

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: Bardakjian, Stevio v Olive View Medical Center
(employee name) (claims administrator name, or if none employer)

Claim No.: 19-00110-B EAMS or WCAB Case No. (if any): ADJ11340526

I, Brooke Woods, 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 St 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. <i>(Messenger must return to you a completed declaration of personal service.)</i> |
| 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>08/05/24</u>	<u>Lewis Brubard Biggand & Smith LLP 612 W. 5th St. Ste. 4000 Los Angeles CA 90012</u>
<u>B</u>	<u>08/05/24</u>	<u>Roszdin, Fields, Sherry & Katz b151 Van Nuys Blvd. Van Nuys CA 91411</u>
<u>B</u>	<u>08/05/24</u>	<u>Sedgwick PO Box 11028 Orange, CA 92656</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 08/05/2024

Brooke Woods
(signature of declarant)

Brooke Woods
(print name)

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

July 21, 2024

Lewis Brisboid Bisgaard & Smith LLP
633 West 5th St Suite 4000
Los Angeles, CA 90071

Attention: Charlene Underwood
Attorney at Law

Koszdin, Fields, Sherry & Katz
6151 Van Nuys Blvd.
Van Nuys, CA 91404

Attention: Robert A. Katz, Esq
Attorney at Law

AGREED MEDICAL EVALUATION SUPPLEMENTAL REPORT

RE: BARDAKJIAN, STEVIO
D/I: 07/03/2018
EMP: OLIVE VIEW MEDICAL CENTER
CLAIM #: 19-00110-B
WCAB #: ADJ11540526

To All Parties Involved:

I, the undersigned examined Mr. Stevio Bardakjian in my capacity as an Agreed Medical examiner on September 8, 2023. My evaluation addressed this patient's orthopaedic complaints. The undersigned has received additional medical record for review. This report is considered an ML203 Supplemental Medical-Legal Report.

Review of Records:

06/27/2024: MRI of the right knee without contrast was reported by Roberto Rivera at Total Imaging & Open MRI. Ordered by the undersigned. HX: Chronic pain, prior surgery in 2022. FINDINGS: Normal alignment is present in the knee joint. There is no evidence of fracture or dislocation. Normal resonance signal is noted in the cortical and medullary spaces. No focal bony abnormalities are identified. There is no evidence of osteonecrosis. Knee joint effusion. PD hyperintense signal seen in anterior cruciate ligament suggestive of sprain. Linear PD hyperintense signal in posterior horn of medial meniscus extending to superior articular surface suggestive of horizontal tear. The lateral meniscus is well visualized. They appear normal with no evidence of tear. Fibers of the posterior cruciate ligament are well visualized and appear intact. Medial and lateral collateral ligaments appear normal. Quadriceps and patellar tendons appear unremarkable. Subcutaneous tissues are unremarkable.

DISCUSSION

At the examination of September 8, 2023 Mr. Bardakjian was a 52-year-old male nurse manager for the Los Angeles County Department of Health Services/Olive View Medical Center who originally experienced an injury of July 3, 2018. Mr. Bardakjian has not yet achieved permanent and stationary status in reference to his right knee. As of the original examination of October 25, 2019 the undersigned recommended an MRI. At the examination of October 5, 2023 the undersigned also recommended an MRI study which was performed on May 7, 2024.

The findings of the MRI study reveal evidence of knee joint effusion, anterior cruciate ligament sprain and probable tear of the medial meniscus, which underscores the indication for arthroscopic management. The findings and diagnosis are consistent with the findings of the undersigned since the original report of October 25, 2019.

The conclusions and recommendation of the undersigned remain unchanged. The parties are referred to the prior reporting.

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5170 Sepulveda Boulevard, Suite 300 • Sherman Oaks, CA 91403

BARDAKJIAN, STEVIO

July 21, 2024

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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 July 21, 2024 at Whittier, 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 July 21, 2024

Signed this 2nd day of August, 2024

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/ps/aku

CC: Sedgwick
P.O. Box 11028
Orange, CA 92856

Attention: Elaine Barbagallo, Claims Adjustor.