

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: B ARDAKJIN, STEEVIO v Olive View Medical Center
(employee name) (claims administrator name, or if none employer)

Claim No.: 219-00110-B **EAMS or WCAB Case No. (if any):** ADJ11540526

I, Maria Tinajero, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 13113 Hadley Street, Whittier, CA 90601
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:
 - A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
 - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
 - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
 - D placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.)
 - E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service:
(For each addressee,
enter A – E as appropriate)

Date Served:

Addressee and Address Shown on Envelope:

<u>B</u>	<u>06/19/23</u>	<u>Lewis Brisbois Bisgaard & Smith, LLP 633 West 5th Street, Suite 4000 Los Angeles, California 90071</u>
<u>B</u>	<u>06/19/23</u>	<u>Kozdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, California 91401</u>
<u>B</u>	<u>06/19/23</u>	<u>Tristar Risk Management, Post Office Box 7052, Pasadena, California 91109</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 6/19/23

Maria Tinajero
(signature of declarant)

Maria Tinajero
(print name)

LEE C. WOODS, M.D., P.C.
Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons

September 30, 2022

Lewis Brisbois Bisgaard, & Smith, LLP
633 West 5th Street, Suite 4000
Los Angeles, California 90071

Attention: Will McHenry
Attorney at Law

Kozdin, Fields, Sherry & Katz
6151 Van Nuys Blvd.
Van Nuys, California 91401

Attention: Robert A. Katz
Attorney at Law

AGREED MEDICAL EXAMINATION

RE: BARDAKJIN, STEEVIO
D/I: 07/03/2018
EMP: Olive View Medical Center
CLAIM #: 219-00110-B
WCAB #: ADJ11540526

To All Parties Involved:

I, the undersigned, examined Mr. Stevio Bardakjin in my capacity as an Agreed Medical Examiner in my Sherman Oaks, California office today, September 30, 2022. My evaluation addresses this patient's orthopaedic complaints. This report is considered an **ML201** comprehensive medical-legal evaluation. It has been over 20 months since the undersigned previously examined Mr. Bardakjin on October 5, 2020 making this is an **ML201** examination.

OCCUPATIONAL DESCRIPTION AND WORK HISTORY

Mr. Bardakjian informed the undersigned that his occupational title at the time of the injury was that of Nurse Manager. Mr. Bardakjian related that his occupational duties as Nurse Manager involved performing clinical project manager duties in the IT department, which entailed overseeing staff and projects, mostly administrative, attending to meetings, answering the telephone and emails, data entry/computer work, and driving twice a week for meetings.

Mr. Bardakjian stated that in an eight-hour workday, he would reach, twist, bend, squat, crawl, kneel, and lift up to one-third of the day, sit, stand, walk, grip up to two-thirds of the day, type up to more than two-thirds of the day. The lifting requirements were 10-50 lbs. The work surface consisted of cement, tile, and carpet.

Mr. Bardakjian commenced employment with Olive View Medical Center in July 1999. A pre-employment physical examination was performed. Radiographs were not taken. Mr. Bardakjian commenced employment with no restrictions imposed.

HISTORY OF PRESENT ILLNESS

Mr. Bardakjian is a 52-year-old male nurse manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who was previously examined by the undersigned on October 5, 2020. Mr. Bardakjian states that in March 2021, he underwent an EKG in preparation for right knee surgery. However, the study was abnormal and he was reportedly advised that he had probably experienced a recent heart attack. He underwent quadruple bypass surgery in June 2021.

Mr. Bardakjian reportedly underwent right knee surgery in May 2022, Performed by Dr. Conwiser. He underwent 12 post-surgical physical therapy sessions. Dr. Conwiser reportedly requested 12 additional sessions, which were authorized 2 months after the request. He is scheduled to begin attending the additional 12 physical therapy sessions in mid-October 2022.

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Mr. Bardakjian states that he developed bilateral shoulder adhesive bursitis 2-3 weeks after the surgery. An orthopedic surgeon evaluated him, attributing her symptoms to excessive stress. He is reportedly being treated with injections and physical therapy.

Mr. Bardakjian states that he has not undergone treatment for the lumbar spine since his previous evaluation. He has been recently approved to undergo physical therapy. However, he will undergo physical therapy once he completes the right knee post-surgical therapy.

ADDITIONAL WORK INJURIES

Denied.

SIMULTANEOUS EMPLOYMENT

Denied.

SUBSEQUENT EMPLOYMENT HISTORY

Denied.

NON-WORK RELATED INJURIES TO THE SAME BODY PARTS AS TODAY'S EXAMINATION

Denied.

PRIOR EMPLOYMENT HISTORY

Denied.

MILITARY DUTY

Denied.

INCARCERATION

Denied.

PAST MEDICAL HISTORY

Childhood Illnesses

Denied.

Childhood Injuries

Denied.

Adult Illnesses

The patient has a history of adult-onset diabetes mellitus.

Surgeries

The patient is status post L3 to L5 microdiscectomy of August 2018 and a current right knee arthroscopy of May 2022.

Hospitalization Other Than For Surgery

Denied.

OFF WORK ACTIVITIES

Mr. Bardakjian states he is unable to ride his mountain bike, walk his dogs, walk around the house, engage in intimacy with his partner and overall daily living activities and denies participating in activities such as minor car repair, hunting, horseback riding, skiing, fishing, golfing, gardening, tennis, bowling, or bicycle riding.

PRESENT COMPLAINTS

Regarding the lumbar spine, Mr. Bardakjian complains of constant aching, dull and throbbing pain, which radiates down the right leg and into the ankle, accompanied by

numbness and tingling. The symptoms are aggravated with walking for more than 10-15 minutes, sitting for more than 15-20 minutes, any position for more than 10-15 minutes, bending, lifting, and carrying.

In regards to the right knee, Mr. Bardakjian complains of occasional aching pain, accompanied by continued popping and weakness. The symptoms are aggravated with walking and standing. 2-3/10

ACTIVITIES OF DAILY LIVING

Mr. Bardakjin states that his pain interferes with his ability to walk 1 block to a severe degree.

Mr. Bardakjin states that his pain prevents him from lifting 10 pounds (A bag of groceries) to a severe degree.

Mr. Bardakjin states that his pain interferes with his ability to stand or sit for ½ hour to a severe degree.

Mr. Bardakjin states that his pain interferes with his ability to get enough sleep to a severe degree.

Mr. Bardakjin states that his pain interferes with his ability to travel up to 1 hour by car to a severe degree.

Mr. Bardakjin states that he limits his activities to prevent his pain from getting worse to a severe degree.

Mr. Bardakjin states that his pain interferes with his ability to write or type to a moderate degree.

Ms. Bardakjin states that her pain interferes with her ability to participate in social activities to a severe degree.

Mr. Bardakjin states that his pain interferes with his daily activities to a severe degree.

Ms. Bardakjin states that her pain interferes with her interpersonal relationship to a severe degree.

Mr. Bardakjin states that his pain interferes with his sexual activities to a severe degree.

Mr. Bardakjin states that his pain interferes with his ability to do jobs around his home to a severe degree.

Ms. Bardakjin states that her pain interferes with her ability to shower and bathe to a severe degree.

Ms. Bardakjin states that her pain interferes with her ability to dress herself to a severe degree.

Ms. Bardakjin states that her pain interferes with her ability to concentrate to a severe degree.

PHYSICAL EXAMINATION

Height:	5'11"
Weight:	215 lbs
BP:	162/111
Pulse:	93
RR:	20
Temperature:	98.6

General Appearance

Physical examination revealed a well-nourished, well-developed male who appeared his stated age. Mr. Bardakjin appeared comfortable during history taking; however, when he stood up, he rose with hesitation requiring use of a cane. At the time of examination, he was not wearing or using a collar, brace, or prosthetic device.

EXAMINATION OF THE BACK AND LOWER EXTREMITIES

There was no evidence of scoliosis. There was normal kyphosis, lordosis, posterosuperior iliac spine, and extremity alignment. Mr. Bardakjin ambulated with antalgia as a result of his recent right knee surgery. Mr. Bardakjin had difficulty with heel walking, toe walking, hopping and squatting. There was a 5 cm midline lumbar longitudinal surgical scar. I found no evidence of muscle spasm. There was no evidence of swelling.

There is midline and bilateral lumbar paraspinal tenderness and sciatic notch tenderness. There was no tenderness of the trochanters, thighs, calves, sacrum, sacroiliac joints, coccyx, iliac crest or pain with pelvic compression.

Range of Motion

<u>Range of Motion of the Back</u>	<u>Degrees of Motion</u>	<u>Normal</u>
Flexion	15°	60°
Extension	2°	25°
Lateral Flexion - Right	8°	25°
Lateral Flexion - Left	11°	25°

<u>Knee</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
Flexion	127°	135°	135°
Extension	-50°	-38°	180°

Neurologic Examination

Straight leg raising (seated and supine) and Bragard's test (Laségue's test) were negative causing back pain only. Patrick's test (FABERE) was positive bilaterally. Deep tendon reflexes (patellar and Achilles) were 0/2+ symmetric bilaterally. Mr. Bardakjin describes complaint of numbness of the medial column of his right leg and circumferential decreased sensation of bilateral feet to soft touch and pinprick. There was no evidence of clonus. There was normal proprioception. Babinski sign was negative.

Muscle Strength

Knee flexion and extension was 2 to 2+5 in the right knee and 5/5 on the left. Ankle extension and flexion was 5/5 bilaterally. Subtalar inversion and eversion was 5/5 bilaterally. EHL function was 5/5 bilaterally.

Knee Examination

Examination of the knees revealed well-healed arthroscopic portal scars of the right knee. There was posteromedial and posterior tenderness of the right knee with soft tissue swelling and effusion. Popliteal space, patellar tracking and patellar mechanism could not be fully evaluated given the limited range of motion. There was no crepitation upon flexion or extension. There was positive patellar compression maneuver of the right knee.

Knee Joint Stability

Joint stability was normal in medial, lateral, anterior drawer, posterior drawer, Slocum test, anterolateral, posterolateral, Lachman test and Pivot shift although difficult to evaluate secondary to the patient's pain.

Knee Tests

Quadriceps inhibition test, patellar apprehension test, and McMurray's test were negative. Apley's grind test remains positive in the right knee. Deep knee bending and duck Waddle testing could not be performed.

LIMB GIRTHS

<u>Girths</u>	<u>RIGHT</u>	<u>LEFT</u>
Thigh (5" from the superior pole of the patella with the patient resting leg on the table)	47	48
Calf (5" from the lower pole of the		

patella with the patient resting
the leg on the table)

41

39

RADIOGRAPHS

Radiographs of the lumbar spine and right knee were obtained in my Sherman Oaks, California office and were interpreted by me. My findings were as follows:

Lumbar Spine

Radiographs of the lumbar spine revealed evidence of lumbar spondylosis with ossification of the anterior longitudinal ligament; however, there was evidence of not only diffuse endplate sclerosis and irregularity, but syndesmophyte formation throughout the lumbar spine with particular ossification of the anterior longitudinal ligament at L5. There was no evidence of spondylolisthesis, spondylosis, fracture, dislocation or loss of motion segment integrity.

DIAGNOSES

1. Lumbar Strain, Status Post Lumbar Hemilaminotomy and L3-L4 Microdiscectomy with Recurrent L 4-L5 Disc Herniation and Radiculopathy.
2. Status Post Arthroscopy of Right Knee.

DISCUSSION

This is a 52-year-old male nurse manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who experienced an industrial injury of July 3, 2018 as a result of which he experienced lumbar disc herniation. Mr. Bardakjin was considered permanent and stationary by the undersigned as of October 5, 2020 in reference to his lumbar spine and right knee.

Mr. Bardakjian underwent an arthroscopy of the right knee in May of 2022 as performed by Dr. Conviser. As noted above in the history, Mr. Bardakjian has undergone physiotherapy. However, he is not fully recovered and remains with objective findings of examination including tenderness and pain. Three months is too short a period to expect Mr. Bardakjian to have fully recovered from his knee surgery. Thus, he cannot be considered permanent and stationary subsequent to his right knee arthroscopic procedure.

Mr. Bardakjian has informed the undersigned that he developed bilateral shoulder pain and adhesive capsulitis subsequent to his procedure which Mr. Bardakjian relates to the use of crutches post-surgery. The undersigned does not have authorization to evaluate the shoulders, thus, the examination of the shoulders has not been included in this evaluation.

Otherwise, Mr. Bardakjian remains permanent and stationary in reference to the lumbar spine, as was noted in the reporting of October 5, 2020. Once Mr. Bardakjian has recovered from his knee surgery he can then be re-evaluated and considered permanent and stationary and the appropriate permanent impairment determined as of that examination.

PERMANENT AND STATIONARY STATUS

As noted above, Mr. Bardakjian remains permanent and stationary in reference to the lumbar spine as documented in the prior reporting of October 5, 2020.

Subsequent to the right knee surgery, Mr. Bardakjian has not yet achieved a permanent and stationary status.

PERMANENT IMPAIRMENT

The parties are referred to the prior reporting of October 5, 2020 in reference to the permanent impairment in reference to the lumbar spine.

Mr. Bardakjian has not yet achieved a permanent and stationary status in reference to the right knee, therefore, it is premature to discuss a current impairment in reference to the right knee.

CAUSATION AND APPORTIONMENT

The parties are referred to the discussion of causation and apportionment discussion in the report of October 5, 2020 in which the undersigned documented that the impairments are as a result of the incident of July 3, 2018.

CURRENT/FUTURE MEDICAL TREATMENT

Recommendations for current care are unchanged. Dr. Conviser recommended physiotherapy. Mr. Bardakjian should complete the physiotherapy recommended by Dr. Conviser post the May of 2022 arthroscopy subsequent to which he can be reevaluated once he has completed the postoperative physiotherapy program.

DISCLOSURE STATEMENT

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient or, in the case of a supplemental report, I personally performed the cognitive services necessary to produce the report on September 30, 2022 at Sherman Oaks, CA and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code. I further certify that any medical records reviewed in the preparation of this report were personally reviewed by the undersigned.

I further declare under penalty of perjury that I have not violated the provision of California Labor Code 139.3 with regard to the evaluation of this patient or the preparation of this report.

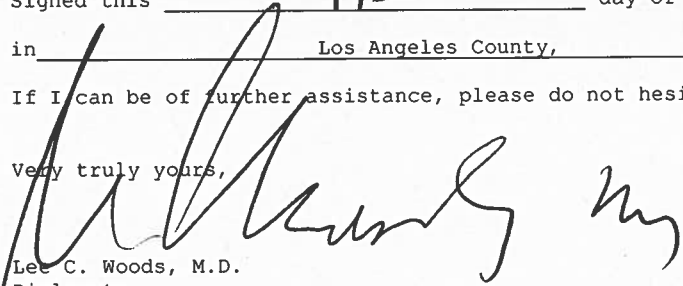
DATE OF REPORT September 30, 2022

Signed this 19th day of June, 2023

in Los Angeles County, California.

If I can be of further assistance, please do not hesitate to contact me.

Very truly yours,


Lee C. Woods, M.D.
Diplomate,
American Board of Orthopaedic Surgery

LCW/rk/aku

CC: Tristar Risk Management
Post Office Box 7052
Pasadena, California 91109

Attention: Regina Diaz, Claims Adjuster