee following the right knee arthroscopy performed on May 4, 2022. He has completed his physical therapy for his low back and continues his exercises and stretches at home. He continues to treat with Dr. Kohan, the pain management specialist. He was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer accepts workers' compensation cases. He continues to have radiating pain down his right lower extremity.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

BARDAKJIAN, STEEVIO

December 29, 2022

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LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is

BARDAKJIAN, STEEVIO

December 29, 2022

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a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve eight months postop right knee arthroscopic surgery. He has completed his authorized physical therapy and continues to do his home exercises and stretches to tolerance.

He has completed his authorized physical therapy for his low back and continues on a self directed home exercise program.

The patient was authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. Unfortunately, Dr. Johnson no longer sees workers' compensation cases. I request that the authorization for a second opinion spine surgical consultation be amended to be with Dr. Jae Chon at Cedars Sinai. Please provide the amendment so the patient can see Dr. Chon promptly.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient remains temporarily, totally disabled until January 8, 2023. He will return to work modified duty on January 9, 2023, with the following restrictions. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on December 29, 2022 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

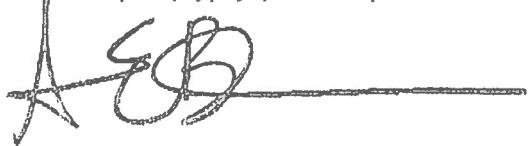
BARDAKJIAN, STEEVIO

December 29, 2022

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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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: December 29, 2022, Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 23, 2022

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	November 23, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated in the office today. He continues to have persistent pain in his low back that is severe at times. He has mild pain in his right knee. He continues to improve following right knee arthroscopic surgery performed 6 ½ months ago. He continues to attend physical therapy for his low back and right knee. He has been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling. He continues to have radiating pain down his right lower extremity. He continues to treat with Dr. Kohan, the pain management specialist.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor.

BARDAKJIAN, STEEVIO

November 23, 2022

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There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 5 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range

BARDAKJIAN, STEEVIO

November 23, 2022

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of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-5 degrees	0 degrees	0 degrees

TESTS:	RIGHT	LEFT
Medial Joint Line Tenderness:	Neg	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	Neg	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.
Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	5/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIO

November 23, 2022

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SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

November 23, 2022

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MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve 6 ½ months postop right knee arthroscopic surgery. He is to continue his authorized physical therapy.

He is to continue his home exercises and stretches to tolerance.

He is to continue his authorized physical therapy for his low back.

He has been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling and will be scheduled in the near future.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on November 23, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

BARDAKJIAN, STEEVIO

November 23, 2022

Page 6 of 6

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: November 23, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

October 6, 2022

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	October 6, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated by telemedicine. Consent was given for telemedicine examination. The patient is improving after right knee arthroscopic surgery performed five months ago. He has some persistent right knee pain and weakness in his right lower extremity. He also has severe low back pain with radiating pain to the lower extremities. We have received authorization for additional physical therapy for the right knee and physical therapy for the low back which he started this week. He has had one session so far. He has also been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

There is restricted range of motion. There is pain with range of motion.

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

BARDAKJIAN, STEEVIO
October 6, 2022
Page 2 of 4

Neurologic exam does not appear to be intact. There appears to be decreased sensation in the L5 dermatome. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There are healed incisions.

There is slight restriction in extension. There is slight restriction in flexion. There is pain with range of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.

BARDAKJIAN, STEEVIO

October 6, 2022

Page 3 of 4

2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve five months postop right knee arthroscopic surgery. He does have residual weakness and pain in the right knee. He is to continue his authorized additional postop physical therapy for his right knee.

He is to continue his authorized physical therapy for his low back.

He has been authorized for a second opinion spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. This is pending scheduling and will be scheduled in the near future.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

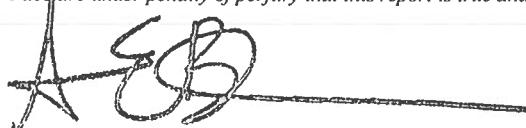
The patient remains temporarily, totally disabled.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on October 6, 2022 by telemedicine. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C

BARDAKJIAN, STEEVIO

October 6, 2022

Page 4 of 4



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: October 6, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.
A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

August 31, 2022

Tristar Risk Management
 P.O. Box 11967
 Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	August 31, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated today. He is improving after right knee arthroscopic surgery 3 ½ months ago. He does have some persistent right knee pain and weakness. He is also having severe low back pain with radiating pain to the lower extremities. We have not received authorization for second opinion spine surgical consultation.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

BARDAKJIAN, STEEVIO

August 31, 2022

Page 2 of 6

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:

	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BARDAKJIAN, STEEVIO

August 31, 2022

Page 3 of 6

BILATERAL KNEE EXAMINATION:

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
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Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-5 degrees	0 degrees	0 degrees

TESTS:	RIGHT	LEFT
--------	-------	------

Medial Joint Line Tenderness:	Neg	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	Neg	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT		RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	4/5	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5

BARDAKJIAN, STEEVLO

August 31, 2022

Page 4 of 6

SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:

	RIGHT	LEFT
--	--------------	-------------

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

August 31, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient is improving 3 ½ months after right knee arthroscopic surgery. He does have residual weakness and pain in the right knee. He is indicated for additional physical therapy.

I again request authorization for additional physical therapy for the right knee twice a week for six weeks. Please provide authorization.

The patient has persistent severe low back pain. He has been symptomatic for over four years. I request authorization for second opinion spine surgical consultation with Dr. Patrick Johnson or Dr. Jae Chon in Los Angeles.

The patient is having a flare-up of low back pain. I request authorization for physical therapy for the lumbar spine twice a week for six weeks. Please provide authorization.

The patient will remain under the care of Dr. Kohan, the treating pain management specialist.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on August 31, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

BARDAKJIAN, STEEVIE

August 31, 2022

Page 6 of 6

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: August 31, 2022 Los Angeles County, California

PHC/cam

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.
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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

July 22, 2022

Tristar Risk Management
 P.O. Box 11967
 Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	July 22, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He is eleven weeks post-op right knee arthroscopy with partial medial meniscectomy. He continues to do well at this time. He feels like his strength continues to improve; however, he does still have some pain. He continues to treat with Dr. Kohan, the pain management specialist for his low back. He has persistent and severe pain in his low back. He states that he has been trying to have a spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai; however, his adjuster has changed and she has not received the authorization.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right.

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

4835 Van Nuys Blvd., Ste. 210
 Sherman Oaks, CA 91403

• 819 Auto Center Drive
 Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
 Valencia, CA 91355

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	140 degrees	140 degrees
Extension:	-5 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	Neg	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	Neg	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

VASCULAR EXAM:

Posterior tibial pulses are present.
Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	4/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIS

July 22, 2022

Page 4 of 6

SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:

	RIGHT	LEFT
--	--------------	-------------

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEV

July 22, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient continues to improve eleven weeks post-op right knee arthroscopy with partial medial meniscectomy. He has completed his twelve sessions of post-op physical therapy for his right knee and states that he was finding improvement with physical therapy. He continues to have some weakness in his right knee; however, he notes that this was improving with physical therapy. He is indicated for additional postop physical therapy for his right knee. I request authorization for additional postop physical therapy for his right knee to be twice a week for six weeks. Please provide authorization so treatment can be provided promptly.

He will continue treating with Dr. Kohan, the pain management specialist for his low back.

He has persistent severe pain in his low back. He has been symptomatic for over four years. He is indicated for a second opinion spine surgical consultation. Please provide authorization for second opinion spine surgical consultation with Dr. Patrick Johnson at Cedar Sinai.

The patient has persistent pain in his low back that is severe. I request authorization for physical therapy for the lumbar spine to be twice a week for six weeks. Please provide authorization so treatment can be provided promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

BARDAKJIAN, STEEV

July 22, 2022

Page 6 of 6

The above evaluation was performed on July 22, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: July 22, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

June 3, 2022

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	June 3, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He is one month post-op right knee arthroscopy with partial medial meniscectomy. He is doing well at this time. He feels like his strength continues to improve; however, he does have some mild lingering pain. He has started post-op physical therapy for his right knee and states that he has had three sessions so far. He still has nine sessions remaining. He notes improvement with physical therapy and states that he does his exercises and stretches at home. He notes that his strength in his quadriceps have improved. He continues to treat with Dr. Kohan, the pain management specialist for his low back.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

BARDAKJIAN, STEEVIO

June 3, 2022

Page 2 of 6

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

BARDAKJIAN, STEEVIO

June 3, 2022

Page 3 of 6

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There is mild swelling, right knee. There are healed incisions, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	140 degrees	140 degrees
Extension:	20 degrees	0 degrees	0 degrees

TESTS:	RIGHT	LEFT
Medial Joint Line Tenderness:	Neg	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	Neg	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5

BARDAKJIAN, STEEVIO

June 3, 2022

Page 4 of 6

Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5
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SENSATION:

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:	RIGHT	LEFT
------------------------------	--------------	-------------

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

June 3, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient is one month post-op right knee arthroscopy with partial medial meniscectomy. He is doing well at this time. He has started his authorized post-op physical therapy and has had three sessions so far. He will continue his authorized post-op physical therapy.

He will continue treating with Dr. Kohan, the pain management specialist for his low back.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on June 3, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C

BARDAKJIAN, STEEVIO

June 3, 2022

Page 6 of 6



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: June 3, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.
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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

May 9, 2022

Tristar Risk Management
 P.O. Box 11967
 Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	May 9, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He is five days post-op right knee arthroscopy with partial medial meniscectomy. He is doing well at this time. He has moderate post-op pain but states that it is well controlled with his pain medication. He states that he is treating with pain management specialist for his lumbar spine and has pain medications through him. He states that his pain is managed with these medications. He states that he has soreness around his incision area. He has been using the ice machine and has been elevating his leg and states that this has helped significantly. He is able to put weight on his leg and walk. He denies fever, chills, nausea, vomiting, shortness of breath, chest pain and headaches. He states that he has a history of type 2 diabetes that is diet controlled. He states that his blood sugar was in the 100-110 range and following surgery it spikes above 300 and was above 200 for four days in a row. Today his blood sugar has come back down. He denies any symptoms related to this.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

RIGHT KNEE EXAMINATION:

neg w/

There is mild swelling, ~~left~~ knee. There is no ecchymosis. There is no erythema or warmth. The

4835 Van Nuys Blvd., Ste. 210
 Sherman Oaks, CA 91403

• 819 Auto Center Drive
 Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
 Valencia, CA 91355

BARDAKJIAN, STEEVIO

May 9, 2022

Page 2 of 4

incisions are clean and dry.

Neurovascular exam is intact.

There is slight restriction in flexion and extension with pain at the extremes of motion.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. POST-OP RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY.

DISCUSSION/TREATMENT PLAN:

The patient is five days post-op right knee arthroscopy with partial medial meniscectomy. He is

BARDAKJIAN, STEEVIO

May 9, 2022

Page 3 of 4

doing well at this time. He will continue managing his pain with the ice machine and pain medication. His incisions are clean and dry.

We have removed the stitches today. We have changed the dressing today.

The patient will begin his post-op physical therapy.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

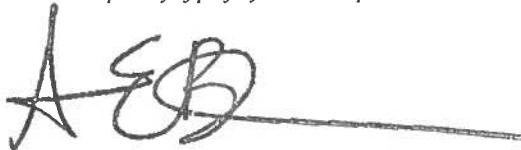
The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on May 9, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Ann Bonner, PA-C



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: May 9, 2022 Los Angeles County, California

AB/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

000186

BARDAKJIAN, STEEVIO

May 9, 2022

Page 4 of 4

cc: Lewis, Brisbois, Bisgaard & Smith
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Fellow, American Academy of Orthopaedic Surgeons

April 11, 2022

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	April 11, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REQUEST FOR AUTHORIZATION FOR TREATMENT / SURGERY

The patient returns to the office today. He has persistent right knee pain, swelling, catching, locking and giving way. The patient is scheduled for right knee arthroscopic surgery on May 4, 2022.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

LUMBAR SPINE EXAMINATION:

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

BARDAKJIAN, STEEVIO

April 11, 2022

Page 2 of 6

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:

	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BARDAKJIAN, STEEVIO

April 11, 2022

Page 3 of 6

BILATERAL KNEE EXAMINATION:

There is a small effusion, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:

	RIGHT	LEFT	NORMAL
Flexion:	130 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees

TESTS:

	RIGHT	LEFT
Medial Joint Line Tenderness:	POS	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	POS	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.
Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIO

April 11, 2022

Page 4 of 6

SENSATION:

Sensation in the lower extremities is not impaired.

There is decreased sensation:

Right Left

L1
L2
L3
L4 X
L5 X
S1

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

April 11, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is scheduled for right knee arthroscopic surgery on May 4, 2022. The risks, benefits and alternatives were discussed with the patient. He understands and consents to surgery.

I am prescribing Norco, 5/325mg., #30, to be taken q6h as needed as a postop analgesic medication. Please authorize Norco for postop analgesic medication.

The patient will return for reevaluation in three weeks.

WORK/DISABILITY STATUS:

The patient will remain at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on April 11, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (j) of subdivision (j) of section 139.2.

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I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

BARDAKJIAN, STEEVIO

April 11, 2022

Page 6 of 6

Date: April 11, 2022 Los Angeles County, California

PHC/cam

cc: Koszdin, Fields Sherry &Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071



PHILIP H. CONWISAR, M.D.

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Fellow, American Academy of Orthopaedic Surgeons

February 23, 2022

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	February 23, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT / SURGERY

The patient returns to the office today. He has persistent right knee pain, swelling, catching and occasional locking. We have previously received authorization for right knee arthroscopic surgery in March, 2021. Unfortunately, he was not cleared for surgery. He had abnormalities on his EKG. He had a quadruple cardiac bypass procedure. He has now been cleared for surgery.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

LUMBAR SPINE EXAMINATION:

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right

BARDAKJIAN, STEEVIO

February 23, 2022

Page 2 of 6

and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative
There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.		

BARDAKJIAN, STEEVIO

February 23, 2022

Page 3 of 6

BILATERAL KNEE EXAMINATION:

There is a small effusion, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:

	RIGHT	LEFT	NORMAL
Flexion:	130 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees

TESTS:

	RIGHT	LEFT
Medial Joint Line Tenderness:	POS	Neg
Lateral Joint Line Tenderness:	Neg	Neg
Medial Collateral Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior Drawer:	Neg	Neg
Posterior Drawer:	Neg	Neg
Lachman's Test:	Neg	Neg
Pivot Shift Test:	Neg	Neg
McMurray's:	POS	Neg
Slocum's:	Neg	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	Neg	Neg
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIO

February 23, 2022

Page 4 of 6

SENSATION:

Sensation in the lower extremities is not impaired.

There is decreased sensation:

Right Left

L1
L2
L3
L4 X
L5 X
S1

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

February 23, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient has persistent pain, swelling, catching and locking of the right knee. He has objective findings of medial meniscus tear. MRI confirms the diagnosis. He has been symptomatic for several years. He has had extensive previous treatment. We have previously received authorization for right knee arthroscopy and partial medial meniscectomy. This was authorized in early 2021; unfortunately, he was not cleared for surgery. The authorization is now expired.

I request extension of authorization for right knee arthroscopy with partial medial meniscectomy, preop medical clearance, postop physical therapy three times a week for four weeks, cold therapy device for seven days postop and crutches for the immediate postop period. I request authorization for a PA surgical assistant. Please provide authorization so surgery can be scheduled promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on February 23, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

BARDAKJIAN, STEEVIO

February 23, 2022

Page 6 of 6

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: February 23, 2022 Los Angeles County, California

PHC/cam

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

January 17, 2022

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	January 17, 2022
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT / SURGERY

The patient returns to the office today. He has persistent right knee pain, swelling, catching and locking. He had received authorization for right knee arthroscopic surgery in March, 2021; he was not cleared for surgery. He had abnormalities on his EKG. He followed up with his private physician and actually had a quadruple cardiac bypass procedure. He also has persistent low back pain that radiates to the right lower extremity.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

LUMBAR SPINE EXAMINATION:

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor.

BARDAKJIAN, STEEVIO

January 17, 2022

Page 2 of 6

There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:	RIGHT	LEFT
Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

BILATERAL HIP EXAMINATION:

	RIGHT	LEFT
Trendelenburg:	Negative	Negative
Tenderness Great Trochanter:	Negative	Negative

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BARDAKJIAN, STEEVIO

January 17, 2022

Page 3 of 6

BILATERAL KNEE EXAMINATION:

There is a small effusion, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	130 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	POS	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

BARDAKJIAN, STEEVIO

January 17, 2022

Page 4 of 6

SENSATION:

Sensation in the lower extremities is not impaired.

There is decreased sensation:

Right Left

L1
L2
L3
L4 X
L5 X
S1

DEEP TENDON REFLEXES:	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

BARDAKJIAN, STEEVIO

January 17, 2022

Page 5 of 6

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

We have previously received authorization for right knee arthroscopy and partial medial meniscectomy. I request extension of the previously authorized right knee surgery, as well as all of the perioperative treatment which was previously authorized.

The patient has persistent pain, swelling, catching and occasional locking of the right knee. He has been cleared by his cardiologist to proceed with surgery. Surgery was previously authorized in early 2021; we need an extension of authorization for right knee arthroscopy with partial medial meniscectomy, preoperative medical clearance, postoperative physical therapy three times a week for four weeks, cold therapy device for seven days postoperatively, crutches for the immediate postoperative period.

Please provide authorization so surgery can be rescheduled promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on January 17, 2022 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

BARDAKJIAN, STEEVIO

January 17, 2022

Page 6 of 6

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: January 17, 2022 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

November 29, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center
	Los Angeles County
	Health Care Department
D/E:	November 29, 2021
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is evaluated today via telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus Pandemic. Consent was given for telemedicine examination.

Mr. Bardakjian continues to recover from his triple bypass surgery. He continues to follow up with his cardiologist who he states has mentioned to him that starting in January of 2022 he will be cleared to schedule his right knee surgery that was requested through us earlier this year. The surgery was postponed due to the patient's heart condition. The patient is eager to have the surgery due to his severe right knee pain. The cardiologist has cleared him to have surgery as early as January of 2022. He has finished all of his cardiac rehab. He continues to treat with Dr. Kevin Kohan, the pain management specialist.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

BARDAKJIAN, STEEVIO

November 29, 2021

Page 2 of 4

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.

BARDAKJIAN, STEEVIO

November 29, 2021

Page 3 of 4

2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient will continue treating with his primary care provider and his cardiologist.

The patient will continue to treat with Dr. Kohan, the pain management specialist.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient remains temporarily, totally disabled.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on November 29, 2021 by the undersigned via telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Kirsten M. Courtney, D.C.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: November 29, 2021 Los Angeles County, California

KMC/jt

BARDAKJIAN, STEEVIO

November 29, 2021

Page 4 of 4

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071


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Fellow, American Academy of Orthopaedic Surgeons

October 13, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center Los Angeles County Health Care Department
D/E:	October 13, 2021
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination.

Mr. Bardakjian continues to recover from his triple bypass surgery. He will follow up with his cardiologist on October 25, 2021 for a three month post-op follow up visit. He notes that he continues to have persistent low back and right knee pain. He continues to treat with Dr. Kohan, the pain management specialist.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

BARDAKJIAN, STEEVIO

October 13, 2021

Page 2 of 4

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

BARDAKJIAN, STEEVIO

October 13, 2021

Page 3 of 4

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient will follow up with his primary care provider on October 17, 2021.

The patient will follow up with his cardiologist on October 25, 2021 and have an echocardiogram done at this time.

The patient will continue to treat with Dr. Kohan, the pain management specialist.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient remains on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on October 13, 2021 by the undersigned at my office located at 819 Auto Center Drive, Palmdale, CA 93551. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.


Holly Quintero, PA-C


Philip H. Convisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: October 13, 2021 Los Angeles County, California

HQ/jt

BARDAKJIAN, STEE

October 13, 2021

Page 4 of 4

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

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Fellow, American Academy of Orthopaedic Surgeons

September 1, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: September 1, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination.

Mr. Bardakjian continues to recover from his triple bypass surgery. He is currently in cardiac rehab. He will follow up with his cardiologist on October 17, 2021. At this visit, his cardiologist will evaluate him and see if he is cleared for his right knee surgery. He continues to be on a ketogenic diet and is maintaining his weight loss of 40 pounds. He continues to note that walking is provocative to his low back and right knee.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

BARDAKJIAN, STEEV.^{JO}

September 1, 2021

Page 3 of 4

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient will follow up with his treating cardiologist on October 17, 2021.

The patient will continue to treat with Dr. Kohan, the pain management specialist.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient remains on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on September 1, 2021 by the undersigned at my office located at 819 Auto Center Drive, Palmdale, CA 93551. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Holly Quintero, PA-C

Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: September 1, 2021 Los Angeles County, California

HQ/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

BARDAKJIAN, STEEVIO

September 1, 2021

Page 4 of 4

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

000216

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

July 30, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE:	BARDAKJIAN, STEEVIO
D/I:	July 3, 2018
OCC:	RN IT Project Manager
EMP:	Olive View Medical Center Los Angeles County Health Care Department
D/E:	July 30, 2021
CLAIM #:	219-00110-B
WCAB #:	ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination.

Mr. Bardakjian continues to recover from his triple bypass surgery. He will follow up with his cardiologist on October 23, 2021. He will have an echocardiogram on that visit to see if he will be able to cleared in the future for surgery. He has an approximately 16 inch incision from his surgery on the front of his chest. He continues to be on a ketogenic diet and intermittent fast. He is down 38 pounds. He notes that his most recent bloodwork came back normal. He notes that walking is still provocative to his low back and knee.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

4835 Van Nuys Blvd., Ste. 210
Sherman Oaks, CA 91403

• 819 Auto Center Drive
Palmdale, CA 93551

• 28212 Kelly Johnson Pkwy, Ste. 155
Valencia, CA 91355

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

July 30, 2021

Page 3 of 4

000219

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient will follow up with his treating cardiologist.

The patient is encouraged to continue treating with Dr. Kohan, the pain management specialist at Universal Pain Management.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

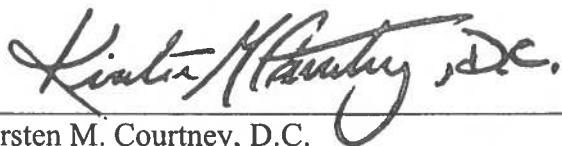
The patient remains on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on July 30, 2021 by the undersigned via telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Kirsten M. Courtney, D.C.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: July 30, 2021 Los Angeles County, California

KMC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

BARDAKJIAN, STEEVIO

July 30, 2021

Page 4 of 4

000220

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

June 18, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: June 18, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination.

Mr. Bardakjian continues to experience persistent pain in his low back and right knee. He notes that his knee surgery is being put on hold as he is scheduled to have a triple bypass performed at Henry Mayo Hospital on June 28, 2021, as an emergency surgery. Due to his current heart issues, this explains why he was not cleared for surgery for his knee in the past.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

000221

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is scheduled for triple bypass surgery at Henry Mayo Hospital on June 28, 2021.

At this time, surgical requests for the right knee are on hold until he can rehab post bypass surgery.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient remains on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on June 18, 2021 by the undersigned via telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Kirsten M. Courtney, D.C.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: June 18, 2021 Los Angeles County, California

KMC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

BARDAKJIAN, STEEVIO

June 18, 2021

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000224

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

May 7, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: May 7, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination.

Mr. Bardakjian continues to report persistent pain in his low back and right knee. He denies any change in pain since his last examination. He notes that since his surgery was cancelled, he has followed up with his primary doctor who referred him to a cardiologist as he was not cleared for surgery with Dr. Leoni. He will follow up with the cardiologist in hopes that he can be cleared for future surgery.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient continues to experience persistent right knee pain. Surgery was scheduled for March 26, 2021. Unfortunately, the patient was not cleared for surgery and surgery was cancelled. The patient has followed up with his primary care physician and has received a referral to a cardiologist for evaluation in hopes that he can be cleared for surgery in the future.

The patient is indicated for second opinion spine surgical consultation. He has had extensive conservative treatment including physical therapy and pain management modalities. He has been symptomatic for well over two years. I am re-requesting authorization for second opinion spine — surgical consultation with Dr. Patrick Johnson.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient remains on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on May 7, 2021 by the undersigned via telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Kirsten M. Courtney, D.C.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: May 7, 2021 Los Angeles County, California

KMC/jt

May 7, 2021

Page 4 of 4

000228

cc: Koszdin, Fields Sherry &Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

March 22, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: March 22, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He has persistent right knee pain with swelling, catching and locking. He was scheduled for right knee arthroscopic surgery on March 26, 2021. Unfortunately, he was not cleared for surgery. He has been diagnosed with uncontrolled hypertension and diabetes. There are also abnormalities on his EKG. He is under the care of Dr. Leoni for medical clearance. He also has persistent low back pain that radiates to the right lower extremity with paresthesias.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

LUMBAR SPINE EXAMINATION:

There is a healed incision, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

000229

There is slight restriction to range of motion of the right hip. There is slight pain with range of motion of the right hip. There is full range of motion of the left hip. There is no pain with range of motion of the left hip.

BILATERAL KNEE EXAMINATION:

There is a small effusion, right knee. There is no evidence of heat, swelling or effusion, left knee. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	130 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	Neg	
Lateral Joint Line Tenderness:	Neg	Neg	
Medial Collateral Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior Drawer:	Neg	Neg	
Posterior Drawer:	Neg	Neg	
Lachman's Test:	Neg	Neg	
Pivot Shift Test:	Neg	Neg	
McMurray's:	POS	Neg	
Slocum's:	Neg	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:

MOTOR TESTING:

	RIGHT	LEFT		RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5

BARDAKJIAN, STEEVIO

March 22, 2021

Page 4 of 6

Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5	5/5
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SENSATION:

Sensation in the lower extremities is not impaired.

There is decreased sensation:

<u>Right</u>	<u>Left</u>
--------------	-------------

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:	RIGHT	LEFT
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Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right

BARDAKJIAN, STEEVIO

March 22, 2021

Page 5 of 6

hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.
4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is having persistent right knee pain. Surgery was scheduled for March 26, 2021. Unfortunately, the patient is not cleared for surgery. Please provide authorization to Dr. Leoni for the treatment he is recommending for pre-op medical clearance.

The patient is indicated for second opinion spine surgical consultation. He has had extensive conservative treatment including physical therapy and pain management modalities. He has been symptomatic for well over two years. Please provide authorization for second opinion spine surgical consultation with Dr. Patrick Johnson.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient will remain on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on March 22, 2021 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

BARDAKJIAN, STEEVIC

March 22, 2021

Page 6 of 6

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: March 22, 2021 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

March 4, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: March 4, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination. He has persistent right knee pain, swelling, catching and giving way. He is scheduled for right knee arthroscopic surgery on March 26, 2021. He has persistent severe low back pain with radiating pain to the right lower extremity.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

March 4, 2021

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000236

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for second opinion spine surgical consultation. He has had extensive conservative treatment for the lumbar spine injury including physical therapy and pain management modalities. He has been symptomatic for over two years. Please provide authorization for a second opinion spine surgical consultation with Dr. Patrick Johnson.

We have received authorization for right knee arthroscopic surgery. Surgery is scheduled for March 26, 2021.

The patient will return for reevaluation in two weeks.

WORK/DISABILITY STATUS:

The patient remains on temporary total disability until he is reevaluated.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on March 4, 2021 by the undersigned via telemedicine in accordance with CMS guidelines due to the COVID-19 outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.


Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: March 4, 2021 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

BARDAKJIAN, STEEVIO

March 4, 2021

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000237

PHILIP H. CONWISAR, M.D.

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Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

February 18, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: February 18, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination. He has persistent right knee pain, swelling, catching and giving way. We have received authorization for right knee arthroscopic surgery which is scheduled for March 26, 2021. He has persistent severe low back pain that radiates to the right lower extremity.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

BARDAKJIAN, STEEVIO

February 18, 2021

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4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for second opinion spine surgical consultation. He has had extensive conservative treatment for the lumbar spine injury including physical therapy and pain management modalities. He has been symptomatic for over two years. Please provide authorization for a second opinion spine surgical consultation with Dr. Patrick Johnson.

We have received authorization for right knee arthroscopic surgery. Surgery is scheduled for March 26, 2021.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient remains on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on February 18, 2021 by the undersigned via telemedicine in accordance with CMS guidelines due to the COVID-19 outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: February 18, 2021 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

BARDAKJIAN, STEEV

February 18, 2021

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Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

February 2, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: February 2, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

**PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2
REQUEST FOR AUTHORIZATION FOR TREATMENT**

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination. He has persistent right knee pain, swelling, catching and giving way. We have received authorization for right knee arthroscopic surgery which is scheduled for the near future. He also has persistent low back pain that radiates to the right lower extremity.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

February 2, 2021

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4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for second opinion spine surgical consultation. He has had extensive conservative treatment for the lumbar spine injury including physical therapy and pain management modalities. He has been symptomatic for over two years. Please provide authorization for a second opinion spine surgical consultation with Dr. Patrick Johnson.

We have received authorization for right knee arthroscopic surgery. Surgery will be scheduled for the near future.

The patient will return for reevaluation in two weeks.

WORK/DISABILITY STATUS:

The patient is having more severe right knee pain and low back pain. I am placing him at temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on February 2, 2021 by the undersigned via telemedicine in accordance with CMS guidelines due to the COVID-19 outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: February 2, 2021 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

BARDAKJIAN, STEEV

February 2, 2021

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PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

January 20, 2021

Tristar Risk Management
P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: January 20, 2021
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient was evaluated today by telemedicine in accordance with CMS and DWC guidelines due to the coronavirus pandemic. Consent was given for telemedicine examination. He has persistent severe low back pain that radiates to the right lower extremity. He has been symptomatic for several years. He also has right knee pain, swelling, catching and giving way. We have received authorization for right knee arthroscopic surgery which will be scheduled for the near future.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

LUMBAR SPINE:

There is a healed surgical incision. There is restricted range of motion with pain on range of motion. There is decreased sensation in the L5 dermatome.

RIGHT KNEE:

There is mild swelling. There is very slight restriction in knee flexion. There is pain with range of motion. The pain is located in the medial joint line.

X-RAY EXAMINATION:

X-rays of the right hip / pelvis obtained on 11/25/19 shows very mild early degenerative joint disease of the right hip. The joint space is preserved and measures 4mm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine performed on 6/4/20 was interpreted by the radiologist as showing a 3mm. disc protrusion at L3-4 and a 3.8mm. disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3mm. disc protrusion at L5-S1 and L2-3.

MRI of the right knee performed on 5/28/20 was interpreted by the radiologist as showing an oblique tear of the posterior horn in the medial meniscus.

Electrodiagnostic studies of the lower extremities performed on 6/21/19 was interpreted by the doctor as showing evidence of chronic bilateral L4 and L5 lumbar radiculopathy right greater than left.

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site; the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. L4-5 LUMBAR RADICULOPATHY.

4. INTERNAL DERANGEMENT / MEDIAL MENISCUS TEAR, RIGHT KNEE.**DISCUSSION/TREATMENT PLAN:**

The patient is indicated for second opinion spine surgical consultation. He has had extensive conservative treatment for the lumbar spine injury including physical therapy and pain management modalities. He has been symptomatic for over two years. Please provide authorization for a second opinion spine surgical consultation with Dr. Patrick Johnson.

We have received authorization for right knee arthroscopic surgery. Surgery will be scheduled for the near future.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient can work modified duty. He is restricted from repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing and other similar activities. I recommend weightbearing activities no more than 30 minutes per hour.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on January 20, 2021 by the undersigned via telemedicine in accordance with CMS guidelines due to the COVID-19 outbreak. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: January 20, 2021 Los Angeles County, California

PHC/jt

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

January 20, 2021

Page 4 of 4

cc: Lewis, Brisbois, Bisgaard & Smith
633 West 5th St. Suite 4000
Los Angeles, CA 90071

000249

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

February 14, 2019

P.O. Box 11967
Santa Ana, CA 92711

Attn: Regina Diaz

RE: **BARDAKJIAN, STEEVIO**
D/I: July 3, 2018
OCC: RN IT Project Manager
EMP: Olive View Medical Center
Los Angeles County
Health Care Department
D/E: February 14, 2019
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

PRIMARY TREATING PHYSICIAN'S INITIAL REPORT DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY REQUEST FOR AUTHORIZATION FOR TREATMENT

Mr. Steevio Bardakjian was examined by me in the capacity of a Primary Treating Physician in my Sherman Oaks office on February 14, 2019. The following is a summary of my findings:

HISTORY AND MECHANISM OF INJURY:

The patient is a 48-year-old right-handed male who states while employed for Olive View Medical Center, as an RN IT project manager, he sustained an industrial injury on July 3, 2018. The patient has been employed for this company for a period of 19 years. The patient's date of hire was July 1999.

The patient reports that on July 3, 2018, he was performing his usual and customary job duties as an RN IT project manager, when he sustained an injury to his right leg and lower back. The incident happened when the patient was walking with his staff and inspecting IT work. He looked on a computer desk to search for a computer cable. He was standing up when he felt a popping sensation in his lower back. Approximately five minutes after, he started to walk with a limp. He experienced right leg pain and weakness. He notified his employer and was advised to go home. He left the office early to take a rest. He did not take any pain medication because the pain was not severe at that time.

On July 4, 2018, the patient woke up with excruciating low back and right leg pain. His lower

back pain radiated down to his right ankle. He could hardly get up from his bed. He was in bed all day in a fetal position because he cannot lay flat due to severe pain. He took his wife's left over Norco to manage the pain.

On July 8, 2018, the patient's friend who is a nurse practitioner brought him to Henry Mayo Newhall Hospital Emergency Department and saw Dr. Erick Armijo. The doctor recommended an urgent MRI scan of the lower back. However, because his injury was a work-related case, he was referred back to his employer.

He was then referred to Facey Medical Group in Valencia. The patient was recommended to see an occupational specialist.

On July 10, 2018, he saw the occupational health specialist, Dr. Riga Pemba. He was evaluated regarding his pain using a needle gauge. The patient was immediately referred to the emergency department. He was recommended to have MRI scan of the lower back. From then on, the patient was placed off work. At emergency department, the patient saw Dr. Robert Casey. MRI scan of the lower back was obtained, which showed bulging disc in between L3 and L5. He was recommended to see a neurosurgeon.

On July 27, 2018, the patient went to Southern California Orthopedic Institute and saw Dr. Babak Barcohana. The doctor reviewed the MRI scan. He was recommended to be admitted that same day. However, it was not pursued because they need the approval from the insurance.

On August 4, 2018, the patient underwent low back surgery performed by Dr. Barcohana. He was admitted for two days because he could not walk. The surgery provided minimal relief. Pain medication was prescribed. He was recommended to attend postoperative physical therapy however the insurance company initially denied the approval of the therapy. It took almost a month before the therapy was approved. While waiting for the therapy, he sustained an injury to his right knee as he fell from the stairs. He also noticed that after the surgery, he experienced severe weakness and soreness of the right leg, as well as gastrointestinal symptoms and insomnia.

In September 2018, the patient attended five sessions of aqua therapy, which did not provide relief.

Approximately in November 2018, during his postoperative follow up with Dr. Barcohana, he notified the doctor that his condition has not improved. He still had problems with his balance, weakness and pain. He was recommended undergo a follow up MRI scan of the lower back.

In December 2018, he attended land-based physical therapy, which provided minimal relief. He however continued to have pain in his right leg and lower back. He mentioned that after the therapy, he had minimal improvement of the numbness and strength. An MRI of the lumbar spine was obtained. Dr. Barcohana requested authorization for electrodiagnostic studies and pain management referral which is pending authorization.

In January 2018, the patient had his last physical therapy session, which provided minimal relief.

The patient is currently not working.

PRESENT COMPLAINTS:**LOWER BACK:**

The patient complains of constant throbbing and pressure-like pain with associated soreness, numbness, stiffness, and popping and cracking sensation of the right lower back. The pain radiates to the right buttock, knee, leg, and down to his ankle. The pain is aggravated by prolonged walking, standing, and sitting. Bending over and taking Percocet alleviate the pain. He rates the pain as 2-4/10 on a good day and 5-6/10 on a bad day.

Other orthopedic complaints:

The patient complains of soreness of the right knee. Ice pack and elevating the right leg alleviate the pain.

The patient complains of constant sharp, burning, and stabbing pain with associated soreness, numbness, stiffness, and cramping of the right leg. The pain radiates to the right calf and toes. The pain is aggravated by prolonged walking, standing and sitting. Percocet alleviates the pain. He rates the pain as 5-6/10 on a good day and 8/10 on a bad day.

The patient complains of intermittent squeezing sensation pain with associated cramping of the left leg. The pain radiates to the left calf and toes. The pain is aggravated upon waking up in the morning. He mentioned that he thinks he might have a neurogenic claudication. Percocet alleviates the pain. He rates the pain as 2/10 on a good day and 5-6/10 on a bad day.

PRIOR INDUSTRIAL INJURIES:

The patient denies any previous industrial injuries.

PRIOR MAJOR INJURIES, NON-INDUSTRIAL:

The patient denies previous non-industrial injuries sustained.

PRIOR AUTOMOBILE ACCIDENTS:

The patient denies being involved in any prior automobile accident.

PRIOR FRACTURES:

The patient denies any prior fractures.

SUBSEQUENT INDUSTRIAL AND NON-INDUSTRIAL INJURIES:

In August 2018, the patient sustained injury to his right knee as he fell from the stairs. He denied

receiving any treatment. He managed the symptoms by applying ice pack and elevating the right leg. He reports residual symptoms. He states that he fell twice after the surgery and injured his right knee.

EMPLOYMENT HISTORY / JOB DESCRIPTION:

The patient works for Olive View Medical Center as RN IT Project Manager from 1999 up to present. He worked ten hours per day, four days per week. The patient is responsible for managing the clinical IT project of the hospital, supervising 12 IT professionals, and doing administrative duties.

Physical Requirements:

His job requires physical activities such as sitting, standing, walking, reaching below/within/above shoulder level, pushing, pulling, working overhead, kneeling, squatting, climbing, bending, twisting, flexing, side-bending, extending neck and lifting.

Lifting Requirements:

The patient reports lifting approximately up to 50 pounds of weight to a distance of five feet without assistive devices.

MEDICAL HISTORY:**Current Illnesses:**

The patient denies any current illnesses.

Past Illnesses:

The patient was diagnosed with diabetes mellitus type II and hypertension in 2013.

Operations:

The patient denies any previous surgeries.

Medications:

The patient is currently taking the following medications:

1. Percocet 10 mg thrice daily
2. Glucophage 850 mg twice daily
3. Baby Aspirin 81 mg once daily
4. Multivitamin once daily
5. Metamucil three times daily
6. Benadryl 25 mg once daily at night

Allergies:

The patient has no known allergies to food, medications or latex.

Alcohol:

The patient occasionally drinks one glass of wine.

Cigarettes:

The patient reports smoking three cigarettes per day since he was approximately 22 years old. He quit smoking in 2009.

SOCIAL HISTORY:

Level of Education:

The patient completed Master's Degree.

Marital Status:

The patient is single with a domestic partner. He has one child.

FAMILY HISTORY:

The patient's father died at the age of 68 due to bladder cancer.

The patient's mother is 85 years old, with no known medical condition.

OBJECTIVE FINDINGS / PHYSICAL EXAMINATION / ROM:

The patient is a 48-year-old right-handed male whose stated height is 5 feet 11 inches tall, and whose stated weight is 210 pounds.

The patient is alert, responsive, and cooperative. The patient does not appear to be in any acute distress.

LUMBAR SPINE EXAMINATION:

There is a healed incisions, lumbar spine.

The patient ambulates with an antalgic gait. There is a limp present on the right. He uses a cane for assistance with ambulation.

LUMBAR SPINE EXAMINATION:

The patient stands with a flattened lumbar lordosis. The crests of the ilium are parallel to the floor. There is no list to either the right or left. There is no scoliosis. The gluteus maximus on the right and left show no evidence of atrophy, bilaterally.

There is slight tenderness in the lumbar paravertebral muscles. There is no spasm of the lumbar paravertebral muscles.

With direct palpation, there is no generalized tenderness in the lumbar spine.

There is no tenderness in the right and left sacroiliac joints, bilaterally.

There is no tenderness in the right and left sciatic notches, bilaterally.

RANGE OF MOTION:

Flexion is to 40 degrees, with increased low back pain.

Extension is to 0 degrees, with increased low back pain.

Right lateral bending is to 10 degrees, with increased low back pain.

Left lateral bending is to 5 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 30 degrees, on the right, with pain in the lower back region.

Straight leg raising is to 60 degrees, on the left, without pain in the lower back region.

TESTS:**RIGHT****LEFT**

Lasègue Test:	Negative	Negative
Contralateral SLR:	Negative	Negative
Patrick's Test:	Negative	Negative
Gaenslen's Test:	Negative	Negative
Babinski:	Negative	Negative
Ankle Clonus:	Negative	Negative

VASCULAR EXAM:

Posterior tibial pulses are present.

Dorsalis pedis pulses are present.

NEUROLOGIC EXAM:**MOTOR TESTING:**

	RIGHT	LEFT	RIGHT	LEFT
Hip Flexion:	5/5	5/5	Hip Extension:	5/5
Knee Extension:	4+/5	5/5	Knee Flexion	5/5
Ankle Dorsiflexion:	4+/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	4+/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation (Wartenberg wheel) in the lower extremities is not impaired.

There is decreased sensation:

Right Left

L1	
L2	
L3	
L4	X
L5	X
S1	

DEEP TENDON REFLEXES:**RIGHT** **LEFT**

Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

MEASUREMENTS:**LEG LENGTHS:****RIGHT** **LEFT**

Crest (actual):	95 cm.	95 cm.
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CIRCUMFERENCES:**RIGHT** **LEFT**

Thighs: (5" above patella)	46.5 cm.	47 cm.
Calves: (largest circumference)	41 cm.	41.5 cm.

DIAGNOSTIC STUDIES:

MRI of the lumbar spine with and without IV gadolinium performed on 11/8/18 shows a 4mm. disc herniation at L4-5 with enhancing granulation tissue within the right hemilaminectomy site;

the disc protrusion extends into the right neural foramen moderately to severely narrowing the right neural foramen and impinging the right L4 nerve root. There is a left-sided disc protrusion extending to the left neural foramen and facet hypertrophy causing moderate to severe narrowing of the left neural foramen and impinging the left L4 nerve root. There is a right hemilaminectomy at L3-4; there is enhancing granulation tissue; there is moderate narrowing of the right and mild narrow of the left neural foramen.

MRI of the lumbar spine performed on 7/10/18 shows a 3mm. disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5mm. disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing.

DIAGNOSES:

1. STATUS POST LUMBAR SPINE SURGERY, APPARENTLY HEMILAMINOTOMY / MICRODISCECTOMY AT L3-4, L4-5.
2. RECURRENT DISC HERNIATION, L4-5
3. LUMBAR RADICULOPATHY.

DISCUSSION/TREATMENT PLAN:

Based on the history as stated by the patient and physical examination, it is my opinion the patient sustained an industrial injury to the lumbar spine on July 3, 2018 arising out of employment with Olive View Medical Center. The mechanism is consistent with the diagnoses. The patient had lumbar surgery on August 4, 2018; he has done poorly. Postop MRI shows persistent nerve root impingement at the L4-5 level. The patient is in severe pain. He has been taking Percocet for pain control. The patient is not permanent and stationary; he requires medical treatment.

I request authorization for electrodiagnostic studies of the lower extremities. The patient has objective findings of lumbar radiculopathy on physical examination He has nerve root impingement at L4-5 on the postoperative MRI. Electrodiagnostic studies are indicated to better evaluate and correlate lumbar radiculopathy. The patient is doing quite poorly; electrodiagnostic studies are indicated.

I request authorization for pain management evaluation and treatment as a secondary treating physician with Universal Pain Management. The patient has been taking opioid medication for several months. He has severe persistent low back pain. This is best managed by a pain management specialist as a secondary treating physician.

I have prescribed Percocet, 5/325mg., #60, to be taken q8h as needed as an analgesic medication. He does obtain functional benefit from the use of this medication. A CURES 2.0 search was performed.

The patient will return for reevaluation in four weeks.

February 14, 2019

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WORK/DISABILITY STATUS:

Due to the severity of his pain, the patient is placed on temporary total disability.

Should you have any questions, please do not hesitate to contact this office.

The above evaluation was performed on February 14, 2019 by the undersigned at my office located at 4835 Van Nuys Blvd., Ste. 210, Sherman Oaks, CA 91403. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of section 139.2.

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.

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

In accordance with WCAB Rules and Regulations, Section 10606, the following disclosure is made:

The history of injury contained within this medical report was obtained by my historian, Marsha Sutter, as verbally received from the patient. Any additional information and/or corrections were inserted during the interview portion of the examination. The actual orthopedic examination of the patient was performed by myself. The completed report has been reviewed, approved, and signed by myself.

This examination was conducted for the sole purpose of evaluating orthopedic complaints alleged by the patient, and is not to be construed as a complete medical evaluation.



Philip H. Conwisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: February 14, 2019 Los Angeles County, California

PHC/gon/jre/cam

cc: Koszdin, Fields Sherry & Katz
Robert Katz, Attorney at Law
6151 Van Nuys Boulevard
Van Nuys, CA 91401

Lee C. Woods, M.D., P.C.
Orthopedic Surgery
ELECTROMYOGRAPHY/NERVE CONDUCTION STUDIES

13113 Hadley Street, Whittier, CA 90601
 2120 W. 8th Street, Suite 102, Los Angeles, CA 90057
 5170 Sepulveda Blvd, Suite 300, Sherman Oaks, CA 91403
 Phone 562-907-7682

Test Date: 02/13/2024

Patient:	Steevio Bardakjian	DOB:	05/23/1970	Physician:	Juliane Tran, M.D.
Sex:	Male	Height:	5' 11"	Ref Phys:	Lee C. Woods, M.D.
ID#:		Weight:	220 lbs.	Interpreter:	None

*The following study is authorized, as per the letter of authorization: "If you should need any diagnostic testing to be completed, you are authorized to obtain those tests."

ELECTRODIAGNOSTIC RESULTS

Electromyogram (EMG) Procedure:

Needle EMG examination was performed. Each muscle was tested with the monopolar disposable Teflon coated electrodes and at least 10 different motor unit potentials were observed in each muscle tested. Please refer to the data in the tabulated forms.

Nerve Conduction Studies (NCS) Procedure:

Using standard surface stimulation methods, the motor and sensory nerves were studied as noted and shown in the following data in tabulated forms. Motor latencies were obtained at 8 cm, unless otherwise indicated. Sensory studies were performed at 14 cm unless otherwise indicated and measured from the peak of the sensory nerve action potentials.

All sensory nerve studies were antidromic techniques unless otherwise indicated. Conduction velocities given were for the distal and proximal segments as shown. All temperatures were maintained at approximately 33 degrees Celsius.

Patient Complaints:

Back pain radiating to bilateral lower extremities, with numbness from bilateral knees to feet, (right more than left).

Relevant Past Medical History:

Positive for history of diabetes x 5 years.

Relevant Past Surgical History:

Positive for history of back surgery (discectomy/laminectomy) in 2018, and right knee surgery in 2022.

Focused Exam:

Motor strength: normal, 5/5.

Sensation: reduced sensation diffusely in bilateral lower extremities.

Muscle atrophy: moderate atrophy of the foot intrinsic muscles, with trace edema in bilateral lower extremities.

Other test(s): equivocal Straight leg raising test bilaterally.

Nerve Conduction Studies**Anti Sensory Summary Table**

Stim Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (μ V)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Sup Fibular Anti Sensory (Ant Lat Mall)											
14 cm	NR	<4.5		>6.0		14 cm	Ant Lat Mall		14.0		>40
Right Sup Fibular Anti Sensory (Ant Lat Mall)											
14 cm	NR	<4.5		>6.0		14 cm	Ant Lat Mall		14.0		>40
Left Sural Anti Sensory (Lat Mall)											
Calf	NR	<4.5		>6.0		Calf	Lat Mall		14.0		>40
Right Sural Anti Sensory (Lat Mall)											
Calf	NR	<4.5		>6.0		Calf	Lat Mall		14.0		>40

Motor Summary Table

Stim Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Fibular Motor (Ext Dig Brev)											
Ankle		1.2	<5.5	0.6	>2.5	B Fib	Ankle	12.9	30.8	24	
B Fib		14.1		0.1		Poplt	B Fib	4.1	9.0	22	>40
Poplt		18.2		0.1							
recorded @ Tib Ant. ms		3.3		1.5							
Right Fibular Motor (Ext Dig Brev)											
Ankle		1.2	<5.5	2.5	>2.5	B Fib	Ankle	12.2	31.0	25	
B Fib		13.4		0.1		Poplt	B Fib	3.2	9.0	28	>40
Poplt		16.6		0.3							
recorded @ Tib Ant ms		3.7		2.2							
Left Tibial Motor (Abd Hall Brev)											
Ankle		8.0	<6.0	0.0	>3.0	Knee	Ankle	12.2	41.5	34	
Knee		20.2		0.1							
Right Tibial Motor (Abd Hall Brev)											
Ankle		1.2	<6.0	1.4	>3.0	Knee	Ankle	17.2	43.0	25	
Knee		18.4		0.1							

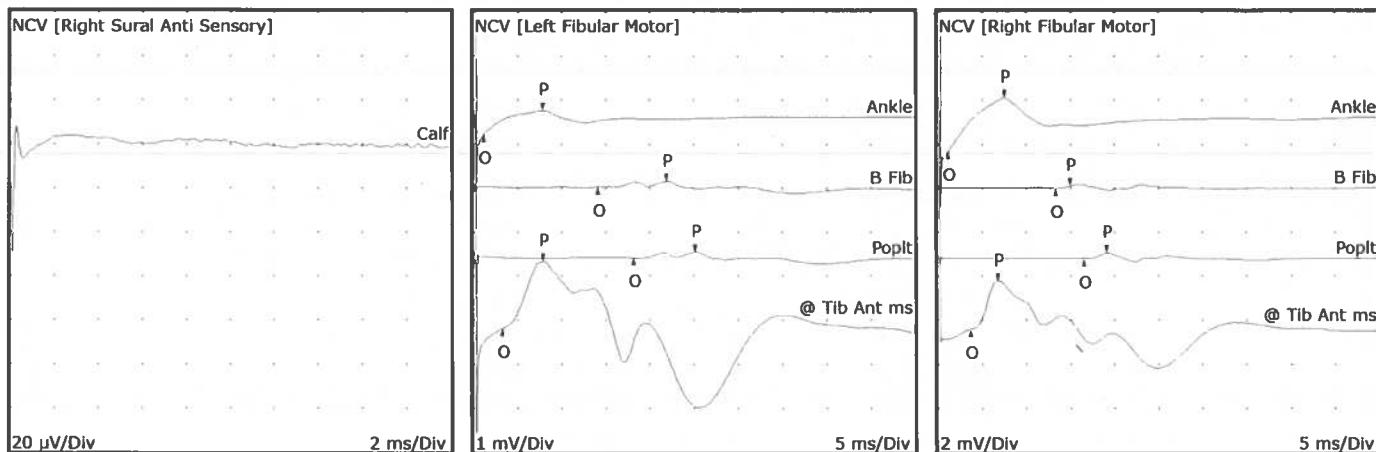
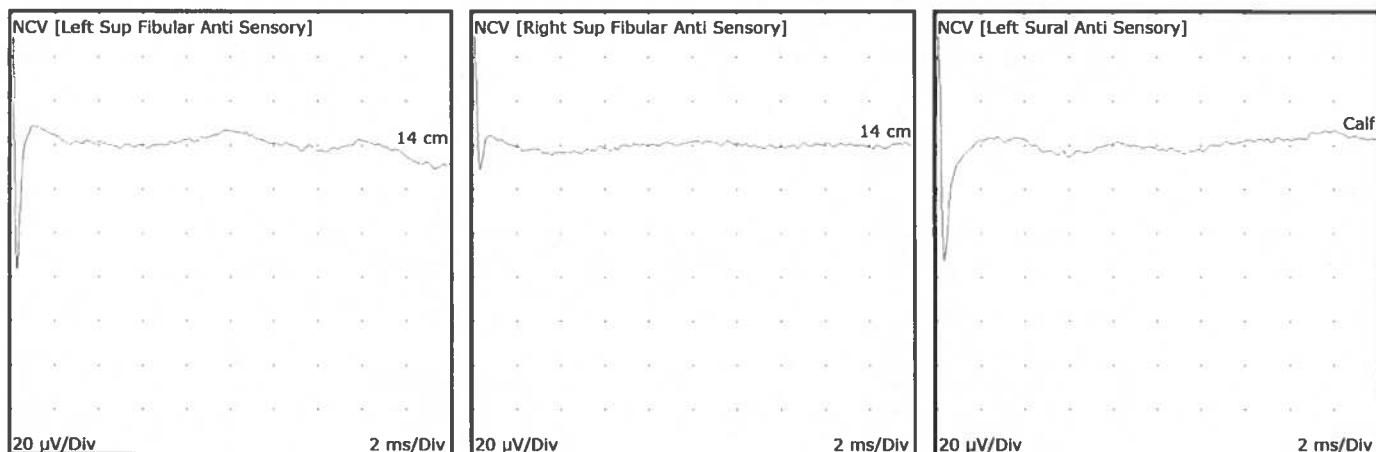
H Reflex Studies

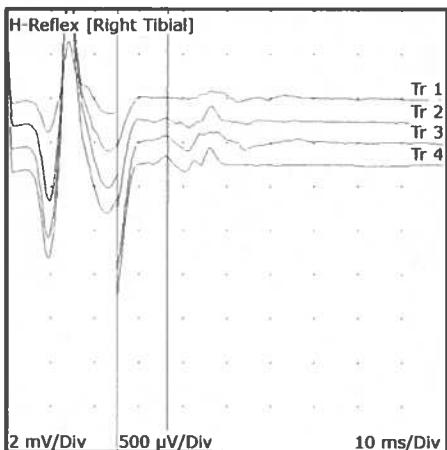
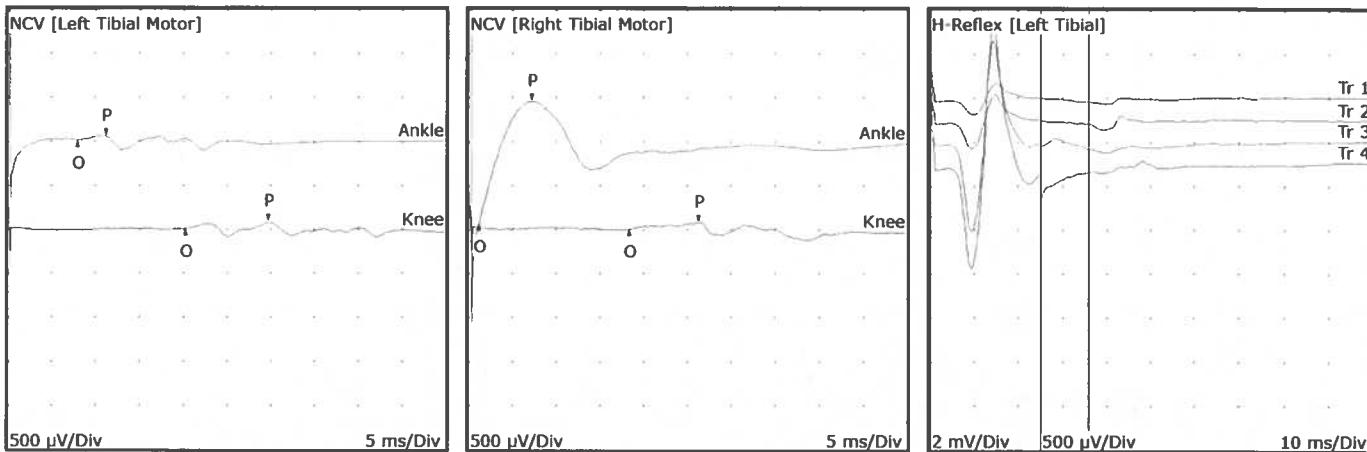
NR	H-Lat (ms)	Lat Norm (ms)	L-R H-Lat (ms)	L-R Lat Norm
Left Tibial (Gastroc)				
36.01	<33	0.55	<1.5	
Right Tibial (Gastroc)				
36.56	<33	0.55	<1.5	

EMG

Side	Muscle	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	BicepsFemS	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	VastusMed	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	AntTibialis	Incr	1+	1+	Nml	Nml	0	Nml	Nml	
Right	Gastroc	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Soleus	Incr	1+	1+	Nml	Nml	0	Nml	Nml	
Right	Ext Dig Brev									deferred, muscle atrophy
Right	PostTibialis	Incr	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Lumbo Parasp Low	Nml	Nml	Nml						
Left	BicepsFemS	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	VastusMed	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	AntTibialis	Nml	trace to 1+	trace to 1+	Nml	Nml	0	Nml	Nml	
Left	Gastroc	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Soleus	Nml	trace to 1+	trace to 1+	Nml	Nml	0	Nml	Nml	
Left	Ext Dig Brev									deferred, muscle atrophy
Left	PostTibialis	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Lumbo Parasp Low	Nml	Nml	Nml						
Left	ExtHallLong	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtHallLong	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

Waveforms:





Impression:

Nerve Conduction Studies of bilateral lower extremities: Abnormal

- 1) Study is consistent with the presence of a severe sensory motor peripheral neuropathy with severely reduced and prolonged responses all the motor nerves, and absent responses of all the sensory nerves.
- 2) No electro diagnostic evidence of fibular nerve entrapment neuropathy.

EMG of bilateral lower extremities: Abnormal

- 1) Study is consistent with the presence of an active bilateral L4, S1 lumbosacral radiculopathy, with mild active/acute denervation potentials present in one muscle of the bilateral L4 and S1 myotomes; However, clinical correlation is indicated.

- 2) No electro diagnostic evidence of lumbar sacral plexopathy.

**Note: For the assessment of cervical/lumbosacral radiculopathy, the needle EMG testing can only evaluate the abnormality of the motor branch of the nerve roots, and not that of the sensory branch. Moreover, the presence of any acute/active denervation potentials may not be detected if the patient is unable to relax during the test. Therefore, a negative EMG test result does not entirely rule out the presence of radiculopathy. To achieve a meaningful clinical context, it is important that the EMG results be correlated with the patient's history, mechanism of injury, physical exam, and imaging findings.*

I declare under the penalty of perjury that I have not violated the Labor Code Section 139.3, and that the information contained in this report is true and correct to the best of my knowledge and belief.
Date this report: February 14, 2024.



Juliane C. Tran, M.D.
Diplomate, American Board of Physical Medicine & Rehabilitation



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000264

Patient Name: BARDAKJIAN, STEEVIO **DOB:** 05/23/1970
Patient Number: 43066
Date of Exam: 04/17/2024 09:15
Referring Doctor: PHILLIP CONWISAR, M.D.

X-RAYS OF THE RIGHT HIP (UNILAT/COMPLETE, TWO+ VIEWS)

IMPRESSION:

1. No fracture or dislocation.
2. Multiarticular arthritis.
3. CAM type femoral acetabular configuration.

Indications: 53 year-old male presents with lateral and medial Rt sided hip pain with numbness and tingling down Rt leg x 5yrs s/p fall down stairs. No prior sx on hip. lumbar sx done x5yrs ago. Dx: post injury Date of injury 07/03/2018.

Technique: **AIC-VALENCIA:** Utilizing a Carestream Computerized Radiography (CR Digital X-ray) scanner, the following views were obtained: AP and lateral.

Comparison: X-ray right hip and pelvis November 25, 2019

FINDINGS:

No fracture or dislocation of component bones of the right hip and right hemipelvis. There is arthritis in the right sacroiliac joint and symphysis pubis. There is also articular space narrowing in the superior and medial compartments of the right hip, along with acetabular articular surface sclerosis and small marginal osteophyte formation. The right hip also demonstrates a CAM type femoral acetabular configuration, with lack of coverage of the lateral 13 mm of the femoral head by the acetabular roof. An additional 8 mm of the femoral head is covered by a marginal osteophyte.

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

Pursuant to section LCS703 & 5307 "A" "1", I declare under penalty of perjury that I have not violated labor code section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Thank you for referring this patient to ADVANCED IMAGING CENTER.

Electronically signed on 04/17/2024 09:21 by
Viken Manjikian, M.D.

Diplomate, American Board of Radiology

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000265

Patient Name: **BARDAKJIAN, STEEVIO** DOB: 05/23/1970
 Patient Number: 43066
 Date of Exam: 01/29/2024 14:00
 Referring Doctor: PHILLIP CONWISAR, M.D.

MRI OF THE RIGHT KNEE PRE AND POST INTRA-ARTICULAR CONTRAST (MR ARTHROGRAM)

IMPRESSION:

1. Intact menisci, cruciates, and collateral ligaments. Mucoid degeneration of intact ACL fibers.
2. Mild tricompartmental osteoarthritis with low-grade chondromalacia, most prominently affecting the patellofemoral compartment of the knee.
3. Tendinosis/tendinopathy of the distal quadriceps and proximal patellar tendons.

Indications: 53 year-old male presents with right knee pain post injury 7/2018. Right knee surgery 2020. Date of injury 07/03/2018.

Technique: **AIC-VALENCIA:** Using a high-resolution GE Ovation Open MRI scanner with high-performance gradients and EXCITE technology, the following sequences were acquired: **MRI:** Multiplanar, multiphase MR sequences were obtained. After the non-contrast MRI, the patient was taken to the CT suite for CT-guided injection of intra-articular contrast. Afterwards, the patient was taken back to the MRI suite to perform a post intra-articular contrast scan.

MR Arthrogram: three-plane T1 images were obtained following the intraarticular injection of 0.12 cc of gadolinium and / cc of 50% low-osmolar, non-ionic iodinated contrast. 2 cc of lidocaine was administered.

Comparison: CT LOWER EXTREMITIES RT_KNEE_ARTHROGRAM_AIC (ADULT) dated 01/29/2024.

FINDINGS:

LIGAMENTS AND TENDONS:

The anterior cruciate ligament (ACL) and posterior cruciate ligament (PCL) are intact. Mild heterogeneous signal is noted within the intact fibers of ACL, likely representing mucoid degeneration.

The medial and lateral collateral ligaments are intact. The biceps femoris tendon, popliteus tendon and iliotibial band are all normal.

There is heterogeneous signal noted within the distal quadriceps tendon, consistent with tendinosis/tendinopathy. Abnormal heterogeneity and signal intensity abnormality is noted within the proximal patellar tendon at its origin on the inferior pole of the patella. The distal patellar tendon appears intact. The Hoffa's fat pad appears unremarkable.

The medial and lateral patellofemoral ligaments/retinaculum are intact.

MENISCI:

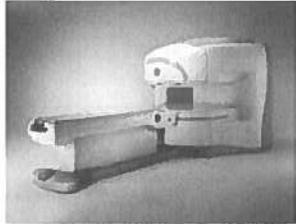
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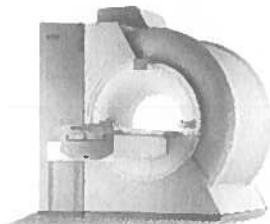
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000266

Patient Name: **BARDAKJIAN, STEEVIO**

DOB: 05/23/1970

Patient Number: 43066

Date of Exam: 01/29/2024 14:00

Referring Doctor: PHILLIP CONWISAR, M.D.

MRI OF THE RIGHT KNEE PRE AND POST INTRA-ARTICULAR CONTRAST (MR ARTHROGRAM)

The medial and lateral menisci are intact. No Grade III signal intensity abnormality is identified.

BONES AND ARTICULAR CARTILAGE:

There is mild tricompartmental osteoarthritis with low-grade chondromalacia, most prominently affecting the patellofemoral compartment of the knee. No fracture, dislocation or osteonecrosis is visualized.

SOFT TISSUES:

No significant joint effusion is seen. No Baker's cyst is visualized.

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

Pursuant to section LC5703 & 5307 "A" "I", I declare under penalty of perjury that I have not violated labor code section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

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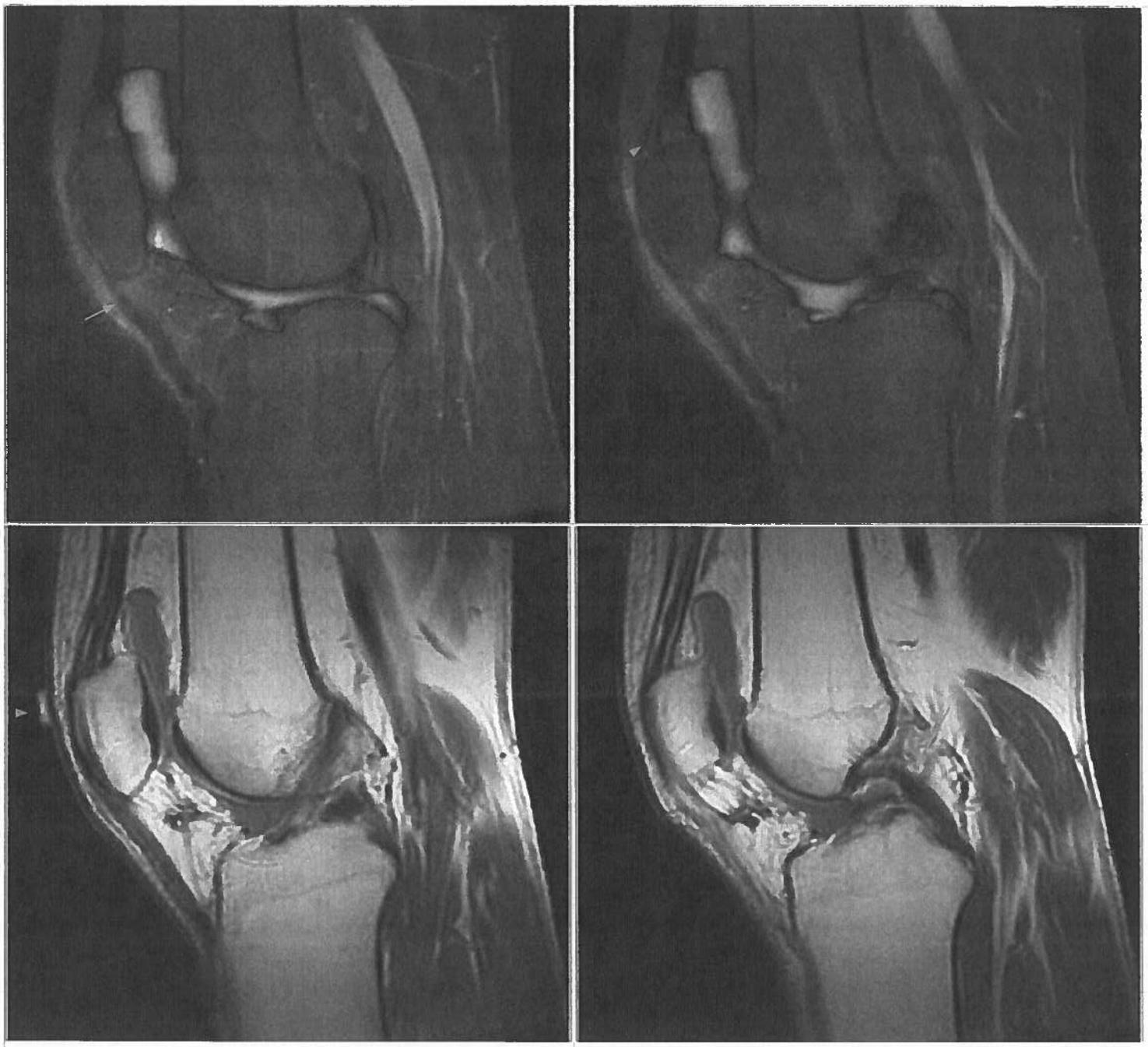
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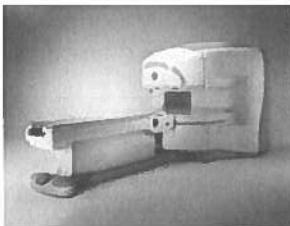
Patient Name: BARDAKJIAN, STEEVIO
Patient ID: 43066
Patient D.O.B.: May 23, 1970 M053Y

Exam Name: MRI Arthrogram Knee -
Exam Date: Mon Jan 29, 2024
Referring Dr: CONWISAR P



Comments:

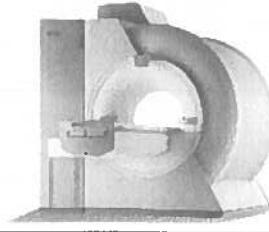
Intact menisci, cruciates, and collateral ligaments. Mucoid degeneration of intact ACL fibers.
Mild tricompartmental osteoarthritis with low-grade chondromalacia, most prominently affecting the patellofemoral compartment of the knee.
Tendinosis/tendinopathy of the distal quadriceps and proximal patellar tendons.
Preliminary Only. Final to Follow. Summary prepared by Y. Fayner, MD



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000268

Patient Name: **BARDAKJIAN, STEEVIO** DOB: 05/23/1970
 Patient Number: 43066
 Date of Exam: 01/29/2024 14:50
 Referring Doctor: PHILLIP CONWISAR, M.D.

CT-GUIDED INJECTION OF INTRA-ARTICULAR CONTRAST INTO THE RIGHT KNEE

IMPRESSION:

Successful CT-guided knee arthrogram.

Indications: 53 year-old male presents with posterior Rt knee pain x 6yrs. Fall in 2018, meniscus sx in 2022. Date of injury 07/03/2018.

Technique: **AIC-VALENCIA:** Using a new ultra-fast Siemens 64-slice CT scanner capable of up to 200 slices per second and 0.33 mm resolution, and utilizing automated exposure control, adjustment of the mA and/or kV and iterative reconstruction technique, the following series were obtained: Sub mm-thick axial images were obtained through the knee both before and following intraarticular injection of contrast. Additional 3D and multiplanar reformations were obtained on the scanner and/or on an **Advanced 3D Workstation**. A written consent was obtained from the patient. The potential risks were explained to the patient. .

CT Guided Needle: Time-out was taken to identify the correct patient, procedure and side prior to starting the procedure. The patient was prepped and draped in the usual sterile manner. The skin was anesthetized using up to 2 cc of local Lidocaine. Under CT guidance, a 22G 2" needle was introduced into the joint. When the tip of the needle was thought to be in the appropriate position, small amount of contrast was injected to confirm intraarticular placement and intraarticular spread. A total of 0.5ML/0.5M of 50% low-osmolar, non-ionic iodinated contrast, mixed with 0.3 cc of gadolinium if procedure was followed by MRI, was injected into the joint. The procedure was completed without complications and was tolerated well. **Radiation dose:** Total DLP 91.00 mGy-cm; CTDIvol 10.77 mGy.

Comparison: MRI ARTHROGRAM KNEE - dated 01/29/2024.

FINDINGS:

An informed consent explaining risks, benefits and alternatives of the procedures obtained from the patient. All patient's questions were answered and the patient agreed to proceed.

An appropriate site for accessing the joint space was marked on the skin. The skin was aseptically cleaned and dressed. The skin and the underlying soft tissues were infiltrated with 2 mL of 2% buffered lidocaine. Under CT guidance, a 22G 2" needle was introduced into the joint. When the tip of the needle was thought to be in the appropriate position, small amount of contrast was injected to confirm intraarticular placement and intraarticular spread. A total of 30 cc of 50% low-osmolar, non-ionic iodinated contrast diluted with Gadolinium (1/100) was injected into the joint. The needle was removed. Compression was applied to achieve hemostasis. The area was cleaned and dressed. Patient remained stable during course of examination and tolerated the procedure well. Patient was discharged in stable condition at the end of the examination.

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of

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000269

Patient Name: BARDAKJIAN, STEEVIO **DOB:** 05/23/1970
Patient Number: 43066
Date of Exam: 01/29/2024 14:50
Referring Doctor: PHILLIP CONWISAR, M.D.

CT-GUIDED INJECTION OF INTRA-ARTICULAR CONTRAST INTO THE RIGHT KNEE

perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

Pursuant to section LC5703 & 5307 "A" "I", I declare under penalty of perjury that I have not violated labor code section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

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Yury Fayner M.D.

Diplomate, American Board of Radiology

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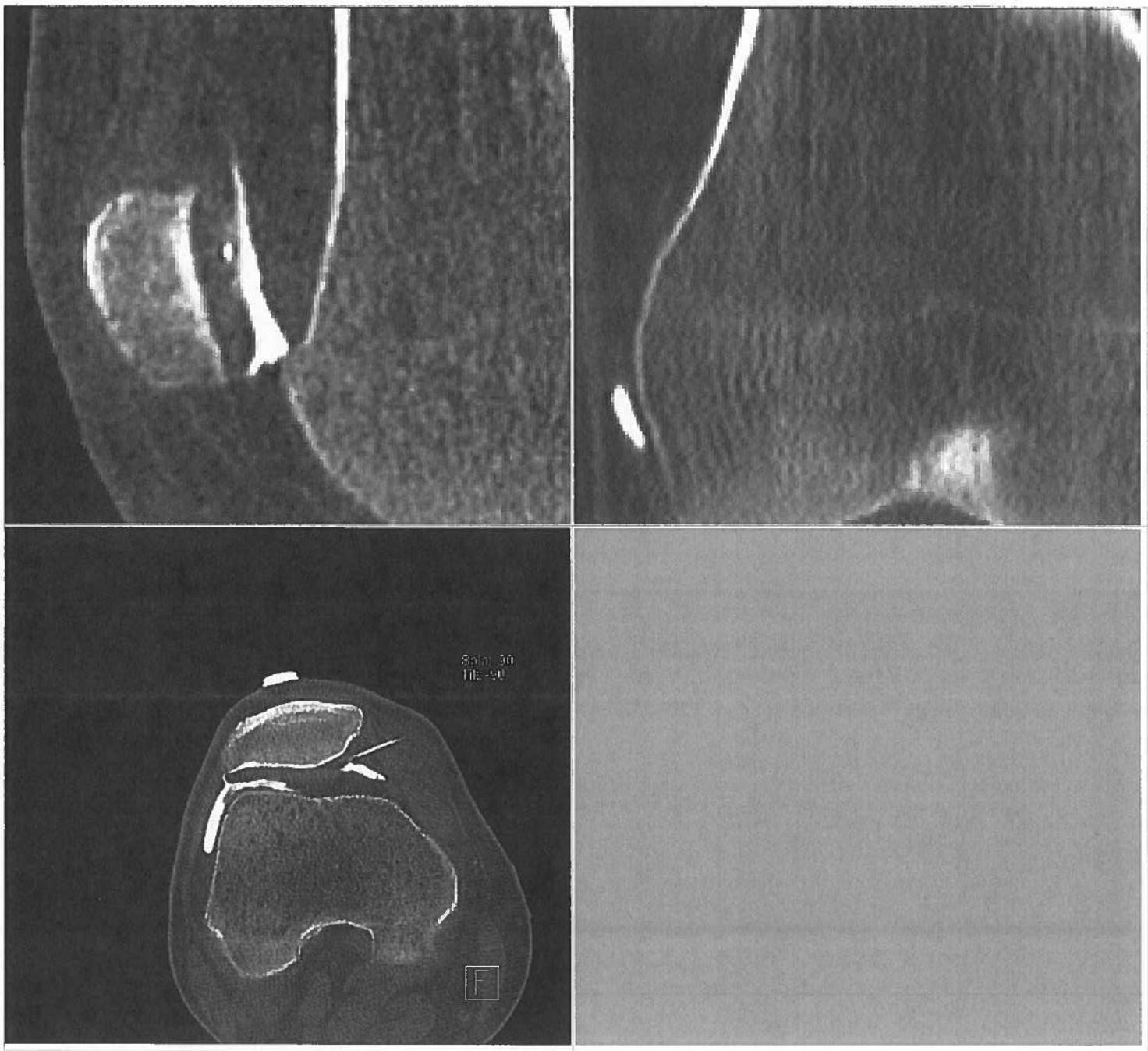
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Patient Name: BARDAKJIAN, STEEVIO
Patient ID: 43066
Patient D.O.B.: May 23, 1970 M053Y

Exam Name: CT PELVIS Lower Extremities^RT_KNEE_ARCER
Exam Date: Mon Jan 29, 2024
Referring Dr: CONWISAR P

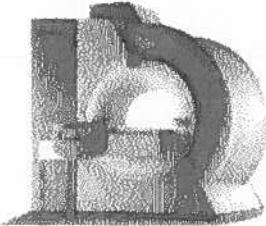
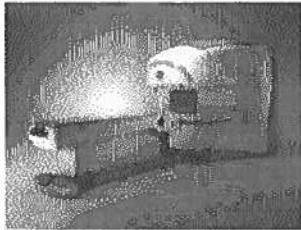


Comments:

Successful CT-guided knee arthrogram.

Preliminary Only. Final to Follow. Summary prepared by Y. Fayner, MD

000271



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Patient Name: **BARDAKJIAN, STEEVIO** DOB: 05/23/1970
 Patient Number: 43066
 Date of Exam: 06/01/2023 17:00
 Referring Doctor: PHILLIP CONWISAR, M.D.

MRI OF THE LUMBAR SPINE WITH AND WITHOUT GADOLINIUM CONTRAST

IMPRESSION:

1. Loss of normal lumbar lordosis is seen suggestive of paraspinal muscle spasm.
2. L4-L5 level: 4mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, AP thecal sac measures 7 mm. Severe bilateral neuroforaminal stenosis is seen with impingement upon bilateral L4 exiting nerve roots. Partial laminectomy is noted. Minimal epidural scar noted anterolaterally on the right.
3. L3-L4 level: 2mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with moderate bilateral neuroforaminal stenosis and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis. Partial laminectomy is noted.
4. L5-S1 level: 2 mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat. There is no central spinal canal stenosis or neuroforaminal narrowing.

Indications: 52 year-old male present with low back pain x 5 years s/p lifting injury. Prior L3-5 discectomy 2018.

Date of injury 07/03/2018.

Technique: **AIC-VALENCIA:** Using a high-resolution GE Ovation Open MRI scanner with high-performance gradients and EXCITE technology, the following sequences were acquired: Multiplanar, multiphase MR sequences were obtained before and after administration IV gadolinium contrast. Total 20ML contrast.

Comparison: None.

FINDINGS:

Vertebral Bodies: Height and alignment: Loss of normal lumbar lordosis is seen suggestive of paraspinal muscle spasm, otherwise normal.

Marrow signal intensity: Normal.

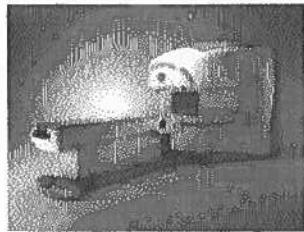
Osteophytes: present.

Posterior elements: intact.

IV Discs: Disc desiccation: Not present.

T12-L1 level: There is no significant disc bulge, central spinal canal stenosis or neuroforaminal narrowing.

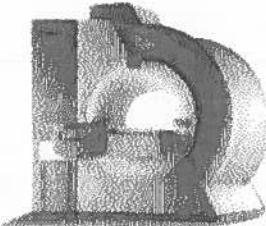
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Patient Name: **BARDAKJIAN, STEEVIO** DOB: 05/23/1970
 Patient Number: 43066
 Date of Exam: 06/01/2023 17:00
 Referring Doctor: PHILLIP CONWISAR, M.D.

MRI OF THE LUMBAR SPINE WITH AND WITHOUT GADOLINIUM CONTRAST

L1-L2 level: There is no significant disc bulge, central spinal canal stenosis or neuroforaminal narrowing.

L2-L3 level: There is no significant disc bulge, central spinal canal stenosis or neuroforaminal narrowing.

L3-L4 level: 2mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with moderate bilateral neuroforaminal stenosis and abutment upon bilateral L3 exiting nerve roots. There is no central spinal canal stenosis. Partial laminectomy is noted.

L4-L5 level: 4mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with associated mild bilateral facet arthropathy and ligamentum flavum thickening and prominent posterior epidural fat resulting in moderate central spinal canal stenosis, AP thecal sac measures 7 mm. Severe bilateral neuroforaminal stenosis is seen with impingement upon bilateral L4 exiting nerve roots. Partial laminectomy is noted.

L5-S1 level: 2 mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat. There is no central spinal canal stenosis or neuroforaminal narrowing.

Thecal Sac and Cord: Thecal sac: Narrowed at L4-L5.

Epidural spaces and fat: normal.

Spinal Cord: normal. Conus and cauda equina: normal.

No abnormal postcontrast enhancement is seen.

Anterior and posterior longitudinal ligaments: intact.

Pre and paravertebral muscles and soft tissues: normal.

Bilateral sacroiliac joint: normal.

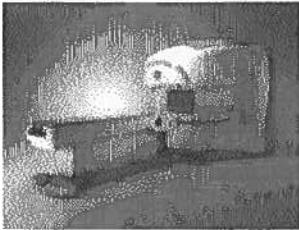
Other findings:

Abdominal aorta: non aneurysmal

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

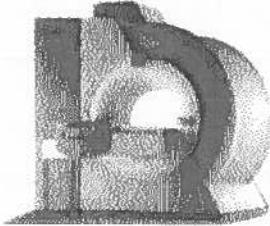
(Page 2 of 3)

000273



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Patient Name: **BARDAKJIAN, STEEVIO** DOB: 05/23/1970
 Patient Number: 43066
 Date of Exam: 06/01/2023 17:00
 Referring Doctor: PHILLIP CONWISAR, M.D.

MRI OF THE LUMBAR SPINE WITH AND WITHOUT GADOLINIUM CONTRAST

Pursuant to section LC5703 & 5307 "A" "1", I declare under penalty of perjury that I have not violated labor code section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

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Andrew McDonnell M.D.

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AM/DA

Dictated: 06/02/2023 03:29 Transcribed: 06/02/2023 03:29

(Page 3 of 3)



TOTAL IMAGING & OPEN MRI

18560 Via Princessa Suite #120, Santa Clarita, CA 91387

Tel: (661) 250-4611

Fax: (661) 250-9336

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: **BARDAKJAN, STEEVIO**
 Exam Date: **06/04/2020 09:20:52**

Sex: **M**
 Patient DOB: **05/23/1970**

STUDY: MRI OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST

HISTORY: Injured at work.

TECHNIQUE: Multiplanar and multi-echo MRI of the lumbar spine was performed before and after administration of intravenous contrast.

FINDINGS:

There is scoliosis of the lumbar vertebral column with concavity to the right.

Multilevel facet arthropathy, ligamentum flavum thickening and prominent posterior epidural fat noted.

On post contrast images no enhancement seen.

There is no acute or sub-acute observed vertebral fracture or wedging at this time. No evidence of posterior longitudinal ligament or interspinous ligament tear. The complete lower visualized disc is considered to be LS-S1.

Disc Spaces:

L1-L2: 1.12 mm disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 10.07 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.

L2-L3: 1.34 mm disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 9.15 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.

L3-L4: 2.98 mm diffuse disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 9.02 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.

L4-L5: 3.84 mm diffuse disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 6.79 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.

Electronically Signed By: Norman Pennington on 06/05/2020 07:01:57 AM
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TOTAL IMAGING & OPEN MRI

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Tel: (661) 250-4611

Fax: (661) 250-9356

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: BARDAKJAN, STEEVIO
Exam Date: 06/04/2020 09:20:52

Sex: M
Patient DOB: 05/23/1970

L5-S1: 1.32 mm diffuse disc herniation which indents the thecal sac. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear. Central canal is patent.

Spinal cord and thecal sac:

There is no significant cauda equina compression. The lower thoracic cord is normal. The conus medullaris ends at L1 and reveals normal signal intensity.

Paravertebral soft tissue is unremarkable.

IMPRESSION:

1. L1-L2: 1.12 mm disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 10.07 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.
2. L2-L3: 1.34 mm disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 9.15 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.
3. L3-L4: 2.98 mm diffuse disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 9.02 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.
4. L4-L5: 3.84 mm diffuse disc herniation which indents the thecal sac which results in central canal stenosis with central canal AP diameter measuring 6.79 mm. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear.
5. L5-S1: 1.32 mm diffuse disc herniation which indents the thecal sac. The disc herniation also causes bilateral neural foraminal narrowing. No annular disc tear. Central canal is patent.

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Board Certified Radiologist

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TOTAL IMAGING & OPEN MRI

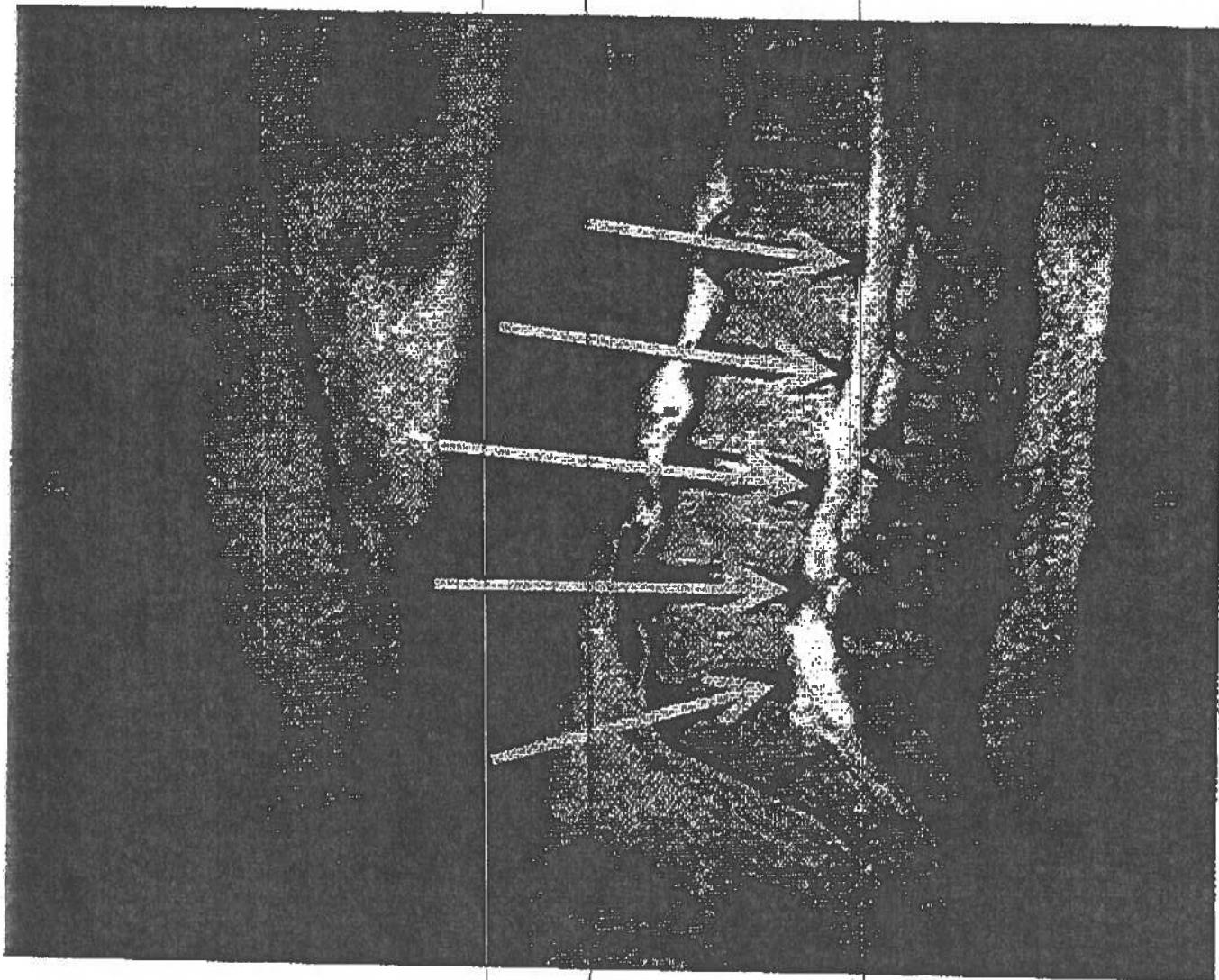
18560 Via Princessa Suite #120, Santa Clarita, CA 91387
Tel: (661) 250-4611 Fax: (661) 250-9356

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: BARDAKJAN, STEEVIO
Exam Date: 06/04/2020 09:20:52

Sex: M
Patient DOB: 05/23/1970



Norman Pennington

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TOTAL IMAGING & OPEN MRI

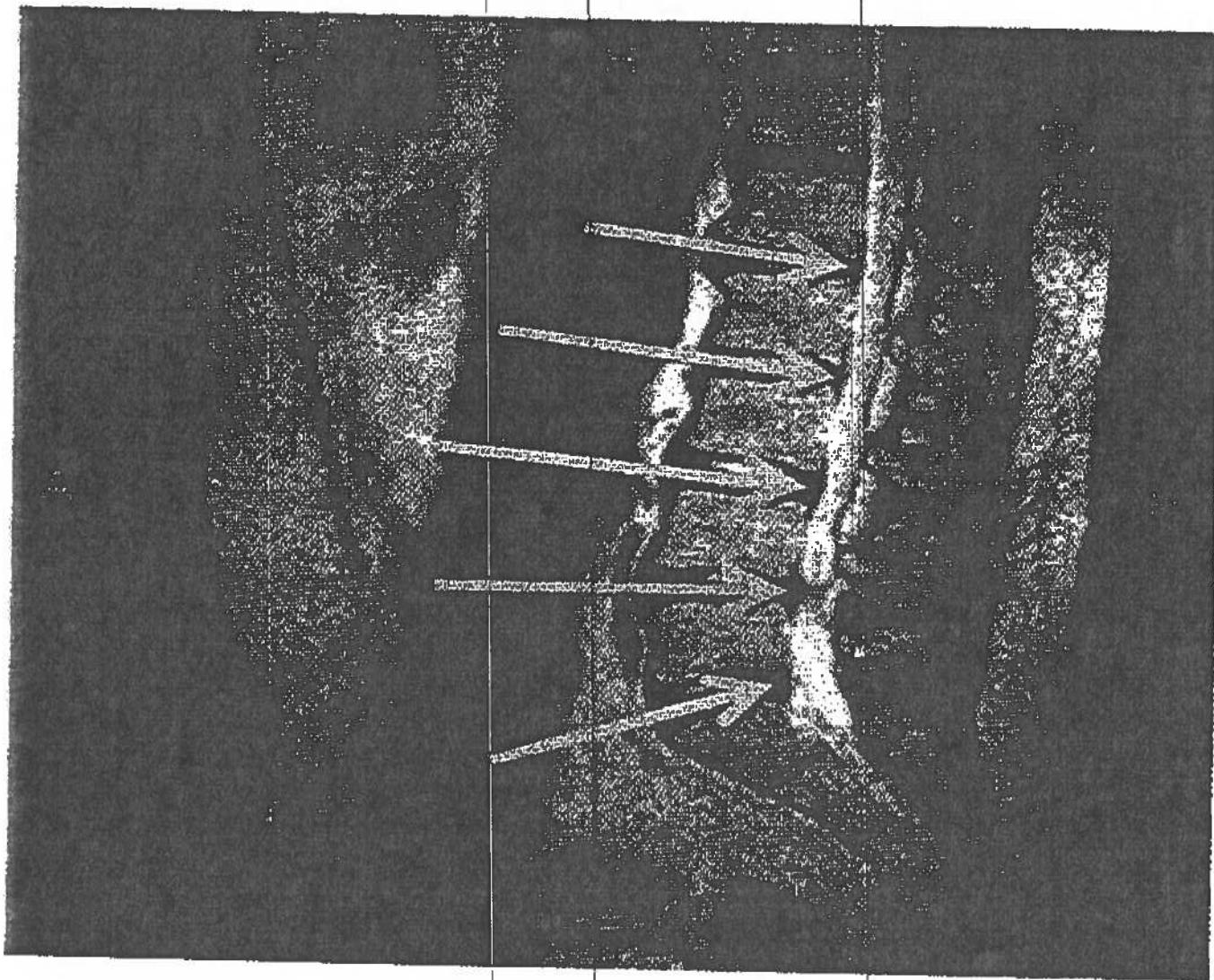
18560 Via Princessa Suite #120, Santa Clarita, CA 91387
Tel: (661) 250-4611 Fax: (661) 250-8356

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: BARDAKJAN, STEEVIO
Exam Date: 06/04/2020 09:20:52

Sex: M
Patient DOB: 05/23/1970



A handwritten signature in black ink, appearing to read "Norman Pennington".

Electronically Signed By: Norman Pennington on 06/05/2020 07:01:57 AM
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**TOTAL IMAGING & OPEN MRI**

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 Tel: (661) 250-4611 Fax: (661) 250-9356

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: BARDAKJIAN, STEEVIO
 Exam Date: 05/28/2020 13:26:19

Sex: M
 Patient DOB: 05/23/1970

STUDY: MRI OF THE RIGHT KNEE WITHOUT CONTRAST

HISTORY: Injured at work.

TECHNIQUE: Multiplanar multisequence MR images of the right knee were obtained without the administration of intravenous contrast.

FINDINGS:

Cruciate ligament:

Anterior cruciate ligament and posterior cruciate ligaments are normal in size and signal intensity.

Menisci:

There is an oblique tear of the posterior horn of medial meniscus. Rest of the menisci are unremarkable.

Collateral ligaments:

The lateral collateral ligament and medial collateral ligaments are intact and show normal signal intensity.

Joint capsule:

Patellofemoral ligaments are normal. Medial and Lateral patellar retinaculum are normal. Surrounding soft tissue shows no abnormality. Observation is made of small knee joint effusion. Baker's cyst observed.

Bones and articular cartilage:

Alignment of tibia, femur as well maintained. The patella is normally positioned within the femoral groove. Femoral condyles and visible bones appear normal in signal intensity. The femoral, tibial, and patellar articular cartilage appear normal. No fracture, stress reaction, or osseous lesion is seen.

Muscles, tendons and postero-lateral complex:

No hyaline cartilaginous disease in patellofemoral, medial and lateral compartments. The distal quadriceps and patellar tendons are intact. The biceps femoris tendon and ilio-tibial tract are normal. The quadriceps and patellar tendons are normal. The popliteal vessels are normal. Hoffa's fat pad is normal. The muscles surrounding the knee joint are normal. No evidence of obvious loose bodies.

Norm Pennington

Electronically Signed By: Norman Pennington on 05/29/2020 06:22:55 AM
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000278

**TOTAL IMAGING & OPEN MRI**

18560 Via Princessa Suite #120, Santa Clarita, CA 91387
Tel: (661) 250-4611 Fax: (661) 250-9356

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: BARDAKJIAN, STEEVIO
Exam Date: 05/28/2020 13:26:19

Sex: M
Patient DOB: 05/23/1970

IMPRESSION:

1. Oblique tear of the posterior horn of medial meniscus.
2. Small knee joint effusion.

Norman Pennington

Electronically Signed By: Norman Pennington on 05/29/2020 06:22:55 AM
Board Certified Radiologist

000279

**TOTAL IMAGING & OPEN MRI**

18560 Via Princessa Suite #120, Santa Clarita, CA 91387
Tel: (661) 250-4611 Fax: (661) 250-0358

REFERRING PHYSICIAN: DR. CONWISAR, PHILIP PHILIP

DIAGNOSTIC IMAGING REPORT

Patient Name: BARDAKJIAN, STEEVIO
Exam Date: 05/28/2020 13:26:19

Sex: M
Patient DOB: 05/23/1970



A handwritten signature in black ink that appears to read "Norman Pennington".

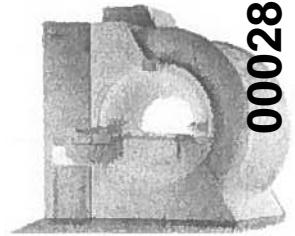
Electronically Signed By: Norman Pennington on 05/29/2020 06:22:55 AM
Board Certified Radiologist

0000280



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Patient Name: BARDAKJIAN, STEEVIO **DOB:** 05/23/1970
Patient Number: 43066
Date of Exam: 11/25/19 14:10
Referring Doctor: PHILLIP CONWISAR, M.D.

XRAYS OF PELVIS (ONE OR TWO VIEWS)

IMPRESSION:

1. No evidence of acute osseous abnormality or fracture seen.
2. Degenerative joint disease both hips.

Indications: 49 year-old male presents with right hip pain and pelvic pain, limited ROM without pain meds. Pt sustained a fall down the stairs a 2 weeks after back surgery on 8/2018. Has pinched nerves, trying to R/o right acetabulum. Date of injury 07/03/18.

Technique: AIC-VALENCIA: Utilizing a Carestream Computerized Radiography (**CR Digital X-ray**) scanner, the following views were obtained: AP.

Comparison: «None.»

FINDINGS:

The pelvic skeleton presents an anatomically normal and symmetrical shape. Normal bone mineralization. No evidence of acute fracture. The cortical margins and trabecular markings of the osseous structures are unremarkable. The sacroiliac joint and symphysis pubis are of normal width. The sacrum and imaged portions of the lumbar spine are unremarkable.

Marginal joint line osteophytes are seen at both acetabuli. Femoro-acetabular joint spaces are intact bilaterally. There are no intra-articular or periarticular calcifications. .

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

Pursuant to section LC5703 & 5307 "A" "1", I declare under penalty of perjury that I have not violated labor code section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Thank you for referring this patient to ADVANCED IMAGING CENTER.

Electronically signed on 11/25/19 14:44 by

Amjad Safvi, M.D.

Diplomate, American Board of Radiology

AS/S11

Dictated: 11/25/19 14:44 Transcribed: 11/25/19 14:44

(Page 1 of 1)

Patient Name: BARDAKJIAN^STEEVIO
Patient ID: 43066
Patient D.O.B.: May 23, 1970 M49Y

Exam Name: XRAY PELVIS Xray Pelvis; or
Exam Date: Mon Nov 25, 2019
Referring Dr: CONWISAR^P

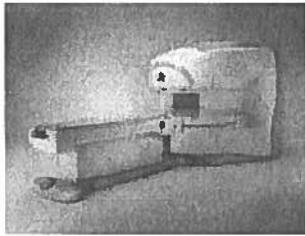


Comments:

No evidence of acute osseous abnormality or fracture seen.

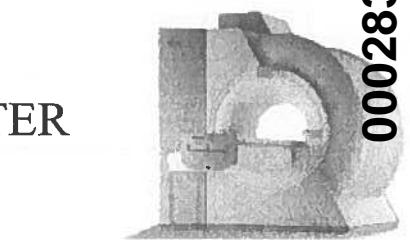
Degenerative joint disease both hips.

Preliminary Only. Final to Follow. Summary prepared by _____



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Patient Name: BARDAKJIAN, STEEVIO
Patient Number: 43066
Date of Exam: 11/25/19 14:00
Referring Doctor: PHILLIP CONWISAR, M.D.

DOB: 05/23/1970

X-RAYS OF THE RIGHT HIP (UNILAT/COMPLETE, TWO+ VIEWS)

IMPRESSION:

1. No acute osseous abnormality or fracture seen.
2. Degenerative joint disease right hip.

Indications: 49 year-old male presents with right hip pain and pelvic pain, limited ROM without pain meds. Pt sustained a fall down the stairs a 2 weeks after back surgery on 8/2018. Has pinched nerves, trying to R/o right acetabulum. Date of injury 07/03/18.

Technique: **AIC-VALENCIA:** Utilizing a Carestream Computerized Radiography (CR Digital X-ray) scanner, the following views were obtained: AP and lateral.

Comparison: «None.»

FINDINGS:

Normal bone mineralization. Cortical margins of the osseous structures are within normal limits. There is no evidence of acute fracture or dislocation. There is no lytic or sclerotic lesion. Osteoarthritic changes are seen in right hip joint depicted by marginal osteophyte of acetabulum with sclerosis. Right femoro-acetabular joint space is intact. Soft tissues appear normal without evidence of calcifications.

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

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Amjad Safvi, M.D.

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(Page 1 of 1)

Patient Name: BARDAKJIAN^STEEVIO
Patient ID: 43066
Patient D.O.B.: May 23, 1970 M49Y

Exam Name: XRAY HIP Xray Hip, Right Uni
Exam Date: Mon Nov 25, 2019
Referring Dr: CONWISAR^P



Comments:

No acute osseous abnormality or fracture seen.

Degenerative joint disease right hip.

Preliminary Only. Final to Follow. Summary prepared by _____

Patient Name: BARDAKJIAN, STEEVIO
Patient Number: 43066
Date of Exam: 10-07-19 09:45
Referring Doctor: PHILLIP CONWISAR, M.D.

DOB: 05-23-1970

MRI OF THE LUMBAR SPINE WITH AND WITHOUT GADOLINIUM CONTRAST**IMPRESSION:**

1. Loss of normal lumbar lordosis is seen suggestive of paraspinal muscle spasm.
2. L4-L5 level: 4mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with associated mild bilateral facet arthropathy and ligamentum flavum thickening and epidural lipomatosis resulting in severe central spinal canal stenosis, AP thecal sac measures 7 mm. Moderate bilateral neuroforaminal stenosis is seen with abutment upon bilateral L4 exiting nerve roots.
3. L3-L4 level: 1mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with mild bilateral neuroforaminal narrowing. There is no central spinal canal stenosis.
4. L5-S1 level: 2 mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat. There is no central spinal canal stenosis or neuroforaminal narrowing.

Indications: 49 year-old male presents with an injury from work on 7/2018. Patient complains of lower back pain that is constant. Hx Sx, ambulates with a cane.

Dx: Lumbar radiculopathy. Date of injury 07-03-18.

Technique: AIC-VALENCIA: Using a high-resolution GE Ovation Open MRI scanner with high-performance gradients and EXCITE technology, the following sequences were acquired: Multiplanar, multiphase MR sequences were obtained before and after administration IV gadolinium contrast. Total 20ML contrast.

Comparison: None.

FINDINGS:

Vertebral Bodies: Height and alignment: Loss of normal lumbar lordosis is seen suggestive of paraspinal muscle spasm, otherwise normal.

Marrow signal intensity: Normal.

Osteophytes: present.

Posterior elements: intact.

IV Discs: Disc desiccation: Not present.

T12-L1 level: There is no significant disc bulge, central spinal canal stenosis or neuroforaminal narrowing.

L1-L2 level: There is no significant disc bulge, central spinal canal stenosis or neuroforaminal narrowing.

L2-L3 level: There is no significant disc bulge, central spinal canal stenosis or neuroforaminal narrowing.

(Page 1 of 2)

Patient Name: **BARDAKJIAN, STEEVIO** DOB: 05-23-1970
 Patient Number: 43066
 Date of Exam: 10-07-19 09:45
 Referring Doctor: PHILLIP CONWISAR, M.D.

MRI OF THE LUMBAR SPINE WITH AND WITHOUT GADOLINIUM CONTRAST

L3-L4 level: 1mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with mild bilateral neuroforaminal narrowing. There is no central spinal canal stenosis.

L4-L5 level: 4mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat with associated mild bilateral facet arthropathy and ligamentum flavum thickening and epidural lipomatosis resulting in severe central spinal canal stenosis, AP thecal sac measures 7 mm. Moderate bilateral neuroforaminal stenosis is seen with abutment upon bilateral L4 exiting nerve roots.

L5-S1 level: 2 mm posterior disc bulge is noted causing mass effect upon the thecal sac and perineural fat. There is no central spinal canal stenosis or neuroforaminal narrowing.

Thecal Sac and Cord: Thecal sac: Reduced at L4-L5.
Epidural spaces and fat: normal.
Spinal Cord: normal. Conus and cauda equina: normal.
 No abnormal postcontrast enhancement.
 Anterior and posterior longitudinal ligaments: intact.
 Pre and paravertebral muscles and soft tissues: normal.

Bilateral sacroiliac joint: normal.

Other findings:

Abdominal aorta: non aneurysmal

I declare under penalty of perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This declaration is effective the date of this report and was signed in Los Angeles County.

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Electronically signed on 10/08/19 16:16 by
Andrew McDonnell M.D.

Diplomate, American Board of Radiology
 AM/DA

Dictated: 10-08-19 03:58 Transcribed: 10-08-19 03:58

**Precision Occupational Medical Group
Corporate Office
1805 E. Dyer Road #110
Santa Ana, CA 92705
Phone: (949) 955-0022
Fax: (949) 955-0220**

Test Date: 6/20/2019

Patient: Bardakjian, Steevio	DOB: 5/23/1970	Physician: Shahriar Bamshad, M.D.
Sex: Male		Ref Phys: Dr Conwisor

Patient Complaints:

Patient is a 49 year-old male who presents with low back pain radiating to the right lower extremity, numbness in the feet

EXAM:

General: Alert, oriented, no acute distress

Head: Normocephalic, EOMI

Skin: Intact, no rash

Chest: Chest wall symmetrical, no respiratory distress

Abdomen: Soft, nontender

Extremities: No cyanosis/clubbing/edema

Musculoskeletal:

L Spine- decreased ROM, +TTP paraspinals

Neuro: Motor- grossly 5/5 BLE

Sensation- decreased to LT B feet

Working Diagnosis: Neuralgia

ELECTRODIAGNOSTIC STUDY:

Nerve conduction study of the BILATERAL LOWER EXTREMITIES was done today with the surface skin temperature at 32 degrees Celsius and above near the site of the recording electrodes. Standard sterile technique used for EMG, using monopolar needle. Patient tolerated the exam well.

NCV & EMG Findings:

Evaluation of the Left peroneal motor nerve showed reduced amplitude and decreased conduction velocity (B Fib-Ankle). The Right peroneal motor nerve showed prolonged distal onset latency, reduced amplitude, and decreased conduction velocity (B Fib-Ankle). The Left saphenous sensory nerve showed no response (14cm). The Right saphenous sensory nerve showed no response (14cm). The Left superficial peroneal sensory nerve showed no response (14cm). The Right superficial peroneal sensory nerve showed no response (14cm). The Left sural sensory nerve showed no response (Calf). The Right sural sensory nerve showed no response (Calf). The Left tibial motor nerve showed prolonged distal onset latency, reduced amplitude, and decreased conduction velocity (Knee-Ankle). The Right tibial motor nerve showed prolonged distal onset latency, reduced amplitude, and decreased conduction velocity (Knee-Ankle). The Left peroneal (TA) motor nerve was within normal limits. The Right peroneal (TA) motor nerve was within normal limits.

Needle evaluation of the Right Lumbar Paraspinals, the Left Lumbar Paraspinals, the Right vastus medialis, the Right adductor longus, the Right medial gastrocnemius, the Left vastus medialis, the Left adductor longus, and

Patient: Bardakjian, Steevio

Test Date: 6/20/2019

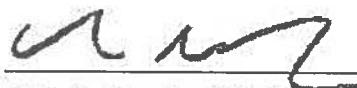
Page 2

the Left medial gastrocnemius muscles (as indicated in the following table) did not reveal any electromyographic abnormality today. The Right gluteus medius and the Left gluteus medius muscles showed increased motor unit duration and slightly increased polyphasic potentials. The Right anterior tibialis and the Left anterior tibialis muscles showed increased motor unit duration and moderately increased polyphasic potentials. The Right extensor hallucis longus muscle showed slightly increased spontaneous activity, increased motor unit duration, increased polyphasic potentials, diminished recruitment, and moderately decreased interference pattern. The Right posterior tibialis, the Left extensor hallucis longus, and the Left posterior tibialis muscles showed increased motor unit duration, increased polyphasic potentials, diminished recruitment, and moderately decreased interference pattern.

Impression:

The above electrodiagnostic study of the bilateral lower extremities reveals:

1. Peripheral polyneuropathy.
2. Chronic neuropathic changes in the bilateral L4 and L5 distribution, with very occasional active denervation potentials on the right.



Shahriar Bamshad, M.D.

Diplomate, American Board of Physical Medicine and Rehabilitation

Patient: Bardakjian, Steevio

Test Date: 6/20/2019

Page 3

Nerve Conduction Studies**Anti Sensory Summary Table**

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (μ V)	Norm P-T Amp	Neg Area (μ V·ms)	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Saphenous Anti Sensory (Ant Med Mall)												
14cm	NR	<4.4			>3		14cm	Ant Med Mall		14.0		>32
Right Saphenous Anti Sensory (Ant Med Mall)												
14cm	NR	<4.4			>3		14cm	Ant Med Mall		14.0		>32
Left Sup Peron Anti Sensory (Ant Lat Mall)												
14cm	NR	<4.4			>3		14cm	Ant Lat Mall		14.0		>32
Right Sup Peron Anti Sensory (Ant Lat Mall)												
14cm	NR	<4.4			>3		14cm	Ant Lat Mall		14.0		>32
Left Sural Anti Sensory (Lat Mall)												
Calf	NR	<4.0			>5		Calf	Lat Mall		14.0		>35
Right Sural Anti Sensory (Lat Mall)												
Calf	NR	<4.0			>5		Calf	Lat Mall		14.0		>35

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Neg Area (mV·ms)	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev)												
Ankle	4.8	<5.0	1.2		>2.5	1.69	B Fib	Ankle	10.1	32.0	32	>39
B Fib	14.9		0.8			1.66						
Right Peroneal Motor (Ext Dig Brev)												
Ankle	5.2	<5.0	1.8		>2.5	6.00	B Fib	Ankle	8.8	32.0	36	>39
B Fib	14.0		1.3			5.34						
Left Peroneal TA Motor (Tib Ant)												
Fib Head	4.1	<5.0	4.7		>2.0	17.57						
Right Peroneal TA Motor (Tib Ant)												
Fib Head	4.3	<5.0	5.0		>2.0	28.10						
Left Tibial Motor (Abd Hall Brev)												
Ankle	6.2	<6.0	4.3		>5.0	12.44	Knee	Ankle	12.1	41.0	34	>39
Knee	18.3		3.4			9.48						
Right Tibial Motor (Abd Hall Brev)												
Ankle	6.5	<6.0	4.5		>5.0	10.73	Knee	Ankle	11.8	41.0	35	>39
Knee	18.3		3.5			7.37						

H Reflex Studies

NR	H-Lat (ms)	L-R H-Lat (ms)	L-R Lat Norm
Left Tibial (Gastroc)	40.16	0.47	<2.0
Right Tibial (Gastroc)	40.63	0.47	<2.0

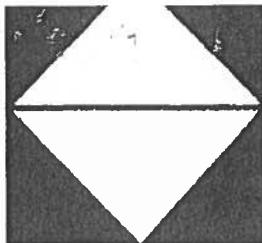
Patient: Bardakjian, Steevio

Test Date: 6/20/2019

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EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	Lumbar Paraspinals	Rami	L1-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Lumbar Paraspinals	Rami	L1-S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	AdductorLong	Obturator	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	GluteusMed	SupGluteal	L4-5	Nml	Nml	Nml	Nml	>12ms	1+	Nml	Nml	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Nml	>12ms	2+	Nml	Nml	
Right	ExtHallLong	Dp Br Peron	L5, S1	Nml	Nml	1+	Nml	>12ms	3+	Reduced	75%	
Right	PostTibialis	Tibial	L5, S1	Nml	Nml	Nml	Nml	>12ms	3+	Reduced	75%	
Right	MedGastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	AdductorLong	Obturator	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	GluteusMed	SupGluteal	L4-5	Nml	Nml	Nml	Nml	>12ms	1+	Nml	Nml	
Left	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Nml	>12ms	2+	Nml	Nml	
Left	ExtHallLong	Dp Br Peron	L5, S1	Nml	Nml	Nml	Nml	>12ms	3+	Reduced	75%	
Left	PostTibialis	Tibial	L5, S1	Nml	Nml	Nml	Nml	>12ms	3+	Reduced	75%	
Left	MedGastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	



Center For MRI and CT

Southern California Orthopedic Institute

6815 Noble Ave. #100, Van Nuys, CA 91405 • Tel: (818) 901-6665 • Fax (818) 901-6669
375 Rolling Oaks Dr. # 210, Thousand Oaks, CA 91361 • Tel: (805) 497-7015 x 6473 • Fax (805) 497-7315
24051 Newhall Ranch Rd. Bldg. C, Valencia, CA 91355 • Tel: (661) 254-6364 x 6549 • Fax (661) 290-5443
2400 Bahamas Dr., Bakersfield, CA 93309 • Tel: (661) 328-5565 • Fax (818) 901-4529

000291

PATIENT: BARDAKJIAN, STEEVIO

DATE OF BIRTH: 05/23/1970

ACCOUNT #: 286721

DATE OF EXAMINATION: 11/08/2018

REFERRING PHYSICIAN: BABAK BARCOHANA MD

11/8/18

MRI EVALUATION OF THE LUMBAR SPINE WITH AND WITHOUT DOTAREM:

HISTORY: Low back pain radiating down right leg with numbness and tingling.

COMPARISON: Comparison is made to the previous study dated 07/10/2018.

PROTOCOL: MRI was performed on a newer short bore 1.5 Tesla GE multichannel scanner utilizing an 8-channel dedicated phased-array spine coil. A coronal single shot T2W breath-hold localizer was obtained. Sagittal T1 and dual spin echo sequences in the sagittal and axial planes utilizing fast spin echo were then obtained prior to gadolinium. T1W sagittal and T1W axial images were obtained following the uneventful intravenous administration of dotarem, 20/20 cc.

FINDINGS: The alignment is anatomic although there is slight loss of the normal lumbar lordosis. There is underlying congenital spinal stenosis due to short pedicles and there is a component of epidural lipomatosis within the lumbar spine compressing the theca. The bone marrow signal intensity is normal except for Modic type I degenerative endplate changes at L4-5. There are no compression fractures.

T12-L1: There is no loss of disc height or signal intensity. There is no bulge or protrusion, facet arthropathy, canal or foraminal stenosis or focal nerve root impingement.

L1-2: There is no loss of disc height or signal intensity. There is no bulge or protrusion, facet arthropathy, canal or foraminal stenosis or focal nerve root impingement.

L2-3: There is mild loss of disc signal with 1 mm disc bulge and slight facet hypertrophy without canal or foraminal stenosis.

L3-4: There is mild loss of disc signal with a 3 mm disc bulge. There has been a right hemilaminectomy. There is enhancing granulation tissue within the lateral canal and hemilaminectomy site. There is mild residual canal stenosis. Right-sided disc bulge mild to moderately narrows the right and mildly narrows the left neural foramen.

L4-5: There is mild loss of disc signal with a 4 mm central extrusion which mildly flattens the thecal sac. There is enhancing granulation tissue within the right hemilaminectomy site within the posterior canal and within the right lateral recess without obvious nerve root impingement. Disc bulge extending into the right neural foramen moderate to severely narrows the right neural foramen impinging the right L4 nerve root, progressive since the previous. There is no recurrent disc herniation within the right lateral recess. Left-sided disc bulge extending to the left neural foramen with facet hypertrophy moderate to severely narrows the left neural foramen impinging the left L4 nerve root, similar to previous. There is mild underlying congenital spinal stenosis.

L5-S1: There is mild loss of disc signal with 1-2 mm disc bulge, right side greater than left, which with facet hypertrophy mildly narrows the right and left-sided disc bulge with facet hypertrophy mildly narrows the left neural foramen, similar to previous.

IMPRESSION:

1. L4-5: There is a 4 mm central extrusion which mildly flattens the thecal sac. There is enhancing granulation tissue within the right hemilaminectomy site within the posterior canal and within the right lateral recess without obvious nerve root impingement. Disc bulge extending into the right neural foramen moderate to severely narrows the right neural foramen impinging the right L4 nerve root, progressive since the previous. There is no recurrent disc herniation within the right lateral recess. Left-sided disc bulge extending to the left neural foramen with facet hypertrophy moderate to severely narrows the left neural foramen impinging the left L4 nerve root, similar to previous. There is mild underlying congenital spinal stenosis.

2. L3-4: There is a 3 mm disc bulge. There has been a right hemilaminectomy. There is enhancing granulation tissue within the lateral canal and hemilaminectomy site. There is mild residual canal stenosis. Right-sided disc bulge mild to moderately narrows the right and mildly narrows the left neural foramen.

3. L2-3: There is a 1 mm disc bulge and slight facet hypertrophy

RE: BARDAKJIAN, STEF

Page 3 of 3

without canal or foraminal stenosis.

4. Underlying congenital spinal stenosis.

ELECTRONICALLY SIGNED BY LAURA APPLEGATE MD at 11/12/2018 10:51:32 AM

J: 181902765 D: 11/09/18 T: 11/10/18

000293



23845 McBean Parkway Valencia California 91355

Printed on:

Name: BARDAKJIAN,STEEVIO	Ord Dr: Casey,Robert J M.D.
Pt #: V00017273001	Adm Dr:
MR #: M000748903	
Age: 48	Sex: M
DOB: 05/23/1970	Room#: ED
Procedure Location: MRI	
Date Procedure Ordered: 07/10/18	Order#: 0710-0020 Report#: 0710-0258

Signed

7/10/18

MR LUMBAR SPINE WITHOUT CONTRAST

EXAMINATION DATE AND TIME: 7/10/2018 3:30 PM

COMPARISON: MR lumbar spine dated 1/21/2014

REASON FOR STUDY: low back pain, numbness, weakness R side

PROTOCOL: Using a 3.0 tesla Siemens MRI system, coronal and axial T1, axial T2, sagittal T1, sagittal T2 and STIR sagittal scans were performed. A myelogram effect coronal turbo spin echo image was also done. There is some motion artifact which degrades images somewhat.

FINDINGS:

T12-L1: There is a congenitally small central spinal canal. There is no central spinal stenosis, disc extrusion or change from previously.

L1-L2: There is a congenitally small central spinal canal. There is no central spinal stenosis, disc extrusion or change from previously.

L2-L3: There is a congenitally small central spinal canal. There is unchanged mild central spinal stenosis secondary to disc bulging.

L3-L4: There is an unchanged congenitally small central spinal canal. There is a 3 mm bilateral disc bulge that flattens the ventral thecal sac and causes unchanged moderate central spinal stenosis. There is mild bilateral and recess and inferior foraminal narrowing.

Richard Goldman MD, Medical Director • Bruce Yawitz, MD
 Gerald Roth, MD • Ted Hittle, MD • Daniel Kirsch, MD • Ira Smalberg, MD • David Tran, MD
 John Gonzales, MD • Srinivas Peddi, MD • Joshua Hanelin, MD • Simon Garbiel, MD • James Hill, MD
 Anjali Date, MD • Ravi Sharma, MD • Ian Levin, MD • John Rhee, MD • Vicki Schiller, MD

Page 1

**Henry Mayo Newhall Hospital
23845 McBean Parkway Valencia California 91355**

Printed on:

Name: BARDAKJIAN,STEEVIO	Ord Dr: Casey,Robert J M.D.
Pt #: V00017273001	Adm Dr:
MR #: M000748903	
Age: 48	Sex: M
DOB: 05/23/1970	Room#: ED
Procedure Location: MRI	
Date Procedure Ordered: 07/10/18	Order#: 0710-0020 Report#: 0710-0258

L4-L5: There is a congenitally small central spinal canal and a minimally larger bilateral 5 mm disc bulge that results in moderately severe central spinal stenosis. The thecal sac measures 7 mm in AP diameter. There is bilateral lateral recess and inferior foraminal narrowing from the disc bulging, facet and ligamentum flavum hypertrophy.

L5-S1: There is no central spinal stenosis, disc extrusion or change. There is unchanged mild facet hypertrophy.

The conus medullaris ends at T12-L1. The vertebral body bone marrow signal, height and alignment are normal.

IMPRESSION:

There is been slight progression at L4-5 which now includes a 5 mm disc bulge resulting in moderately severe central spinal stenosis.

There is a congenitally small central spinal canal that results in unchanged moderate L3-L4 central spinal stenosis.

Richard L. Goldman M.D./TR: Date:07/10/18 Time:1534

Richard Goldman MD, Medical Director • Bruce Yawitz, MD
 Gerald Roth, MD • Ted Hittle, MD • Daniel Kirsch, MD • Ira Smalberg, MD • David Tran, MD
 John Gonzales, MD • Srinivas Peddi, MD • Joshua Hanelin, MD • Simon Garbiel, MD • James Hill, MD
 Anjali Date, MD • Ravi Sharma, MD • Ian Levin, MD • John Rhee, MD • Vicki Schiller, MD

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OPERATIVE REPORT

PATIENT'S NAME: BARDAKJIAN, STEEVIO
MEDICAL RECORD #: 6748
DATE OF OPERATION: 05/04/22

PREOPERATIVE DIAGNOSES: Internal derangement, meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES:

1. Lateral meniscus tear, right knee.
2. Grade 2 chondromalacia, lateral tibial plateau and lateral femoral condyle.
3. Synovitis.

PROCEDURES:

1. Right knee arthroscopy with partial lateral meniscectomy.
2. Chondroplasty of the lateral femoral condyle and lateral tibial plateau.
3. Synovectomy.
4. Intraarticular injection of Naropin and Celestone for postop analgesia.

SURGEON: Philip Conwisar, MD

ASSISTANT: Ann Bonner, PA-C

ANESTHESIOLOGIST: Robin Chorn, MD

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

INDICATION: The patient was 61-year-old with pain, swelling, and catching of the right knee. He has a medial and lateral meniscus tear. He has failed conservative treatment. He was indicated for surgery. The risks, benefits, and alternatives were discussed with the patient. He understands and consents to surgery.

May 4, 2022

Page 2

000297

PROCEDURE IN DETAIL: The patient was brought in the operating room, supine on the operating table. He was under general anesthesia. He received 2 g of IV Ancef. The right lower extremity was prepped and draped in the usual sterile fashion. Tourniquet was inflated to 300 mmHg.

Standard arthroscopic portals were made. We started in the suprapatellar pouch. There was synovitis noted. The patellofemoral joint was examined. The articular surfaces of the patella and the femoral trochlea were normal. The medial compartment was entered. The medial femoral condyle and medial tibial plateau was normal. The medial meniscus was examined including deep from anterior horn to the posterior horn. No medial meniscus tear was seen. The intercondylar notch was examined. There was synovitis and synovectomy was performed for visualization. The anterior and posterior cruciate ligament was seen and was normal. The lateral compartment was entered. There was some grade 1 and 2 chondromalacia of the lateral tibial plateau and a chondral fissure. Chondroplasty was performed to smooth down the defibrillated cartilage. There was grade 2 chondromalacia of the lateral femoral condyle approximately 10 mm in diameter. Chondroplasty was performed with a shaver just smoothing down the fibrillated cartilage. The lateral meniscus was examined. There was tear of the free edge of the lateral meniscus with basket instruments and a shaver. Partial lateral meniscectomy was performed. We were able to preserve 90% of meniscal tissue in the areas of tear. This was smoothed and contoured with a shaver. The joint was extensively irrigated. The instruments were removed. A 4-0 nylon was used for the skin incisions. Then, 15 cc of Naropin and 2 cc of Celestone was injected intraarticularly. Sterile dressing and a compression dressing was applied. Tourniquet was let down. Total tourniquet time was approximately 30 minutes.

The patient was brought out of anesthesia and transferred to recovery room stable.

PHILIP CONWISAR, MD

PC: naq



P.O. Box 269120 • Sacramento, CA 95826-9120 • 916.563.1911 • Fax 916.362.3043

9/10/2020

Philip Conwisar MD
4835 Van Nuys Blvd Suite 210
Suite 210
Sherman Oaks, CA 91403

Fax: (818) 784-5705

Re: Steevio Bardakjian
Claim Number: 1900110B
DOI: 7/3/2018
DOB: 5/23/1970
Date RFA 1st Received: 9/2/2020
Employer: County of Los Angeles
Carrier: York
Claims Examiner: Viridiana Maldonado
AMC Event #: 308592

Patent Wmt
TO WMT
Anti Covid
Vaccine

Notice of Utilization Review Determination

Dear Dr. Conwisar:

000298

Allied Managed Care has performed a utilization review for the claims administrator to determine whether the following treatment is medically reasonable and necessary, and consistent with the Medical Treatment Utilization Schedule adopted pursuant to Labor Code Section 5307.27 and Labor Code Section 4604.5 (c). After a thorough review of the available records, the following determination has been recommended regarding services requested for the claim referenced above.

Certification has been recommended by our physician reviewer for the following services requested:

- *Right knee arthroscopy with partial medial meniscectomy*

Date Of Certification: 9/10/2020

- *Post-op physical therapy two (2) times a week for six (6) weeks*

Date Of Certification: 9/10/2020

- *Crutches*

Date Of Certification: 9/10/2020

Modification has been recommended by our physician reviewer for the following services requested:

- *Service Modified To: Certify pre-op medical clearance to include CBC and CMP*

Date Of Modification: 9/10/2020

Requested Service: Pre-op medical clearance

Non-Certification has been recommended by our physician reviewer for the following services requested:

- *Cold therapy device rental x7 days*

Date of Non Certification: 9/10/2020

The following physician reviewed this request and made the decision/recommendation:
Dr.

Keith Louwenaar

P.O. Box 269120, Sacramento, CA 95826-9120

Telephone: (916) 563-1911

Toll Free: (888) 290-1911

Hours of Availability: Monday – Friday 9:00 AM – 5:30 PM Pacific Time

Internal UR Appeals Process for the Requesting Physician

AMC provides a voluntary internal utilization review appeal process. The requesting provider must submit an appeal within ten (10) days after receipt of the utilization review decision to modify or deny a proposed treatment. The appeal will be addressed by a different peer review physician than the one providing the initial UR determination. A determination in response to the appeal will be provided in a timely fashion that is appropriate for the nature of the injured worker's condition but shall not exceed ten (10) days after the date of receipt of the requested appeal.

An expedited appeal shall be provided when requested and when there is documentation of:

- 1) a worker's condition that presents an imminent and serious threat to his or her health (including but not limited to the potential loss of life, limb, or other major bodily function), or
- 2) when the normal time frame for the appeal process would be detrimental to the injured worker's life or health or could jeopardize the injured worker's permanent ability to regain maximum function.

In the case of an adverse determination, there shall be availability of the expedited appeals consideration and the further availability of a single standard appeals consideration.

An expedited appeal (as defined by 9792.6) response will be made within seventy-two (72) hours. A standard appeal will be decided within fifteen (15) calendar days from the date of this utilization review determination.

This voluntary internal appeals process neither triggers nor bars use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6 (the Independent Medical Review process), but may be pursued on an optional basis.

Appeals and reconsiderations of this determination may be submitted in writing, along with any additional information, to:

Allied Managed Care

Attn: Utilization Review Department

P.O. Box 269120

Sacramento, CA 95826-9120

Toll Free Telephone: (888) 290-1911 Fax: (916) 362-3043

In the event that you would like to discuss this decision with the reviewer, you may contact Allied Managed Care at the number provided above so that an agreed time may be arranged for the call. All reviewers are available for at least four hours per week during normal business days

from 9:00 a.m. to 5:30 p.m. Pacific Time, per regulations 9792.9.

In the event that the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services.

A utilization review decision to modify, or deny a request for authorization of medical treatment shall remain effective for 12 months from the date of the decision without further action by the claims administrator with regard to any further recommendation by the same physician for the same treatment unless the further recommendation is supported by a documented change in the facts material to the basis of the utilization review decision.

Patient Legal Appeal Rights For Independent Medical Review

The injured worker has the right to use the dispute resolution process as per Title 8 of the CCR.

Any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. An objection to this utilization review decision must be communicated by the injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR-1, within 30 calendar days of receipt of this decision.

You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call the claims examiner Viridiana Maldonado at () -. However, if you are represented by an attorney, please contact your attorney instead.

For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

The injured worker may file an Application for Adjudication of Claim and a Declaration of Readiness to Proceed (expedited trial) and request an expedited hearing

Respectfully,

Becki Wallis
Utilization Review Nurse
9165551212

PHILIP H. CONWISAR, M.D.

A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

Patient: BARDAKJIAN, STEEVIO

Date of Surgery: 3/26/2021

I authorize Dr. Conwisar and such physicians, assistants, or other personnel of the hospital or medical facility chosen by him, to perform the following (in medical terms known as)

RIGHT KNEE ARTHROSCOPY W/PARTIAL MEDIAL MENISECTOMY AND TREATMENT AS NEEDED

And/or to do any other procedures that in their judgment may be advisable to my well being, including such procedures that are considered medically advisable to remedy conditions discovered during the above procedure.

NOTE TO PATIENT: there are inherent risks involved in any surgical procedure or treatment program. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned surgery or treatment. Medicine and surgery are generally safe, helpful, and lifesaving. However, medical or surgical procedures of any type involve the taking of risks, ranging from minor to serious (including the risk of death). It is important to be aware of the following possible risks before receiving the treatment you and your physician are planning.

GENERAL RISKS AND COMPLICATIONS: I am satisfied with my understanding of the more common risks and complications of the treatment or procedure. These risks include, but are not necessarily limited to: bleeding, infection, pain, injury to the nerves and blood vessels with subsequent dysfunction, thrombophlebitis and blood clot formation, stiffness in the extremity and decreased range of motion, weakness in the extremity and possible paralysis, injury to other adjacent body organs, wound healing problems, adverse drug and anesthesia reactions. Possible amputation of the involved part, and even death. Such medically unrelated conditions as heart attack, lung failure, liver failure, stroke, and gallstones may occur in association with the operation. If a metallic implant or other type of orthopedic device is used there may be an untoward reaction to that substance. On occasion the orthopedic hardware may fail, loosen, or dislocate, or may need to be removed. I fully understand that my condition may actually become worse as a result of the operation because of any one or more of the conditions above mentioned.

SPECIFIC RISKS AND COMPLICATIONS: I am satisfied with my understanding of the alternative procedure or treatment and their possible benefits and risks. This

would include rest modification in my activity level, appropriate splinting of the injured area, the use of anti-inflammatory medication, and physiotherapy.

NO TREATMENT: I am satisfied with my understanding of the possible consequences, outcomes, or risks if no treatment is rendered.

SECOND OPINION: I have been offered the opportunity to seek a second opinion concerning the proposed treatment or procedure. This may be obtained if desired.

ADDITIONAL OR DIFFERENT PROCEDURES DURING CARE AND TREATMENT: I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform operations and procedures different from, or in addition to, the procedures that are considered necessary and advisable.

OTHER SERVICES: I consent to the performance of pathology and radiology services as needed and I further authorize the disposal of any severed tissue or member in accordance with customary hospital or medical facility practice.

PHOTOGRAPHY: I consent to the photographing, filming, or videotaping of the treatment or procedures for education or diagnostic use.

NO GUARANTEES: I fully understand that there are risks involved in any procedure or treatment and it is not possible to guarantee or give assurance of a successful result.

OTHER QUESTIONS: I am satisfied with my understanding of the nature of the procedure or treatments and all of my additional questions about the treatment or procedure have been answered.

Date:

Signature:

Witness:

Physician:

Translated (if applicable):

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

PRE-OPERATIVE INSTRUCTIONS
BARDAKJIAN, STEEVIO

Surgery:

RIGHT KNEE ARTHROSCOPY W/PARTIAL MEDIAL
MENISECTOMY

Date of surgery: **3/26/2021**

Location: **RADIANCE SURGERY CENTER**
5170 SEPULVEDA BLVD #240
SHERMAN OAKS, CA. 91403

Tentative arrival time: 7:30am

Surgery time: 9:00am SUBJECT TO CHANGE

Please verify surgery time at your pre-operative appointment.

1. Please note your arrival time as listed above.
2. Stop taking aspirin, aspirin products, and anti-inflammatory medications one (1) week before your surgery.
3. No smoking after midnight, the night before your surgery.
4. Please have nothing to eat or drink after midnight, the night before your surgery.
5. Please shower or bathe, the night before or morning of your surgery.
6. Please see Dr. Sean Leoni for your medical pre-op on 3/22/21 at 8:30am, Dr. Leonis address is 16661 Ventura Blvd. #504, Encino, Ca. 91436. His number is 818-386-0197.
7. Please see Dr. Conwisar on 3/22/21 at 10:15am, at our SHERMAN OAKS office for your pre-operative appointment.

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

POST-OPERATIVE INSTRUCTIONS

1. After discharge from the hospital, please go home and rest!
2. Apply ice pack to surgery site continuously for the next 24 to 48 hours.
3. It is not uncommon to notice swelling of the fingers or toes, after shoulder or knee surgery.
4. Should you notice severe pain, tingling or numbness in either arm or leg, please contact the office.
5. **Please come on 3/29/2021 at 9:00am to our SHERMAN OAKS office for your post-operative appointment.**
6. Upon discharge after same-day surgery, two prescriptions are usually provided for your convenience: (1) Medication for pain, to be taken as instructed.

If you have any question, please call Esmeralda at (818) 784-1354.

903000



RADIANCE
SURGERY CENTER

5170 Sepulveda Blvd. Suite 240
Sherman Oaks, California 91403
www.RadianceSurgery.com
info@radiancesurgery.com
Tel: 818-783-5000
Fax: 818-783-5001

Patient Name: Bardakian, Seavid

Date: 3/10/21

Surgeon: Dr. Philip Conviser

Date of Birth: S-23-1970

Date/Time of Surgery: 3/10/21 9:00AM

Home Telephone: 8184062639

Office Tel: 81841321

Office Fax: 818845705

Cell Phone: 6015133090

Surg. Coordinator: Esmvalda

Preops Done At: Dr. Jeani

Sex: M F

Transportation Needed: Y N

1st Assistant: _____

Office #: _____

Pick up Address: _____

Consent to Read: Ricky Kall arthroscopic partial medial meniscectomy

Type of Payment:

Anesthesia:

Procedure to Code (CPT): 29861

Diagnosis Code (ICD-10): S83.41A

Length of Procedure: 1hr. min 23 Hr. Hold

Patient Position: Supine Lateral Lithotomy Prone

Beach Chair Other _____

- PPO Insurance
- Workers Comp.
- Medicare
- Regional Block
- IV General
- General
- Other

Rep Needed: Y N Special Requirements _____

Equipment Vendor/Rep Name: _____

Implants/Grafts: _____

DME Ordered: _____

Rep #: _____

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

**We are requesting a pre-operative appointment.
Please use this form to help processing of this request.**

Date of surgery: 3/26/2021
Patient name: BARDAKJIAN, STEEVIO
Daytime number: 818-406-2639 / 661-513-3090

Surgical procedure:

**RIGHT KNEE ARTHROSCOPY W/PARTIAL MEDIAL
MENISCECTOMY**

Location: RADIANCE

Consultation notes and labs results fax to: 818-784-5705 / 818-623-5330

Pre-operative tests needed:

- Chem panel
- PT
- PTT
- EKG
- CXR
- CBC, UA, H&P

Radiance Surgery Center requires all H&P to be made available 24 to 48 hours prior to surgery. The surgery center will accept hand written legible H&P's. Please fax all results 24-48 hours prior to surgery to avoid possible cancellations

PHYSICAL REHAB PRODUCTS
PHYSICIAN'S ORDER / LETTER OF MEDICAL NECESSITY

1. Patient Information

Name: Bardakyan, Steevie
 Address: 25307 Saenger Rd
 City: Shiloh Ranch ST: CA Zip: 91381

Surgery Date: 3-26-21
 Surgery Ability: Pre-Op
 Surgery Time: 9:00 AM
 Home Phone: 818 406 2639
 Cell Phone: 661 513 3090
 Alt. Phone: ()

Insurance: _____ ID#: _____

PPO Workers' Comp Cash Medicare Other: _____

2. Body Part

Body Side: Left Right

<input type="checkbox"/> SHOULDER	<input type="checkbox"/> BACK	<input type="checkbox"/> ELBOW
<input type="checkbox"/> HIP	<input type="checkbox"/> WRIST	<input type="checkbox"/> ANKLE
<input type="checkbox"/> KNEE	<input type="checkbox"/> HAND	<input type="checkbox"/> FOOT

Procedure: Dr. Chee SK

Diagnosis: _____

Bracing Solutions**BACK**

- LSO
- Spinal Q
- TLSO
- Cervical Collar
- Scoliosis Brace
- Corset
- Other: _____

UPPER EXTREMITY

- Shoulder Sling w/Pillow
- Bledsoe ARC 2 Sling
- Elbow ROM Brace
- Hand/Wrist Brace
- Other: _____

LOWER EXTREMITY

- Hip Abduction Brace
- Pneumatic Walker Boot
- Ankle Brace
- Hinged Lace-up
- ROM Knee Brace w/ ICE
- PTO (patella tracking orthosis)
- Post-Op Knee Brace
- OTS ACL Bracing
- OTS OA Bracing
- Other: _____

Rehab Solutions

- Dynamic / Progressive Splinting
- Traction
 - Cervical Lumbar
- Bone Growth Stimulator
 - Spine Small/Long Bone
- Intermittent Compression w/DVT

- CPM (Continuous Passive Motion)
- Lymphedema Pump Bi-lat
- Exercise Kit
- DVT Prophylaxis
- Other: _____

Pain Solutions

- EMS TENS
- IF Therapy
- Conductive Garment
- VascuTherm (cold, compression w/DVT)
- Ice Therapy
- Heat Therapy Other: _____

Custom O & P Solutions

- Custom ACL Brace
- Custom OA-Unloader
- Custom KAFO
 - (knee, ankle, foot orthosis)
- Custom EXOS
 - Wrist Back Ankle Humeral
- Custom AFO
 - (ankle, foot orthosis)
- AK (above knee prosthesis)
- BK (below knee prosthesis)
- Custom Foot Orthotic Bi-lat
- Other: _____

Mobility Solutions

- Wheelchair Power Manual
- Knee Walker
- Walker Quad Cane Crutches
- Other: _____

Additional Products: _____

Additional Instructions: _____

MUST BE ORIGINAL SIGNATURE AND DATED

I have prescribed the following medical equipment because it is my opinion as a physician that this medical equipment is necessary for my patient to achieve a satisfactory outcome. As a practitioner I have adopted this standard of care keeping in mind the importance of "Evidence Based Medicine." I certify as a physician that the above medical equipment is medically necessary and that there appears to be much scientific literature to support this standard of care within the medical community.

Physician Name: Philip Conwisav

NPI#:

Physician Signature: _____

Date: 3-19-2021



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09/10/2020

Philip Conwisar, MD
4835 Van Nuys Boulevard
Suite 210
Sherman Oaks, CA 91403

RE: Steevio Bardakjian
Claim Number: 1900110B
DOI: 07/03/18
DOB: 05/23/70
DOK: 09/02/20
Employer: County of Los Angeles
Claims Examiner: Viridiana Maldonado
Carrier: York
AMC Case #: 308592

Utilization Review / Peer Review Report

Dear Dr. Conwisar,

After reviewing the available information, my recommendation to the carrier is as follows:

Requested Service/Procedure(s):

Right knee arthroscopy with partial medial meniscectomy

Pre-op medical clearance

Post-op physical therapy; twelve (12) sessions (2x6)

Cold therapy device rental for 7 days

Crutches

Determination(s):

Certify

Modified: Certify pre-op medical clearance to include CBC and CMP

Certify

Non-certify

Certify

Teleconference(s):



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On 09/10/20 at 09:15 PT, I called the office of Dr. Conwisar at 818-784-1354 and spoke with Linda. I left a detailed message regarding this case with my call back number and a request for a return call.

Contact Not Achieved. Absent the opportunity to speak with the requesting physician, the submitted medical records were reviewed and the following is determined:

Clinical History:

This 50-year-old patient sustained an industrial injury on 07/03/18. On this date, the patient experienced an onset of lower back and right knee pain after crouching underneath a table to fix some wires. Identified comorbidities include elevated body mass index of 30, hypertension and diabetes. Prior treatment has included activity modifications, medication, physical therapy, aquatic therapy, lumbar epidural steroid injection, right hip intraarticular steroid injection, lumbar surgery, home exercises, and acupuncture.

Electrodiagnostic testing dated 06/20/19 revealed evidence of peripheral polyneuropathy, and chronic neuropathic changes bilaterally in the L4 and L5 distribution, with very occasional active denervation potentials on the right.

MRI examination of the right knee dated 05/28/20 reveals an oblique tear of the posterior horn of the medial meniscus, and small knee joint effusion. There is no hyaline cartilaginous disease in the patellofemoral, medial, or lateral compartments.

The most recent follow-up progress report dated 07/29/20 documents a telemedicine visit due to the COVID-19 pandemic. The patient complains of persistent and severe low back pain with radiation into the right lower extremity. There is a history of spine surgery and a second opinion is pending. There is right knee pain with swelling, catching, giving way, and occasional locking. On examination, lumbar ranges of motion are decreased and sensation is diminished over the L5 dermatome. There is mild swelling in the right knee with a slight restriction in knee flexion. There is pain with range of motion testing and medial joint line pain. The patient is diagnosed with internal derangement /medial meniscus tear of the right knee. The provider notes that the patient has been symptomatic for over a year, and has failed conservative treatment. The provider recommends right knee arthroscopy with partial medial meniscectomy, work restrictions and a return visit.

Documents submitted for review:

- 09/02/20 Request for authorization submitted by Philip Conwisar, MD
- 07/29/20 Telemedicine visit primary treating physician's progress report submitted by Philip Conwisar, MD
- 07/17/20 Peer review report submitted by Tadashi Takara, MD
- 06/11/20 Telemedicine visit primary treating physician's progress report submitted by Philip Conwisar, MD
- 05/28/20 Radiology report MRI of the right knee without contrast
- 04/13/20 Telemedicine visit primary treating physician's progress report submitted by Philip Conwisar, MD
- 12/16/19 Peer review report submitted by Paul Phillips, Jr., MD
- 12/02/19 Supplemental report on pain management progress submitted by Kevin Kohan, DO
- 08/16/19 Peer review report submitted by Jaime Foland, MD



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- 07/15/19 Peer review report submitted by Darren Freeman, DO
06/20/19 Electrodiagnostic report submitted by Shahriar Bamshad, MD
04/23/19 Peer review report submitted by Jamie Lewis, MD
02/14/19 Primary treating physician's initial report submitted by Philip Conwiser, MD

Rationale/UR Determination(s):

Right knee arthroscopy with partial medial meniscectomy: This patient complains of ongoing right knee mechanical symptoms and has failed to improve with conservative care measures. Examination reveals joint pain, locking, giving way, and swelling. Imaging confirms a medial meniscus tear, and there is no evidence of osteoarthritic changes in the right knee joint. The patient meets the established criteria for the requested right knee arthroscopy with partial medial meniscectomy. The recommendation is for certification.

Pre-op medical clearance: This 50-year-old patient will undergo right knee surgery. Given the planned procedure, the age of the patient and medical history that is positive for elevated body mass index of 30, hypertension and diabetes, the medical necessity of a pre-op medical clearance to include CBC and CMP is established. The need for additional testing is not supported without a specific request and rationale for additional work up. As the request is unspecified, the recommendation is for a modified certification to include pre-op medical clearance with CBC and CMP only.

Post-op physical therapy at two (2) times a week for six (6) weeks: This patient will undergo surgery and there will be a need for post-op therapy to maximize the benefit of surgery. The number of therapy sessions requested is within guideline recommendations. The recommendation is for certification.

Cold therapy device rental for 7 days: This patient will undergo right knee surgery. As evidence-based guidelines do not recommend the use of continuous flow cryotherapy following the approved procedure due to a lack of evidence based support for superiority over use of other forms of cryotherapy such as ice packs, the recommendation is for non-certification.

Crutches: This patient will undergo right knee surgery and mobility will be an issue in the immediate post-op period. Crutches will also help with the transition to full weight bearing. The recommendation is for certification.

Guidelines/Criteria Used:

Evidence citations for right knee arthroscopy with partial medial meniscectomy

California MTUS-ACOEM. Knee Disorders. Diagnostic and Treatment Recommendations. Meniscal Tears. Treatment Recommendations. Surgical Considerations. Effective December 1, 2017.

<https://www.mdguidelines.com/state-guidelines/ca-mtus/knee-disorders/diagnostic-and-treatment-recommendations/meniscal-tears/treatment-recommendations/surgical-considerations>
Surgical partial meniscectomy has been used for treatment of meniscal tears,(2205-2213) particularly by arthroscopic means.(2214-2236) The short-term prognosis(2237, 2238) as well as the degree of subsequent arthrosis has been correlated with the amount of meniscus removed.(207, 2214, 2239-2241) Meniscal repairs have a higher operation rate than partial



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meniscectomies; however, reportedly more likely result in better long-term outcomes.(2242) All-inside repair has been utilized as a surgical technique.(2243-2245) There also are concerns that a lateral meniscus tear may have a worse prognosis.(2217) However, a Cochrane review concluded the lack of RCTs impaired the ability to draw conclusions regarding surgical versus non-surgical management as well as repair versus excision of torn menisci.

There also are investigational techniques, including use of stem cells to attempt to regenerate menisci.(2246-2248) Allograft transplantation,(2249-2274) collagen implants(1678, 2275), and synthetic materials(2276) (van Tienen 09) have also been utilized.

Surgery for Meniscal Tears

Recommended. Arthroscopic partial meniscectomy and/or meniscal repairs for symptomatic, torn menisci is recommended for highly select patients.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Indications – Relatively few patients with meniscal tears appear to be candidates for this surgery. Possible exceptions include those with locking symptoms, severe tears, and/or frank traumatic onset that does not generally include onset after "exercise," "hard work," or "twisting" events.(2277) Thus, patients should be highly selected and have attempted non-operative treatment that generally included passage of at least a few weeks, NSAIDs, and activity modulation, and also may have included formal therapy.(2199) Patients with marked mechanical symptoms (e.g., mechanical locking with effusions) are candidates for early operative intervention. Patients trending towards improvement generally warrant longer periods of non-operative management, while patients failing to trend towards improvement over at least 3 to 4 weeks are candidates for earlier surgical treatment.

Evidence citations for pre-op medical clearance

The MTUS guidelines do not address this request.

ODG-TWC Hip & Pelvis Procedure Summary Online Version last updated 07/31/2020

Preoperative testing

Recommended as indicated below for defined indications, not as a routine. Obtaining routine preoperative tests increases health care costs, and the Choosing Wisely Campaign listed it as one of the top 5 practices anesthesiologists should avoid, since without clinical indication, it is not cost-effective and could cause harm and unnecessary delays. Abnormal findings are more likely to be false-positives and costly to pursue, introducing new risks while increasing patient anxiety. Preoperative testing should be performed only following a targeted history and physical examination, factoring severity of surgery with preoperative and postoperative risks and comorbidities. (Edwards, 2018)

Criteria for preoperative lab tests:

Testing should not be routinely performed without specific indications and comorbidities.

Additional testing not covered below should never be performed without clear medical justification, based on abnormal findings from individual history and physical exam.

- Pregnancy testing is recommended for all women of childbearing age
- Urinalysis is recommended prior to invasive urologic instrumentation and for suspected urinary tract infection (UTI); not recommended before total joint replacement
- Electrolytes, blood urea nitrogen (BUN) and creatinine are recommended for known renal insufficiency, congestive heart failure, diabetes, and when using medications affecting renal function
- Blood glucose and HbA1c is recommended for diabetics (not tested within 3 months), patients on chronic steroids, and higher-risk orthopaedic and vascular surgery patients
- Hemoglobin/hematocrit is recommended for anticipated major blood loss or signs of anemia
- Complete blood count is recommended for major or complex surgery, hematologic disease, history of malignancy, and hepatic or renal disease



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- Coagulation studies are recommended for a history of bleeding or predisposing medical conditions, chronic liver disease, and anticoagulant use
- Pulmonary function/arterial blood gas is recommended for ASA 3 (severe systemic disease) or ASA 4 (severe systemic disease/constant threat to life), or suspected respiratory disease (eg, smoking > 20 pack years)

- Chest X-ray should not be routinely performed, except for suspected cardiopulmonary disease
Criteria for preoperative electrocardiogram (ECG, stress testing):

ECG within 30 days is recommended before all high-risk surgery and for intermediate-risk procedures with known risk factors. Low-risk procedures rarely require ECG, unless with heart murmur, cardiac symptoms, heart failure, hypertension, or age older than 45 years. Preoperative stress testing is rarely appropriate, especially in asymptomatic low-risk patients.
High-risk surgical procedures (cardiac risk > 5%)

- All vascular surgical procedures

Intermediate-risk surgical procedures (cardiac risk 1-5%)

- Orthopaedic surgery, except endoscopic procedures or ambulatory surgery

- Intraperitoneal and intrathoracic surgery

- Carotid endarterectomy

- Head and neck surgery

- Any risk factors including history of coronary heart disease, peripheral arterial disease, cerebrovascular disease, ischemic heart disease, heart failure, diabetes, or renal insufficiency
Low-risk surgical procedures (cardiac risk < 1%)

- Ambulatory surgery

- Endoscopic procedures

- Superficial procedures

- Cataract surgery

- Breast surgery

Criteria for preoperative echocardiogram:

References to specific Appropriate Use Criteria are available in the evidence summary below. Echocardiography has been overutilized and should not be performed routinely, especially for asymptomatic low-risk patients.

- Meets criteria for ECG (above)

- Recent change in cardiac clinical status

- Results are clearly anticipated to alter subsequent patient management

Preoperative blood glucose and HbA1c testing is not required in nondiabetic patients but may be appropriate in higher-risk orthopaedic and vascular surgery patients. (Bock, 2015) Urinalysis and coagulation studies should not be routinely performed, since they have not shown any value in predicting complications. (Rusk, 2016) Preoperative stress testing has been broadly overused in asymptomatic low-risk patients and is rarely appropriate. (Peterson, 2018)

Preoperative testing, including chest radiography, electrocardiography (ECG), laboratory testing, and urinalysis are often performed before surgical procedures in an attempt to stratify risk, direct anesthetic choices, and guide postoperative management, but these tests have too often been routinely obtained due to habit or protocol rather than medical necessity. Decisions to order preoperative tests should first be guided by clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should always be evaluated with appropriate testing, regardless of other preoperative status. ECG has been recommended before high-risk surgery and for intermediate-risk procedures with additional risk factors. Low-risk procedures, with reported cardiac risk < 1%, do not require ECG, including endoscopic and superficial procedures, breast surgery, and most ambulatory surgeries. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is otherwise indicated. Chest radiography is reasonable primarily for patients at risk of postoperative pulmonary complications, when results would alter perioperative management. Patients in reasonable health undergoing cataract surgery do not require any preoperative testing. (Feely, 2013) (Sousa, 2013)



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Routine preoperative tests performed in the absence of any specific clinical indication have typically included a panel of blood tests, urinalysis, chest radiography, and ECG. Latent abnormalities, such as anemia or silent heart disease, occasionally impact how, when, or whether the planned surgical procedure and anesthesia are performed; however, it remains unclear whether benefits from true-positive tests outweigh harms of false-positives, particularly considering resource utilization related to unnecessary testing. An improved alternative to routine preoperative testing would be conducting a thorough history and physical examination and then requesting selective testing based on any abnormal findings. Agency for Healthcare Research and Quality (AHRQ) comparative effectiveness research on benefits and harms of routine preoperative testing concluded that, except for cataract surgery, there has been insufficient evidence comparing routine and per-protocol testing. (AHRQ, 2013) (AHRQ, 2014) National Institute for Health and Care Excellence (NICE) guidelines (modified Delphi consensus-based) on routine preoperative testing, originally available in 2003, have undergone subsequent modifications. For example, random blood glucose has been largely replaced by glycated hemoglobin (HbA1c), which should be performed only for diabetics not tested within 3 months. Full blood count is only required for major or complex surgery. Coagulation studies should only be done for chronic liver disease and patients on anticoagulants. Kidney function tests should only be for risk of acute kidney injury (minor surgery) or before intermediate or major surgery. ECG is needed for intermediate or major surgery and for minor surgery with risk factors (eg, heart murmur, cardiac symptoms, heart failure) if no study is available within 12 months. Pulmonary function/arterial blood gas should be considered only for American Society of Anesthesiologists (ASA) Class 3/4 patients with suspected respiratory disease. Pregnancy tests are indicated for all women of childbearing age. Urinalysis should only be done with risks and signs of urinary tract infection (UTI). Chest X-ray should not be routinely performed. (NICE, 2016) (NICE, 2018) An Annals of Internal Medicine guideline for preoperative evaluation for noncardiac surgery additionally recommended hemoglobin testing for anticipated major blood loss or signs of anemia; electrolytes for known renal insufficiency, congestive heart failure, and medications affecting renal function; liver functions for cirrhosis; and urinalysis for GU instrumentation, UTI, but not prior to total joint replacement. (Cohn, 2016)

An analysis of 678,338 commercial claims including one low-risk and one high-risk operation from five surgical specialties found that higher Revised Cardiac Risk Index (RCRI) was strongly associated with ECGs and stress tests; higher-risk procedures were strongly associated with ordering most other tests. The authors concluded that surgery-specific risk has as much or more influence as patient-specific risk factors. (Riggs, 2018) One example of a higher-risk elective surgery is total hip arthroplasty (THA). Of 92,093 THA patients, 5% had an abnormal preoperative sodium level, 24% abnormal blood urea nitrogen (BUN), and 12% abnormal creatinine. Abnormal preoperative sodium and creatinine levels were associated with all studied adverse outcomes, while abnormal BUN was associated with all adverse outcomes except hospital readmission. (Ondeck, 2019) In contrast, preoperative testing for nonelective hip fracture surgery (n=250) resulted in greater time to surgery and length of stay, rarely influencing subsequent management. (Bernstein, 2016)

Echocardiography appears to be overutilized both in the U.S. and abroad, where almost 1 in 5 studies failed to meet American Society of Echocardiography (ASE) Appropriate Use Criteria (AUC), according to a systematic review. (Kerley, 2019) The American College of Cardiology Foundation (ACCF) in partnership with ASE and other key specialty societies recommended echocardiography for initial diagnosis only when there has been a change in clinical status or when results are anticipated to alter subsequent patient management. Routine testing is otherwise considered to be inappropriate. The 2011 multispecialty AUC for echocardiography has provided more specific clinical indications, including appropriate use for risk assessment, preoperative or otherwise. (Douglas, 2011)

Evidence citations for post-op physical therapy two (2) times a week for six (6) weeks



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California MTUS-ACOEM. Knee Disorders. Diagnostic and Treatment Recommendations. Meniscal Tears. Treatment Recommendations. Rehabilitation Programs. Effective December 1, 2017.

<https://www.mdguidelines.com/state-guidelines/ca-mtus/knee-disorders/diagnostic-and-treatment-recommendations/meniscal-tears/treatment-recommendations/rehabilitation>

Meniscal Tear Rehabilitation after Surgical Repair

Recommended. Meniscal tear rehabilitation for select patients after surgical repair is recommended.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Indications – Patients with meniscal tears having undergone surgical repair, particularly with functional deficits such as residual muscle weakness.

Frequency/Dose/Duration – One to 6 weeks, 2 to 3 sessions a week.

Indications for Discontinuation – Achievement of goals, non-compliance with clinic or home based exercises or intolerance.

Rationale – There is one moderate-quality trial comparing surgery plus exercise with exercise alone suggesting equivalency. (2199) This provides some evidence for successful non-operative rehabilitation. Most trials of exercise and rehabilitation enrolled post-meniscectomy patients.(2200) Most of these trials compared supervised therapy with either a home exercise program or advice compared to a home program,(2201) physiotherapy with oral and written advice,(2202) and stationary bicycling with no treatment.(2203) One trial found functional strengthening exercises superior to a control for post-operative rehabilitation.(2204) Thus, the balance of studies implies the post-operative results are good and many patients do not appear to require formal post-operative therapy aside from advice and education. Nevertheless, exercise is thought to be helpful for select patients with weakness or other functional limitations who were not the main enrollment criteria for the available evidence-base. Some may require few appointments for teaching while others require more supervision and assistance with advancement of the program towards independence in the presence of significant deficits. One trial evaluated early rehabilitation and its suggested superiority; however, baseline differences negate the ability to utilize the trial for the development of evidence-based guidance.(1861) Exercise is not invasive, has low adverse effects and is moderately costly, depending on numbers of appointments required, and is recommended for select patients with functional deficits.

Evidence citations for cold therapy device rental x7 days

California MTUS-ACOEM. Knee Disorders. Diagnostic and Treatment Recommendations. Osteoarthritis of the Knee. Treatment Recommendations. Hot and Cold Therapies. Effective December 1, 2017.

<https://www.mdguidelines.com/state-guidelines/ca-mtus/knee-disorders/diagnostic-and-treatment-recommendations/osteoarthritis/treatment-recommendations/hot-and-cold-therapies>

Cryotherapy for Treatment of Knee Arthroplasty and Arthroscopy and Other Surgery Patients
Recommended. Cryotherapy is recommended for select treatment of knee arthroplasty and surgery patients.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Frequency/Dose/Duration – Pain relief with cold therapy for the first several post-operative days with duration commensurate with extent of surgery. Some devices may be helpful for select patients, particularly if they are unable or unwilling to tolerate other measures to manage pain.

Indications for Discontinuation – Non-tolerance, adverse effects.

Rationale – There is one trial in non-operative patients, but it is difficult to develop evidence-based guidance as that trial is likely biased in favor of cryotherapy. (1157) While cryotherapy is generally not helpful in patients with osteoarthritis, a small minority may find benefit. Thus, cryotherapy is recommended as a potential distractant or counter-irritant and is recommended for self-application.



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There are many post-operative studies, although few are moderate in quality with significant methodological limitations. The available studies confirm that there is no effect of cryotherapy on swelling. Nearly all studies also show that cryotherapy has no significant impact on blood loss. The available quality trials conflict with two suggesting no benefit (one compared cold therapy with lukewarm water(1146)) and one suggesting benefits, including opioid sparing (compared cold therapy with traditional post-operative regimens not including epidural anesthesia(1152)). Self applications of cryotherapies using ice bags, towels or reusable devices are non-invasive, minimally costly, and without complications. Other forms of cryotherapy are moderately costly and may be reasonable for selected patients who are unwilling to undergo epidural anesthesia or have other indications for these devices.(1152)

ODG-TWC Knee and Leg Procedure Summary Online Version last updated 07/31/2020
Continuous-flow cryotherapy

Recommended as an option following major outpatient knee surgery (e.g., anterior cruciate ligament reconstruction), but not for non-surgical or inpatient treatment (e.g., total knee arthroplasty). Post-operative home use may be approved up to 7 days. Cryotherapy is not supported by high-level evidence and appears to be only marginally more effective than traditional ice packs, which are recommended for most routine inpatient and outpatient knee surgeries.

See Cold/heat packs.

Continuous-flow cryotherapy units provide regulated temperatures using power circulated ice water. (Hubbard, 2004) A meta-analysis (MA) indicated that cryotherapy might have a benefit in post-operative pain control, but there was no improvement in range of motion or drainage. Since cryotherapy devices are relatively inexpensive, easy to use, and have high patient satisfaction, being rarely associated with adverse events, cryotherapy might sometimes be justified following knee surgery. (Raynor, 2005) A systematic review (SR) concluded that, despite some early gains, cryotherapy following TKA yielded no apparent lasting benefits, not supporting routine use of cryotherapy for TKA. (Adie, 2010) A Cochrane SR of cryotherapy following TKA concluded that potential benefits on blood loss, post-operative pain, and range of motion were too small to justify its use, with quality of evidence being very low or low for all main outcomes. (Adie, 2012) A JAMA SR/MA on drug-free interventions following TKA reported only low-certainty evidence that cryotherapy is associated with any reduction in opioid consumption. (Tedesco, 2017) A randomized controlled trial of a continuous cold flow device after TKA (n=50) did not demonstrate any superiority over crushed ice packs in reducing edema, pain, or blood loss. (Ruffilli, 2017) An SR/MA of cryotherapy following ACL reconstruction concluded that there was significant reduction in pain scores at 48-hours, but evidence was insufficient regarding other outcomes. (Martimbianco, 2014) An MA of compressive cryotherapy vs. cryotherapy following knee surgery reported that there tended to be less pain and swelling with the former, but there were no significant differences by the intermediate stage of rehabilitation. (Song, 2016) An SR of post-operative devices following arthroscopic knee surgery concluded that for pain relief and decreasing narcotic consumption, cryocompression devices are more effective than icing alone but not more effective than compression alone. (Gatewood, 2017)

Evidence citations for crutches

California MTUS-ACOEM. Knee Disorders. Diagnostic and Treatment Recommendations. Knee Pain. Treatment Recommendations. Devices. Effective December 1, 2017.
<https://www.mdguidelines.com/state-guidelines/ca-mtus/knee-disorders/diagnostic-and-treatment-recommendations/knee-pain/treatment-recommendations/devices>
Canes and Crutches for Moderate to Severe Acute, Subacute, or Chronic Knee Pain
Recommended. Canes and crutches are recommended for treatment of moderate to severe acute knee pain or subacute and chronic knee pain when the device is used to advance the activity level.



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Strength of Evidence – Recommended, Insufficient Evidence (I)

Indications – Moderate to severe acute knee pain or subacute or chronic knee pain, particularly when the device is utilized to increase activity level.

Rationale for Recommendation -- Crutches and canes may be helpful for treating acute injuries during the recovery phase. They also may be helpful during the rehabilitative phase to increase functional status (e.g., from wheelchair to walker to cane). However, for chronic knee pain, crutches may paradoxically increase disability through debility. In those circumstances, institution or maintenance of advice for crutch or cane use should be carefully considered against potential risks.

Dictated. Subject to transcription variance.

CONFLICT OF INTEREST ATTESTATION:

I have reviewed the above case and attest that I do not have a material professional, familial, or financial conflict of interest regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review; the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator; plan fiduciary, or plan employee; the health care provider, the health provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of any principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of this review. I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review.

I attest that I have the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review as well as current, relevant experience and/or knowledge to render a determination for the case under review. I am currently providing direct patient care in this field of expertise and have done so for a minimum of five years.

Respectfully,
Allied Managed Care

A handwritten signature in black ink that appears to read "Keith Louwenaar, MD".

Keith Louwenaar, MD
American Board of Orthopaedic Surgery
CA License G18458
Physician Reviewer – Allied Managed Care
Utilization Review Services

000318

Broadcast Report

Date/Time
Local ID 1

09-02-2020 06:14:16 p.m.
8187845785

Transmit Header Text
Local Name 1

This document : Failed
(reduced sample and details below)
Document size : 8.5"x11"

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input type="checkbox"/> New Request	<input checked="" type="checkbox"/> Resubmission - Change in Material Facts			
<input type="checkbox"/> Expedited Review Check box if employee faces an imminent and serious threat to his or her health	<input type="checkbox"/> Check box if request is a written confirmation of prior oral request			
Employee Information				
Name (Last, First, Middle): BARDAKJIAN, STEEVIO	Date of Birth (MM/DD/YYYY): 05/23/1970			
Date of Injury (MM/DD/YYYY): 07/03/2018	Employer: OLIVE VIEW MEDICAL CENT			
Claim Number: 219-00110-B				
Requesting Physician Information				
Practice Name: CONNISAR, PHILIP MD INC	Contact Name:			
Address: 4835 VAN NUYS BLVD., 210	City: SHERMAN OAKS State: CA			
Zip Code: 91403	Fax Number: (818) 784-5705			
Specialty:	NPI Number:			
E-mail Address: steevio@steevio.com				
Claims Administrator Information				
Company Name: TRISTAR RISK MGMT	Contact Name: REGINA DIAZ			
Address: PO BOX 11967	City: SANTA ANA State: CA			
Zip Code: 92711	Fax Number: (714) 542-9318 817-330-016531			
E-mail Address:	AA: 818-989-5288			
Requested Treatment (see Instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPGS (Required)	Other Information (Frequency, Duration, Quantity, etc)
OTHER INTERVERTE	M512	CPT: 29881		
(R) Knee	583.341A	① (R) Knee arthroscopy with partial medial meniscectomy ② Pre-op medical clearance ③ Post-op physical therapy, x 12 weeks ④ Cold therapy device rental 10 days post-op ⑤ Crutches for the immediate post-op period		
Requesting Physician Signature:		Date: 09/02/2020		
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (see separate letter)				
Authorized Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone: Fax Number:		E-mail Address:		
Comments:				

DWC Form RFA (Effective 2/2014)

Page 1

Total Pages Scanned : 21

Total Pages Confirmed : 21

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	881	Fax Server	04:48:31 p.m. 09-02-2020	00:16:44	21/21	1	EC	HS	CP12000
002	881	18189895288	04:48:31 p.m. 09-02-2020	00:00:00	0/21	1	--	HS	FA

Abbreviations:

HS: Host send
HR: Host receive
NS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

000319

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- | | |
|--|---|
| <input type="checkbox"/> New Request | <input checked="" type="checkbox"/> Resubmission - Change in Material Facts |
| <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health | |
| <input type="checkbox"/> Check box if request is a written confirmation of prior oral request. | |

Employee Information

Name (Last, First, Middle): **BARDAKJIAN, STEEVIO**

Date of Injury (MM/DD/YYYY): **07/03/2018**

Date of Birth (MM/DD/YYYY): **05/23/1970**

Claim Number: **219-00110-B**

Employer: **OLIVE VIEW MEDICAL CENT**

Requesting Physician Information

Name:			
Practice Name: CONWISAR, PHILIP MD INC	Contact Name:		
Address: 4835 VAN NUYS BLVD., 210	City: SHERMAN OAKS State: CA		
Zip Code: 91403	Phone: (818) 784-1354	Fax Number: (818) 784-5705	NPI Number:
E-mail Address: steevio@steevio.com			

Claims Administrator Information

Company Name: TRISTAR RISK MGMT	Contact Name: REGINA DIAZ
Address: PO BOX 11967	City: SANTA ANA State: CA
Zip Code: 92711	Fax Number: (714) 542-9318 877-330-0653
E-mail Address:	AA: 818-989-5289

Requested Treatment (see instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS (Required)	Other Information: (Frequency, Duration Quantity, etc.)
OTHER INTERVERTE	M512	CPT: 29881		
(R)Knee	S83.241A	① (R)Knee arthroscopy with partial medial meniscectomy ② Pre-op medical clearance ③ Post-op physical therapy 2x/wk ④ Cold therapy device rental 7 days post-op ⑤ Crutches for the immediate post-op period		

Requesting Physician Signature:

Date: **09/02/2020**

Claims Administrator/Utilization Review Organization (URO) Response

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied or Modified (See separate decision letter) |
| <input type="checkbox"/> Requested treatment has been previously denied | <input type="checkbox"/> Liability for treatment is disputed (see separate letter) |

Authorized Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

State of California, Division of Workers' Compensation

REQUEST FOR AUTHORIZATION

DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

 New Request Resubmission - Change in Material Facts Expedited Review: Check box if employee faces an imminent and serious threat to his or her health Check box if request is a written confirmation of prior oral request.

Employee Information

Name (Last, First, Middle): **BARDAKJIAN, STEEVIO**Date of Injury (MM/DD/YYYY): **07/03/2018**Date of Birth (MM/DD/YYYY): **05/23/1970**Claim Number: **219-00110-B**Employer: **OLIVE VIEW MEDICAL CENT**

Requesting Physician Information

Name:

Practice Name: **CONWISAR, PHILIP MD INC**

Contact Name:

Address: **4835 VAN NUYS BLVD., 210**City: **SHERMAN OAKS**State: **CA**Zip Code: **91403**Phone: **(818) 784-1354**Fax Number: **(818) 784-5705**

Specialty:

NPI Number:

E-mail Address: **steevio@steevio.com**

Claims Administrator Information

Company Name: **TRISTAR RISK MGMT**Contact Name: **REGINA DIAZ**Address: **PO BOX 11967**City: **SANTA ANA**State: **CA**Zip Code: **92711**Phone: **(800) 377-3487**Fax Number: **(714) 542-9318**

E-mail Address:

818 989 5288

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS (Required)	Other Information: (Frequency, Duration Quantity, etc.)
OTHER INTERVERTE M. knee	M512	CAT 2988 ① Right knee arthroscopy & partial medial meniscus ② Pre op medical clearance ③ Post op physical therapy. 2x weeks Cold therapy 7 days post op Scratches.		

Requesting Physician Signature:

Date: **07/08/2020**

Claims Administrator/Utilization Review Organization (URO) Response

 Approved Denied or Modified (See separate decision letter) Requested treatment has been previously denied Liability for treatment is disputed (see separate letter)

Authorized Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

**FAXED**

000321

SURGICAL BED RESERVATION CONFIRMATION

SURGEON: PHILIP H. CONWISAR, M.D.

SURGERY LOCATION:

St. Joseph
Radiance Surgery Center
Starpoint Surgery Center
Mission Community Hosp.

SX CODE: _____

DATE OF SURGERY _____ TIME: _____

PATIENT NAME: ANTONIO BANDARAS

HOME #: _____

DOB: _____ AGE: _____ SSN: _____

INS: WIC AUTH: _____

DX: MRI R Hand

SX: R Hand OPA, PMA

PCP: _____ PRE OP WITH: LORN

PRE OP: _____ POST OP: Cong/CNF403 -

TRANSPORTATION: _____ DME: Gurn

COMMUNICATIONS: _____

SHERMAN OAKS
SURGERY CENTER

RADIANCE
SURGERY CENTER

5170 Sepulveda Blvd. Ste 140
Sherman Oaks, California 91403
Phone: (818) 995-8702
Fax: (818) 995-8703

OPERATIVE REPORT

PATIENT'S NAME: BARDAKJIAN, STEEVIO
MEDICAL RECORD #: 6748
DATE OF OPERATION: 05/04/22

PREOPERATIVE DIAGNOSES: Internal derangement, meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES:

1. Lateral meniscus tear, right knee.
2. Grade 2 chondromalacia, lateral tibial plateau and lateral femoral condyle.
3. Synovitis.

PROCEDURES:

1. Right knee arthroscopy with partial lateral meniscectomy.
2. Chondroplasty of the lateral femoral condyle and lateral tibial plateau.
3. Synovectomy.
4. Intraarticular injection of Naropin and Celestone for postop analgesia.

SURGEON: Philip Conwissar, MD

ASSISTANT: Ann Bonner, PA-C

ANESTHESIOLOGIST: Robin Chorn, MD

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

INDICATION: The patient was 61-year-old with pain, swelling, and catching of the right knee. He has a medial and lateral meniscus tear. He has failed conservative treatment. He was indicated for surgery. The risks, benefits, and alternatives were discussed with the patient. He understands and consents to surgery.

RE: BARDAKJIAN, ST. JO

May 4, 2022

Page 2

PROCEDURE IN DETAIL: The patient was brought in the operating room, supine on the operating table. He was under general anesthesia. He received 2 g of IV Ancef. The right lower extremity was prepped and draped in the usual sterile fashion. Tourniquet was inflated to 300 mmHg.

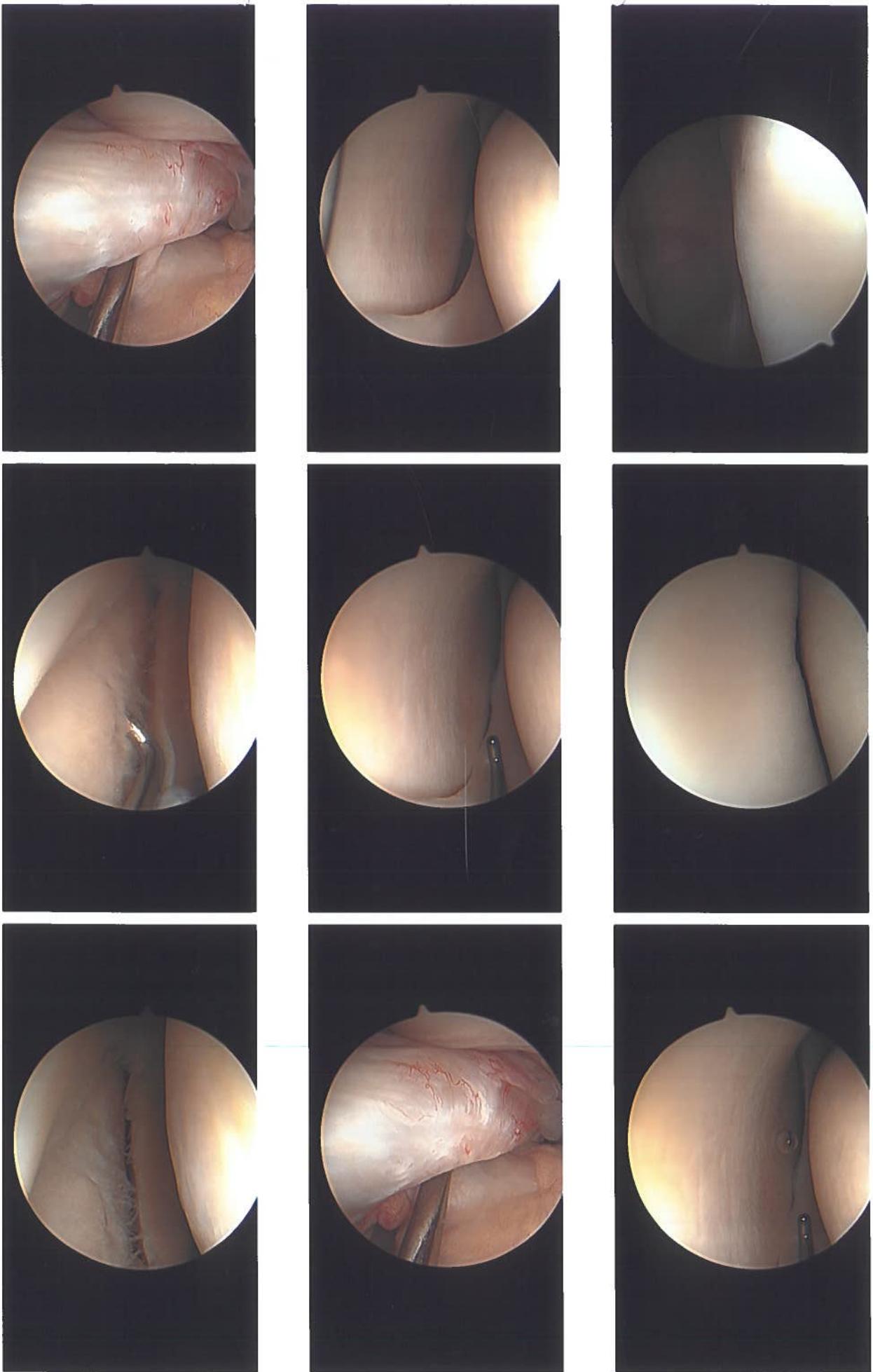
Standard arthroscopic portals were made. We started in the suprapatellar pouch. There was synovitis noted. The patellofemoral joint was examined. The articular surfaces of the patella and the femoral trochlea were normal. The medial compartment was entered. The medial femoral condyle and medial tibial plateau was normal. The medial meniscus was examined including deep from anterior horn to the posterior horn. No medial meniscus tear was seen. The intercondylar notch was examined. There was synovitis and synovectomy was performed for visualization. The anterior and posterior cruciate ligament was seen and was normal. The lateral compartment was entered. There was some grade 1 and 2 chondromalacia of the lateral tibial plateau and a chondral fissure. Chondroplasty was performed to smooth down the defibrillated cartilage. There was grade 2 chondromalacia of the lateral femoral condyle approximately 10 mm in diameter. Chondroplasty was performed with a shaver just smoothing down the fibrillated cartilage. The lateral meniscus was examined. There was tear of the free edge of the lateral meniscus with basket instruments and a shaver. Partial lateral meniscectomy was performed. We were able to preserve 90% of meniscal tissue in the areas of tear. This was smoothed and contoured with a shaver. The joint was extensively irrigated. The instruments were removed. A 4-0 nylon was used for the skin incisions. Then, 15 cc of Naropin and 2 cc of Celestone was injected intraarticularly. Sterile dressing and a compression dressing was applied. Tourniquet was let down. Total tourniquet time was approximately 30 minutes.

The patient was brought out of anesthesia and transferred to recovery room stable.

PHILIP CONWISAR, MD

PC: naq

000324
Surgeon: CONWISAR



Procedure: RIGHT KNEE ARTHROSCOPY

ICD10 PCS Code: 0SJJC4ZZ

ICD10 Description: Percutaneous Endoscopic Inspection of the Knee Joint, Right

Patient ID: 6748

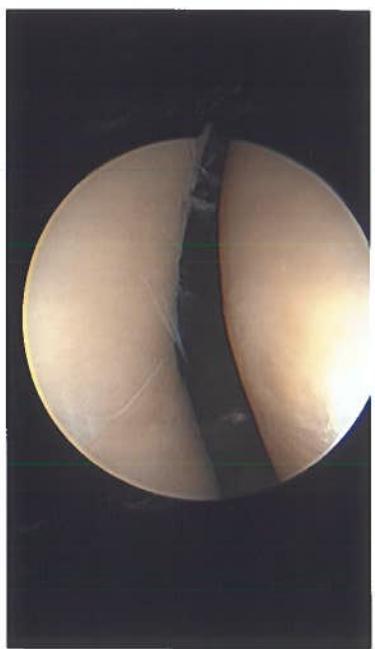
Patient Name: BARDAKJIAN, STEEVIO

Procedure Date: 05/04/2022

RAYBI

Page: 2

Surgeon: CONWISAR
000325



Procedure: RIGHT KNEE ARTHROSCOPY

ICD10 PCS Code: 0SJJC4Z2

ICD10 Description: Percutaneous Endoscopic Inspection of the Knee Joint, Right

Patient ID: 6748

Patient Name: BARDAKJIAN STEEVIO

Procedure Date: 05/04/2022

PHILIP H. CONWISAR, M.D.

A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

Patient: BARDAKJIAN, STEEVIO

Date of Surgery: 5/4/2022

I authorize Dr. Conwisar and such physicians, assistants, or other personnel of the hospital or medical facility chosen by him, to perform the following (in medical terms known as)

RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISECTOMY AND TREATMENT AS NEEDED

And/or to do any other procedures that in their judgment may be advisable to my well being, including such procedures that are considered medically advisable to remedy conditions discovered during the above procedure.

NOTE TO PATIENT: there are inherent risks involved in any surgical procedure or treatment program. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned surgery or treatment. Medicine and surgery are generally safe, helpful, and lifesaving. However, medical or surgical procedures of any type involve the taking of risks, ranging from minor to serious (including the risk of death). It is important to be aware of the following possible risks before receiving the treatment you and your physician are planning.

GENERAL RISKS AND COMPLICATIONS: I am satisfied with my understanding of the more common risks and complications of the treatment or procedure. These risks include, but are not necessarily limited to: bleeding, infection, pain, injury to the nerves and blood vessels with subsequent dysfunction, thrombophlebitis and blood clot formation, stiffness in the extremity and decreased range of motion, weakness in the extremity and possible paralysis, injury to other adjacent body organs, wound healing problems, adverse drug and anesthesia reactions. Possible amputation of the involved part, and even death. Such medically unrelated conditions as heart attack, lung failure, liver failure, stroke, and gallstones may occur in association with the operation. If a metallic implant or other type of orthopedic device is used there may be an untoward reaction to that substance. On occasion the orthopedic hardware may fail, loosen, or dislocate, or may need to be removed. I fully understand that my condition may actually become worse as a result of the operation because of any one or more of the conditions above mentioned.

SPECIFIC RISKS AND COMPLICATIONS: I am satisfied with my understanding of the alternative procedure or treatment and their possible benefits and risks. This

would include rest modification in my activity level, appropriate splinting of the injured area, the use of anti-inflammatory medication, and physiotherapy.

NO TREATMENT: I am satisfied with my understanding of the possible consequences, outcomes, or risks if no treatment is rendered.

SECOND OPINION: I have been offered the opportunity to seek a second opinion concerning the proposed treatment or procedure. This may be obtained if desired.

ADDITIONAL OR DIFFERENT PROCEDURES DURING CARE AND TREATMENT: I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform operations and procedures different from, or in addition to, the procedures that are considered necessary and advisable.

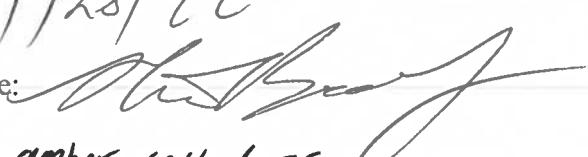
OTHER SERVICES: I consent to the performance of pathology and radiology services as needed and I further authorize the disposal of any severed tissue or member in accordance with customary hospital or medical facility practice.

PHOTOGRAPHY: I consent to the photographing, filming, or videotaping of the treatment or procedures for education or diagnostic use.

NO GUARANTEES: I fully understand that there are risks involved in any procedure or treatment and it is not possible to guarantee or give assurance of a successful result.

OTHER QUESTIONS: I am satisfied with my understanding of the nature of the procedure or treatments and all of my additional questions about the treatment or procedure have been answered.

Date: 4/28/22

Signature: 

Witness: amber valladares

Physician:

Translated (if applicable):

000328

RADIANCE SURGERY CENTER

www.RadianceSurgery.com
info@radiancesurgery.com

Tel: 818-783-5000

5170 Sepulveda Blvd. Suite 240
Sherman Oaks, California 91403
Fax: 818-783-5001

Patient Name: Bardakjian, Sherine

Date: 5/4/2002 Surgeon: Dr. Philip L. Wexner

Surgeon:

Date of Birth: 5-23-1970

Date/Time of Surgery: 5/4/2002 i2:Whe

Home Telephone: (310) 526-3000

Office Tel: 800-447-3434 Office Fax: 800-447-3002

Cell Phone: (310) 526-3000

Surg. Coordinator: Tamara P. S. M. T. S. M. T. S. Preops Done At: DHFU

Sex: M F Transportation Needed: Y N

1st Assistant: Anna Monika Office #:

Pick up Address: _____

Consent to Read: Right knee arthroscopy - partial meniscal meniscectomy

Procedure to Code (CPT): 20831

Diagnosis Code (ICD-10): I83.2U1A

Length of Procedure: 1 Hr. min 23 Hr. Hold

Patient Position: Supine Lateral Lithotomy Prone

Beach Chair Other _____

Regional Block Other _____

IV General Other _____

General Other _____

Cash Other _____

Other Other _____

DMG Ordered: _____ Rep #: _____

Implants/Grafts: _____

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

**We are requesting a pre-operative appointment.
Please use this form to help processing of this request.**

Date of surgery: 5/4/2022

Patient name: BARDAKJIAN, STEEVIO

Daytime number: 818-406-2639 / 661-513-3090

Surgical procedure:

**RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL
MENISECTOMY**

Location: RADIANCE

Consultation notes and labs results fax to: 818-784-5705 / 818-783-5001

Pre-operative tests needed:

- Chem panel
- PT
- PTT
- EKG
- CXR
- CBC, UA, H&P

Radiance Surgery Center requires all H&P to be made available 24 to 48 hours prior to surgery. The surgery center will accept hand written legible H&P's. Please fax all results 24-48 hours prior to surgery to avoid possible cancellations

000330

Transmission Report

Date/Time
Local ID 104-26-2022
8187845785

09:05:49 a.m.

Transmit Header Text
Local Name 1

DR. Conwlsar

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

PHYSICAL REHAB PRODUCTS
PHYSICIAN'S ORDER / LETTER OF MEDICAL NECESSITY

1. Patient Information

Name: Bendakjian, Stevio
 Address: 223107 splenda ST
 City: Newhall ST: CA Zip: 91387
 Insurance: WC

Surgery Date: 5-4-2022
 Facility: Radancia
 Surgery Time: _____

Home Phone: (661) 406-21039
 Cell Phone: (661) 513-3090
 Alt. Phone: _____

2. Body Part

Body Part	Body Side:	Left	Right
SHOULDER	BACK	ELBOW	
HIP	WRIST	ANKLE	
KNEE	HAND	FOOT	

Length of need: _____

DOB: 5/13/70 Weight: _____

Height: _____ Waist: _____

Procedure: RT. Wheel St**Diagnosis:****Bracing Solutions****BACK**

- LSO
- Spinal Q
- TLSO
- Cervical Collar
- Scoliosis Brace
- Corset
- Other: _____

UPPER EXTREMITY

- Shoulder Sling w/Pillow
- Bledsoe ARC 2 Sling
- Elbow ROM Brace
- Hand/Wrist Brace
- Other: _____

LOWER EXTREMITY

- Hip Abduction Brace
- Pneumatic Walker Boot
- Ankle Brace
- Hinged Lace-up
- ROM Knee Brace w/ ICE
- PTO (patella tracking orthosis)
- Post-Op Knee Brace
- OTS ACL Bracing
- OTS OA Bracing
- Other: _____

Rehab Solutions

- Dynamic / Progressive Splinting
- Traction Cervical Lumbar
- Bone Growth Stimulator Spine Small/Long Bone
- Intermittent Compression w/DVT

- CPM (Continuous Passive Motion)
- Lymphedema Pump Bi-lat
- Exercise Kit
- DVT Prophylaxis
- Other: _____

Pain Solutions

- EMS/TENS combo
- IF Therapy
- Conductive Garment
- VascuTherm (cold, compression w/DVT)
- Ice Therapy
- Heat Therapy
- Other: _____

Custom O & P Solutions

- Custom ACL Brace
- Custom OA-Unloader
- Custom KAFO (knee, ankle, foot orthosis)
- Custom EXOS Wrist Back Ankle Humeral

- Custom AFO (ankle, foot orthosis)
- AK (above knee prosthesis)
- BK (below knee prosthesis)
- Custom Foot Orthotic Bi-lat
- Other: _____

Mobility Solutions

- Wheelchair
- Power
- Manual
- Knee Walker
- Walker
- Quad Cane
- Crutches
- Other: _____

Additional Products: _____

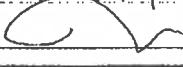
Additional Instructions: _____

MUST BE ORIGINAL SIGNATURE AND DATED

I have prescribed the following medical equipment because it is my opinion as a physician that this medical equipment is necessary for my patient to achieve a satisfactory outcome. As a practitioner I have adopted this standard of care keeping in mind the importance of "Evidence Based Medicine". I certify as a physician, that the above medical equipment is medically necessary and that there appears to be much scientific literature to support this standard of care within the medical community.

Physician Name: Philip Conwlsar

NPI#:

Physician Signature: Date: 4-16-22

Please FAX form to: (323) 978-2479 or EMAIL to ORDERS@SOSMEDICAL.NET

Total Pages Scanned : 6

Total Pages Confirmed : 6

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	149	1-800-524-0745	09:01:10 a.m. 04-26-2022	00:04:20	6/6	1	G3	HS	CP9600

Abbreviations:

HS: Host send

HR: Host receive

WS: Waiting send

PL: Polled local

PR: Polled remote

MS: Mailbox save

MP: Mailbox print

RP: Report

FF: Fax Forward

CP: Completed

FA: Fail

TU: Terminated by user

TS: Terminated by system

G3: Group 3

EC: Error Correct

PHYSICAL REHAB PROJECTS
PHYSICIAN'S ORDER / LETTER OF MEDICAL NECESSITY

1. Patient Information

Name: Bendakjian, Slevio
Address: 25330 P Splendido ST.
City: Newhall ST: CA Zip: 91381

Insurance: WC

PPO Workers' Comp Cash Medicare Other:

2. Body Part

Body Side: Left Right

Length of need:

DOB: 5/23/70 Weight:

Height: _____ Waist: _____

Procedure: Rt. Wheel Sx

Diagnosis: _____

Bracing Solutions

BACK

- LSO
- Spinal Q
- TLSO
- Cervical Collar
- Scoliosis Brace
- Corset
- Other: _____

UPPER EXTREMITY

- Shoulder Sling w/Pillow
- Bledsoe ARC 2 Sling
- Elbow ROM Brace
- Hand/Wrist Brace
- Other: _____

LOWER EXTREMITY

- Hip Abduction Brace
- Pneumatic Walker Boot
- Ankle Brace
- Hinged Lace-up
- ROM Knee Brace w/ ICE
- PTO (patella tracking orthosis)
- Post-Op Knee Brace
- OTS ACL Bracing
- OTS OA Bracing
- Other: _____

Rehab Solutions

- Dynamic / Progressive Splinting
- Traction
 - Cervical
 - Lumbar
- Bone Growth Stimulator
 - Spine
 - Small/Long Bone
- Intermittent Compression w/DVT)
- CPM (Continuous Passive Motion)
- Lymphedema Pump Bi-lat
- Exercise Kit
- DVT Prophylaxis
- Other: _____

Pain Solutions

- EMS/TENS combo
- IF Therapy
- Conductive Garment
- VascuTherm (cold, compression w/DVT)
- Ice Therapy
- Heat Therapy Other: _____

Custom O & P Solutions

- Custom ACL Brace
- Custom OA-Unloader
- Custom KAFO (knee, ankle, foot orthosis)
- Custom EXOS
 - Wrist
 - Back
 - Ankle
 - Humeral
- Custom AFO (ankle, foot orthosis)
- AK (above knee prosthesis)
- BK (below knee prosthesis)
- Custom Foot Orthotic Bi-lat
- Other: _____

Mobility Solutions

- Wheelchair Power Manual
- Knee Walker
- Walker Quad Cane Crutches
- Other: _____

Additional Products: _____

Additional Instructions: _____

MUST BE ORIGINAL SIGNATURE AND DATED

I have prescribed the following medical equipment because it is my opinion as a physician that this medical equipment is necessary for my patient to achieve a satisfactory outcome. As a practitioner I have adopted this standard of care keeping in mind the importance of "Evidence Based Medicine." I certify as a physician that the above medical equipment is medically necessary and that there appears to be much scientific literature to support this standard of care within the medical community.

Physician Name: Philip Connisar

NPI#:

Physician Signature: Philip Connisar

Date:

FAXED

000331
5/4/2022
Radiance

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

PRE-OPERATIVE INSTRUCTIONS
BARDAKJIAN, STEEVIO

Surgery:

**RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL
MENISECTOMY**

Date of surgery: **5/4/2022**

Location: **RADIANCE SURGERY CENTER**
5170 SEPULVEDA BLVD #240
SHERMAN OAKS, CA. 91403

Tentative arrival time: 9:00am

Surgery time: 10:30am SUBJECT TO CHANGE

Please verify surgery time at your pre-operative appointment.

1. Please note your arrival time as listed above.
2. Stop taking aspirin, aspirin products, and anti-inflammatory medications one (1) week before your surgery.
3. No smoking after midnight, the night before your surgery.
4. Please have nothing to eat or drink after midnight, the night before your surgery.
5. Please shower or bathe, the night before or morning of your surgery.
6. Please see Dr. Sean Leoni for your medical pre-op on 4/27/22 at 8:30am, Dr. Leonis address is 16661 Ventura Blvd. #504, Encino, Ca. 91436. His number is 818-386-0197.
7. Please see Dr. Conwisar on 4/28/22 at 2:30pm, at our SHERMAN OAKS office for your pre-operative appointment.

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

POST-OPERATIVE INSTRUCTIONS

1. After discharge from the hospital, please go home and rest!
2. Apply ice pack to surgery site continuously for the next 24 to 48 hours.
3. It is not uncommon to notice swelling of the fingers or toes, after shoulder or knee surgery.
4. Should you notice severe pain, tingling or numbness in either arm or leg, please contact the office.
5. **Please come on 5/9/22 at 2:30pm to our SHERMAN OAKS office for your post-operative appointment.**
6. Upon discharge after same-day surgery, two prescriptions are usually provided for your convenience: (1) Medication for pain, to be taken as instructed.

If you have any question, please call Esmeralda at (818) 784-1354.

PHILIP H. CONWISAR, M.D.
A Professional corporation

Diplomate, American board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

**We are requesting a pre-operative appointment.
Please use this form to help processing of this request.**

Date of surgery: 5/4/2022

Patient name: BARDAKJIAN, STEEVIO

Daytime number: 818-406-2639 / 661-513-3090

Surgical procedure:

RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL
MENISECTOMY

Location: RADIANCE

Consultation notes and labs results fax to: 818-784-5705 / 818-783-5001

Pre-operative tests needed:

- Chem panel
- PT
- PTT
- EKG
- CXR
- CBC, UA, H&P

Radiance Surgery Center requires all H&P to be made available 24 to 48 hours prior to surgery. The surgery center will accept hand written legible H&P's. Please fax all results 24-48 hours prior to surgery to avoid possible cancellations

000335

Transmission Report

Date/Time 05-11-2022 10:30:17 a.m. Transmit Header Text
 Local ID 1 8187845785 Local Name 1 DR. Conwlsar

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PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • **Sports Medicine** • **Arthroscopic Surgery**
Diplomate, American Board of Orthopaedic Surgery *Fellow, American Academy of Orthopaedic Surgeons*

DATE: 5/11/22

** STAT **

TO: Vargo P.T.
 FAX#: (661) 259-2051
 FROM: Angie
 RE: Bardakjian, Steven

NO. OF PAGES INCLUDING THIS COVER SHEET: 7

(XXX) URGENT FOR YOUR REVIEW
 PER YOUR REQUEST OBTAIN AUTHORIZATION

MESSAGE: **PLEASE CONTACT PATIENT FOR SCHEDULING** ☺

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001	307	6612592651	10:22:41 a.m. 05-11-2022	00:03:44	7/7	1	EC	HS	CP9600

Abbreviations:

HS: Host send

HR: Host receive

WS: Waiting send

PL: Polled local

PR: Polled remote

MS: Mailbox save

MP: Mailbox print

RP: Report

FF: Fax Forward

CP: Completed

FA: Fail

TU: Terminated by user

TS: Terminated by system

G3: Group 3

EC: Error Correct

000336

Transmission Report

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Diplomate, American Board of Orthopaedic Surgery Fellow, American Academy of Orthopaedic Surgeons

DATE: 5/11/22

** STAFF **

TO: Vargo P.T.
 FAX#: 661 259-2651
 FROM: Angie
 RE: Bardakjian, Steven

NO. OF PAGES INCLUDING THIS COVER SHEET: 7

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001	306	6612592651	10:22:23 a.m. 05-11-2022	00:03:53	7/7	1	EC	HS	CP9600

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DATE: 5/11/22

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TO: Vargo P.T.
 FAX#: 311 259-2051

FROM: Angie

RE: Bardakjian, Steven

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PHYSICAL THERAPY PRESCRIPTIONName: Bardakjian, StevioDiagnosis/Surgery: (R) knee Arthroscopic SX.

Date of next physician review: _____

Frequency: Daily 3x/wk 2x/wk 1x/wkDuration: Until program completed Until next Dr. visit No. of wks 6wks**TREATMENT PROGRAMS**Modalities/Procedures pm with
Evaluation & Report**SPECIAL INSTRUCTIONS/PRECAUTIONS**

- Spine Program
- Shoulder Program
- Elbow Program
- Wrist/Hand Program
- Hip Program
- Knee Program
- Ankle/Foot Program
- Supervised General Fitness Program
- Other _____

5/9/22

Date

Physician's Signature

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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P.O. Box 269120 • Sacramento, CA 95826-9120 • 916.563.1911 • Fax 916.362.3043

3/4/2022

2/14/2022

Philip Conwisar, MD
4835 Van Nuys Blvd #210

Sherman Oaks, CA 91403
Fax: (818) 784-5705

UR Recommendation: CERTIFY

Re: Steevio Bardakjian
Claim Number: 1900110B
DOI: 7/3/2018
DOB: 5/23/1970
Date RFA 1st Received: 2/9/2022
Employer: County of Los Angeles
Claims Examiner: Elaine Barbagallo
AMC Event #: 364406

Dear Dr. Conwisar:

Per Labor Code Section 4610, request for authorization of medical services was forwarded for utilization review to determine whether this treatment is reasonably necessary and consistent with the schedule for medical treatment utilization adopted pursuant to Labor Code Section 5307.27 and Labor Code Section 4604.5 (c). After a thorough review of the available records, the reviewer is recommending that the request for authorization be certified. The following details provide specific information about the determination:

Utilization Review has **approved** the following requested services as medically necessary and appropriate:

- Extension to previously authorized treatment; auth letter dated 9.10.20. Right knee arthroscopy with partial medial meniscectomy

Date of Certification: 2/14/2022

- Pre-op medical clearance (per IMR)

Date of Certification: 2/14/2022

- Extension to previously authorized treatment; auth letter dated 9.10.20. Physical therapy - twelve sessions (2x6)

Date of Certification: 2/14/2022

- Cold therapy unit device rental x7 days (per IMR)

Date of Certification: 2/14/2022

- Extension to previously authorized treatment; auth letter dated 9.10.20. Crutches

Date of Certification: 2/14/2022

Respectfully,

Anna Drobina
Utilization Review Nurse
9165551212

CC: Elaine Barbagallo - Claims Examiner

S of California, Division of Workers' C ensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- | | |
|--|---|
| <input type="checkbox"/> New Request | <input checked="" type="checkbox"/> Resubmission - Change in Material Facts |
| <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health | |
| <input type="checkbox"/> Check box if request is a written confirmation of prior oral request. | |

Employee Information

Name (Last, First, Middle): BARDAKJIAN, STEEVIO	Date of Birth (MM/DD/YYYY): 05/23/1970
Date of Injury (MM/DD/YYYY): 07/03/2018	Employer: OLIVE VIEW MEDICAL CENT
Claim Number: 219-00110-B	

Requesting Physician Information

Name:	Contact Name:
Practice Name: CONWISAR, PHILIP MD INC	
Address: 4835 VAN NUYS BLVD., 210	City: SHERMAN OAKS
Zip Code: 91403	Fax Number: (818) 784-5705
Specialty:	NPI Number:
E-mail Address: steevio@steevio.com	

Claims Administrator Information

Company Name: SEDGWICK	Contact Name: REGINA DIAZ
Address: P.O. BOX 11028	City: ORANGE
Zip Code: 92856	Fax Number: (714) 542-9318
E-mail Address: 877330@SB	

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS (Required)	Other Information: (Frequency, Duration, Quantity, etc.)
OTHER INTERVERTE	M512	① Extension to Previously approved, plant knee arthroscopy & partial medial meniscectomy. Post op Medical Clean up, physical therapy exercises, crutches, cold therapy and		
				*Previous approval attached.

Requesting Physician Signature: _____ Date: **02/04/2022**

Claims Administrator/Utilization Review Organization (URO) Response

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied or Modified (See separate decision letter) |
| <input type="checkbox"/> Requested treatment has been previously denied | <input type="checkbox"/> Liability for treatment is disputed (see separate letter) |

Authorized Number (if assigned):	Date:	
Authorized Agent Name:	Signature:	
Phone:	Fax Number:	E-mail Address:

Comments: