

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 11, 2022

APR 08 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RFA REQUEST SENT
SEPARATELY VIA FAX

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/20
OCC: Lieutenant
EMP: Los Angeles County,
 Sheriff's Department
D/E: February 11, 2022
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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. He has persistent low back pain, bilateral shoulder pain, bilateral knee pain, bilateral foot pain and neck pain. He has recently started physical therapy on the right shoulder.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed via telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes of motion.

Impingement sign is negative. Hawkins test is negative.

RIGHT HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear

of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient will continue with the authorized physical therapy.

OLIVIER, JULIEN

February 11, 2022

Page 5 of 5

The patient will be reevaluated in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain. 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 February 11, 2022 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.



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

Date: February 11, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA, COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Mon Mar 28 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

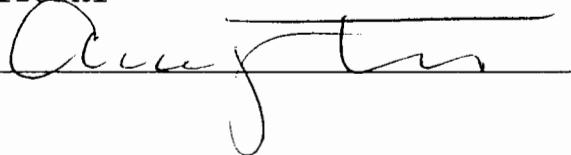
- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 4 day of April 20 22
at SHERMAN OAKS , California

SIGNED



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

March 30, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

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Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
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PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2 REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He has been doing physical therapy with slight benefit. He does have persistent bilateral shoulder pain, bilateral knee pain and low back pain. He has had improvement in neck pain. He has only occasional bilateral foot pain and mild pain in the right hand.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

OLIVIER, JULIEN

March 30, 2022

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TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
	Full	Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:**RIGHT****LEFT****NORMAL**

Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.

2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOYSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOYSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient will continue with the authorized physical therapy.

The patient is indicated for a subacromial corticosteroid injection to the bilateral shoulders. Please provide authorization so these can be given promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain. He will remain at temporary total disability.

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

OLIVIER, JULIEN

March 30, 2022

Page 10 of 10

The above evaluation was performed on March 30, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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 30, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Apr 29 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

MAY 12 2022

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

DATE OF REPORT:

Dated this 9 day of May 20 22
at SHERMAN OAKS , California

SIGNED A. J. Etter

PHILIP H. CONWISAR, M.D.

A Professional Corporation

Orthopaedic Surgery • Sports Medicine • Arthroscopic Surgery

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PRIMARY TREATING PHYSICIAN'S INITIAL REPORT DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY REQUEST FOR AUTHORIZATION FOR TREATMENT

Mr. Julien Olivier was examined by telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus Pandemic. Consent was given for a telemedicine examination. I have been designated as the Primary Treating Physician. He was examined on March 29, 2021. The following is a summary of my findings:

HISTORY AND MECHANISM OF INJURY:

Mr. Olivier is a 53-year-old right-handed male, who states while employed for the County of Los Angeles, Sheriff's Department, as a Lieutenant he sustained a cumulative trauma industrial injury from 11/07/90 to 12/15/20. The patient has been employed for this company for a period of 30+ years. The patient's date of hire was on November 7, 1990.

The patient is currently working full duty without restrictions.

In query, the patient related that throughout his 30+ year career, he had sustained multiple work-related injuries and experienced incidences affecting his left shoulder, right hand, low back,

bilateral knees and bilateral feet which he attributes to the daily physicality of his usual and customary work duties as a Deputy Sheriff performing custody and patrol duties, drill and tactical defense instructor; as Sergeant working custody, patrol and commander's management task force as well as internal affairs; as Lieutenant working custody and the jail planning team. He relates having to wear his heavy duty belt as well as his protective vest weighing up to 25 lbs., lifting and carrying multiple war bags that have weighed from 25 to 65 lbs., and with riots within the jail facilities, he was required to be prepared to be involved in full on riots as well as wear additional gear as well as carry MK9 of pepper spray, breathing masks, low impact ammunition, hand cuffs, MK9 canister of pepper spray, they have additional protective gear that is added, approximately 30 lbs. more to their normal body weight and utility belt. He is required to carry a multi gas-gun launcher and depending on his position. With fires, he would have to wear fire gear, which will add an additional 70 lbs., including turn outs, breathing apparatus, helmets, face masks, boots.

The job itself is vigorous and strenuous in nature, specifically when involved in foot pursuits, involved in altercations or take downs of inmates and suspects, dealing with combative inmates and suspects, the responding to emergent calls of duty such as riots, fights and fires within the jail facilities. the responding to emergent calls of duty such as rescues, car accidents, fires while out on patrol. Having to walk, run or climb on uneven terrain. Having to push, pull, lift and carry heavy objects. Spend prolonged periods sitting, prolonged standing, however with extensive walking within the jail facilities; as well as prolonged periods sitting in, as well as repetitively getting in and out of the patrol units. Performing cell searches or when out on investigations in the field that required kneeling, squatting, crouching, bending, crawling and other awkward physical activities and positions. Instructor in use of force, defensive tactics and drill. Moreover, the training is arduous, including firearm range training and physical tactical defense training including the pulling of 165 lbs. dummies. He worked multiple administrative positions as well, where prolonged sitting and computer work has been involved.

Throughout his years of employment he developed pain in the left shoulder, the right hand, the low back, bilateral knees and bilateral feet. He has had multiple injuries to these areas over the years for which he self-treated.

PRESENT COMPLAINTS:**LEFT SHOULDER:**

The patient complains of occasional left shoulder pain, varying in intensity. Mild hot burning pain, rated a 2 out of 10 in severity. Pain increases to a moderate sharp stabbing pain, rated a 7 out of 10. Pain is localized. Activities that provoke the left shoulder pain are performing certain motions/movements while holding weight.

RIGHT HAND:

The patient complains of occasional moderate right first and second digits/knuckle described as an electrical shocking pain. There is associated tingling. Pain is localized. Activities that provoke the pain can include gripping and grasping objects, such as a pencil when writing.

LOW BACK:

The patient complains of occasional low back pain, varying in intensity. Mild dull aching pain, rated a 3 out of 10 in severity. Pain increases to a severe hot burning and electrical shocking pain, rated an 8 out of 10 with stiffness and tightness causing limited range of motion. Pain radiates into the left buttock and into the left lower extremity, terminating at the calf as well as extending out into the left flank. There is a noted weakness with severe pain causing give way, however, denies falling. He further notes that this occurs less than occasionally. Activities that provoke the low back pain includes performing activities with the use of his gun belt, prolonged sitting, prolonged laying supine, getting in and out of vehicles, and repetitive bending, squatting, crouching and twisting at the waist, as well as pushing and pulling.

RIGHT KNEE:

The patient complains of occasional, moderate right knee pain, described as sharp stabbing pain. He has noted weakness, with a history of as well as current episodes of give way, causing stumbles. Activities that provoke the right knee pain includes getting in and out of vehicles, wearing his gun belt, prolonged sitting to standing, prolonged standing, prolonged walking, running/jogging, ascending/descending stairs, walking on uneven ground/terrain, repetitive bending, kneeling, squatting and crouching.

LEFT KNEE:

The patient complains of occasional, moderate left knee pain, described as sharp stabbing pain. He has noted weakness, with a history of as well as current episodes of give way, causing stumbles. Activities that provoke the left knee pain includes getting in and out of vehicles, wearing his gun belt, prolonged sitting to standing, prolonged standing, prolonged walking, running/jogging, ascending/descending stairs, walking on uneven ground/terrain, getting out of vehicles, repetitive bending, kneeling, squatting and crouching.

RIGHT FOOT:

The patient complains of intermittent foot pain in the plantar aspect. When the pain is present, it is constant and can last from 3 to 12 months, and ranges in intensity from a mild to severe pain, rated between a 3 to 8 out of 10 in severity. On rare occasions, the pain can increase to a 10 out of 10. Pain is described as a hot burning with pin prickling sensation, mostly near the heel. Any weightbearing activities will aggravate the foot when pain is present.

LEFT FOOT:

The patient complains of intermittent foot pain in the plantar aspect. When the pain is present, it is constant and can last from 3 to 12 months, and ranges in intensity from a mild to severe pain, rated between a 3 to 8 out of 10 in severity. On rare occasions, the pain can increase to a 10 out of 10. Pain is described as a hot burning with pin prickling sensation, mostly near the heel. Any weightbearing activities will aggravate the foot when pain is present.

PRIOR INDUSTRIAL INJURIES:

2002: Diagnosed with plantar fasciitis and treated by personal physician. Radiographs were obtained. Never claimed.

PRIOR MAJOR INJURIES, NON-INDUSTRIAL:

The patient denies any prior major non-industrial injuries.

PRIOR AUTOMOBILE ACCIDENTS:

The patient denies any prior automobile accidents.

PRIOR FRACTURES:

The patient denies any prior automobile accidents.

SUBSEQUENT INDUSTRIAL AND NON-INDUSTRIAL INJURIES:

The patient denies any subsequent industrial and non-industrial injuries.

EMPLOYMENT HISTORY / JOB DESCRIPTION:

The patient has been employed for this employer, initially as a Deputy Sheriff Generalist in 1992; promoted to Sergeant in 2010; subsequently to Lieutenant in 2015. The patient's usual and customary job activities have included the following:

1992 to 1996 - CUSTODY/JAIL DUTY DEPUTY: Safe keeping of the prisoners, overseeing a group of inmates that are in prison. He ensures that the inmates remain in confinement, supervising the delivery of meals. Searching inmates for contra band, and monitoring the security of the inmates during daily activities. Perform inmate movement in vehicle transport. On occasions, having to perform cell extractions, and operating duties as assigned within the jail on a daily basis. Respond to riots. Use of force incidences with full on riots. He is required to lift and carry, push and pull heavy objects. Undergo emergency response and riot control training.

1996 to 2003 - PATROL DEPUTY: Required to respond to emergent calls of duty. Protect life and property. Duties are physical and arduous due to the physicality work performed, including prolonged walking, standing, running, and climbing walls and fences. He was involved in altercations or take downs, criminal apprehension which can be aggressive at times. He was required to lift and carry heavy objects. Enforcing civil and traffic laws, as well as responding to traffic accidents, fires and rescues. Perform investigations as assigned. Performs routine traffic and pedestrian stops. Getting in and out as well as on and off of the vehicle multiple times throughout the day.

OLIVIER, JULIEN

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2003 to 2010 – INSTRUCTOR:

2003 to 2006; 2009 to 2010: TACTICS INSTRUCTOR: Instructed in use of force, where simulating gun fights with paint bullets, role playing, with gun shooting, arresting, involving running, kneeling, jumping, falling down and simulated handcuffing, grappling and other type tactics. This was taught to new deputies as well as for in-service recertification.

2006 to 2009: ACADEMY DRILL INSTRUCTOR: Preparing recruits for the job, running, working out, and tactical defense instruction.

2010 to 2011 - CUSTODY/JAIL DUTY SERGEANT: Supervised and oversaw all Bonus I, and Deputy Sheriff's assigned to custody/jail duty. During his shift, he would be accountable for job status of all sworn personnel, which included writing evaluations and performed other administrative work. With rioting, he would respond to locations within the facility and assist his deputies. This further required him to undergo emergency response and riot control training.

2011 to 2012 - PATROL ENFORCEMENT SERGEANT: He would respond to radio requests to crime scene, crime in progress, respond to pursuits, homicide scene, suicide scenes, gang violence, shots fired calls to oversee and manage his deputies working the crime scene and/or drug scenes for efficiency. Physically or directly involved with the other officers at the scene. Reported to his supervisors. Present when suspects being taken into custody. Present for traffic accidents/fires, fatal accidents. Responded to other events, such as fires to also oversee his deputy's activities. Made notifications, as required. Administratively, he would be required to complete daily logs, report writing and computer typing on activities, investigations, audits, analysis and other type of administrative reporting. In addition, when needed, he would be CARPED.

2012 to 2014 - TASK FORCE COMMANDER'S MANAGEMENT SERGEANT: Custody force response team, either in the jails or in courts. He performed investigation with regard to use of force incidences with his deputies.

2014 to 2015 - INTERNAL AFFAIRS SERGEANT: Performed administrative investigations on allegations of misconduct against Deputies or department personnel. In the investigations, he would interview witnesses and deputies and other personnel. He would brief command on the progress, and ultimately submit completed staff work to the commanding officer.

2015 to 2017; 2019 to Present - LIEUTENANT, CUSTODY/JAIL DUTY: Performed watch commander duties that included managing and overseeing personnel on the floor level, including deputy sheriffs and sergeants, as well as administrative personnel within the facility during his watch. Currently assigned to Pitchess Detention Center.

2017 to 2019 – LIEUTENANT, JAIL PLANNING TEAM: He was responsible for the operations component for the construction of the new jail, which is to replace Men's Central Jail. He serves in the capacity of Subject Matter Expert.

Mr. Olivier recalls having been required to work around equipment and machinery; walking on uneven ground; exposed to extreme noises or frequencies; exposed to extremes of temperature, humidity or wetness; use special visual or auditory protective equipment; exposed to dust, gas, fumes or chemicals; working at heights; working with biohazards.

Throughout his career, the patient has been exposed directly or indirectly to the following agents: carbon monoxide, asbestos, benzene, diesel particulates, smoke, petrols, diesel exhaust, lead, soots, polyurethane, poison oak, wood dust, fires, ethane, propane, pentane, diesel fuel sewage, creosote, pesticide concentrates, concentrated acid and alkalines, unknown hazardous materials, poisonous flammable and toxic gases, poisonous liquids, HIV/AIDS, TB, Hepatitis C, Covid-19 and multiple types of body fluids.

The patient works 10-hours per day, four days a week, full duties without restrictions.

Physical Requirements:

The patient is occasionally required to climb and crawl. He is frequently required to sit, walk, stand, bend at the waist, squat, kneel, use both hands for power grasping, reaching above and below shoulder levels. He is constantly required to bend at the neck, twist at the neck, twist at the waist, use both hands for simple grasping, fine manipulation, pushing, and pulling.

Lifting Requirements:

The patient is constantly required to lift and carry from 1 to 10 lbs. He is frequently required to lift and carry from 11 to 25 lbs. He is occasionally required to lift and carry from 26 to 75 lbs. He is rarely required to lift and carry from 76 to 100 lbs.

The patient was required to wear a duty belt and protective vest that has varied in weight, dependent on position, from 20 to 25 lbs. Multiple war bags that have weighed from 25 to 65 lbs.

MEDICAL HISTORY:

Current Illnesses:

The patient denies having any current illnesses.

Past Illnesses:

The patient denies having any past illnesses.

Operations:

1994: Extraction of all four wisdom teeth.

Medications:

The patient denies taking any medication at this time.

Allergies:

The patient denies having allergic reactions to latex, medication or foods.

Alcohol:

The patient occasionally consumes alcoholic beverages.

Cigarettes:

The patient denies smoking cigarettes.

SOCIAL HISTORY:

Level of Education:

The patient completed 12 years.

Marital Status:

The patient is married and has two children; all in generally good health.

FAMILY HISTORY:

He is estranged from his parents, however notes that his mother is 72 years old and father is 72 years old. He has one sibling.

OBJECTIVE FINDINGS / PHYSICAL EXAMINATION / ROM:

The patient is a 53-year-old right-handed male whose stated height is 5 feet 11 inches tall, and whose stated weight is 180 pounds.

The patient is alert, responsive, and cooperative. The patient does not appear to be in any acute distress.

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes of motion.

Impingement sign is negative. Hawkins test is negative.

RIGHT HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

DIAGNOSES:

1. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. RULE OUT LUMBAR DISC HERNIATION / LUMBAR RADICULOPATHY.
3. RULE OUT LABRAL TEAR / INTERNAL DERANGEMENT LEFT SHOULDER.
4. RIGHT HAND ARTHRALGIA.
5. INTERNAL DERANGEMENT RIGHT KNEE.
6. INTERNAL DERANGEMENT LEFT KNEE.
7. PLANTAR FASCIITIS RIGHT FOOT.
8. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

Based on the history as stated by the patient and physical examination, it is with reasonable medical probability the patient's usual and customary work activities performed over a 30 year period of time caused and contributed to injuries as diagnosed. The mechanism is consistent with the diagnoses. The patient has performed extremely vigorous work activities over a 30 year period of time. It is medically probable these work activities caused and contributed to his current injuries. I would consider these injuries AOE-COE, arising out of employment with Los Angeles County Sheriff's Department due to the cumulative trauma injury of December 15, 2020. The patient is symptomatic; he requires medical treatment at this time.

I request authorization for x-rays of the lumbar spine, left shoulder, bilateral knees and bilateral feet.

The patient is indicated for chiropractic therapy for the lumbar spine. I request authorization for chiropractic therapy twice a week for six weeks with Dr. Omid at Universal Pain Management.

The patient is indicated for an MRI of the lumbar spine to evaluate for disc herniation and nerve root impingement. Please provide authorization for an MRI of the lumbar spine.

The patient is indicated for an MRI of the left shoulder to evaluate for labral tear. Please provide authorization for an MRI of the left shoulder.

The patient is indicated for MRIs of the right and left knees to evaluate for internal derangement. Please provide authorization for MRIs of the right and left knees.

The patient is indicated for physical therapy for the left shoulder and bilateral knees. Please provide authorization for physical therapy twice a week for four weeks.

OLIVIER, JULIEN

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I request authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet. I request authorization for podiatry evaluation and treatment as a secondary treating physician with Dr. Arthur Fass.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient can continue to work regular duty.

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

The above evaluation was performed on March 29, 2021 by the undersigned by 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.

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, Suzanne Garcia, 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: March 29, 2021 Los Angeles County, California

PHC/sg/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

MAY 24 2021

On Wed May 12 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 12th day of May 20 21
at SHERMAN OAKS , California

SIGNED

Julie Sherman

RECEIVED

JUL 02 2021

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

May 19, 2021

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

RFA REQUEST SENT
SEPARATELY VIA FAX

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	CT: 11/07/90 to 12/15/20
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	May 19, 2021
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

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

The patient was evaluated in the office today. He has persistent left shoulder pain and stiffness. He has low back pain, severe at times, bilateral knee pain, bilateral foot pain and occasional right hand pain. For a complete review of the history and mechanism of injury, please refer to the Initial Primary Treating Physician Report of March 29, 2021. We are pending authorization for treatment I requested in my Initial Primary Treating Physician Report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 40 degrees. This maneuver causes increased neck pain in the cervical paravertebral muscles.

Extension is to 40 degrees, with increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 30 degrees, with increased pain in the cervical paravertebral muscles.

Right and left rotation is to 80 degrees, with increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

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TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

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Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

RIGHT LEFT BILATERAL

There is no evidence of heat.	X
There is no swelling.	X
There is no inflammation.	X
There is no synovial thickening.	X
There is no effusion.	X

Pulses are present. Sensation is intact. Motor exam is intact.

POSITIVE (R/L) NEGATIVE (R/L)

Tinel's Sign	X (B)
Phalen's Sign	X (B)
Carpal Tunnel Compression Test	X (B)
Finkelstein Test	X (B)

RANGE OF MOTION, WRIST: **RIGHT LEFT NORMAL**

Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS: **RIGHT LEFT**

Full / See Hand Exam Full Full

GRIP STRENGTH: **RIGHT LEFT**
(Jamar Dynamometer)

Reading 1:	35	30
Reading 2:	35	30
Reading 3:	35	30

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CIRCUMFERENCES: **RIGHT** **LEFT**

Arm:	28	28
Forearm:	23	23

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

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BILATERAL HIP EXAMINATION:

	RIGHT	LEFT	
Trendelenburg:	Negative	Negative	
Tenderness Great Trochanter:	Negative	Negative	
RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

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	RIGHT	LEFT	
Deltoid Ligament Tenderness:	Neg	Neg	
Lateral Collateral Ligament Tenderness:	Neg	Neg	
Anterior joint line tenderness:	Neg	Neg	
Anterolateral joint line tenderness:	Neg	Neg	
Anteromedial joint line tenderness:	Neg	Neg	
Ankle Swelling:	Medial: Lateral:	Neg Neg	Neg Neg
Mid-Foot Tenderness:	Neg	Neg	
Ecchymosis Present:	Neg	Neg	
Inversion Laxity:	Neg	Neg	
Anterior Drawer Test:	Neg	Neg	
Hallux Valgus / Bunion Deformity:	Neg	Neg	
Pes Planovalgus Deformity:	Neg	Neg	
RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

Ankle Jerk: 2+ 2+

MEASUREMENTS:**LEG LENGTHS:** **RIGHT** **LEFT**

Crest (actual): 90 90

CIRCUMFERENCES: **RIGHT** **LEFT**

Thighs: (5" above patella) 39 39

Calves: (largest circumference) 32 32

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSES:

1. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. RULE OUT LUMBAR DISC HERNIATION / LUMBAR RADICULOPATHY.
3. EARLY DEGENERATIVE JOINT DISEASE, LEFT SHOULDER.
4. IMPINGEMENT SYNDROME, LEFT SHOULDER.

OLIVIER, JULIEN

May 19, 2021

Page 9 of 10

5. RULE OUT INTERNAL DERANGEMENT RIGHT KNEE.

6. RULE OUT INTERNAL DERANGEMENT LEFT KNEE.

7. RIGHT HAND 1ST CMC SYNOVITIS.

8. PLANTAR FASCIITIS RIGHT FOOT.

9. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

Based on the history as stated by the patient and physical examination, it is with reasonable medical probability the patient's usual and customary work activities performed over a 30 year period of time caused and contributed to injuries as diagnosed. The mechanism is consistent with the diagnoses. The patient has performed extremely vigorous work activities over a 30 year period of time. It is medically probable these work activities caused and contributed to his current injuries. I would consider these injuries AOE-COE, arising out of employment with Los Angeles County Sheriff's Department due to the cumulative trauma injury of December 15, 2020. The patient is symptomatic; he requires medical treatment at this time.

The patient is indicated for chiropractic therapy for the lumbar spine. I request authorization for chiropractic therapy twice a week for six weeks with Dr. Omid at Universal Pain Management.

The patient is indicated for an MRI of the lumbar spine to evaluate for disc herniation and nerve root impingement. Please provide authorization for an MRI of the lumbar spine.

The patient is indicated for an MRI of the left shoulder to evaluate for labral tear. Please provide authorization for an MRI of the left shoulder.

The patient is indicated for MRIs of the right and left knees to evaluate for internal derangement. Please provide authorization for MRIs of the right and left knees.

The patient is indicated for physical therapy for the left shoulder and bilateral knees. Please provide authorization for physical therapy twice a week for four weeks.

I request authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet. I request authorization for podiatry evaluation and treatment as a secondary treating physician with Dr. Arthur Fass.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient can continue to work regular duty.

OLIVIER, JULIEN

May 19, 2021

Page 10 of 10

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

The above evaluation was performed on May 19, 2021 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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: May 19, 2021 Los Angeles County, California

PHC/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Mon Jun 21 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS, CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 21st day of June 2021
at SHERMAN OAKS , California

SIGNED A.J.T.

PROOF OF SERVICE BY MAIL

RECDV'D
AUG 16 2021

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Tue Aug 10 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS, CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTATIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 10th day of Aug 2021
at SHERMAN OAKS, California

SIGNED A. J. H.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91109

WC

PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER FOR PROGRAM IN ITEM 1 2102891A	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN			3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES		
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR.			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) 29330 THE OLD ROAD		
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE			CITY CASTAIC	STATE CA	
ZIP CODE 91355-2423	TELEPHONE (Include Area Code) (661) 7147629					ZIP CODE 91384	TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		
b. RESERVED FOR NUCC USE			b. AUTO-ACCIDENT PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A		
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME		
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM								
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.								
SIGNED SIGNATURE ON FILE DATE 07012021								
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12152020			15. OTHER DATE MM DD YY QUAL. 431			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DO YY FROM TO		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN. JULIE SHERMAN			17b. NPI			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								
A. S335XXA	B. M5416	C. S43431A	D. M2391	22. RESUBMISSION CODE ORIGINAL REF. NO.				
E. M2392	F. M722	G. M19012	H. M7542	23. PRIOR AUTHORIZATION NUMBER				
I. M65841	J.	K.	L.	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY				E. DIAGNOSIS POINTER				
1 06252021	06252021	11		99214	95	ABCDEF	G 175.00 1	
2 06252021	06252021	11		WC002		ABCDEF	G 40.00 1	
3							NPI	
4							NPI	
5							NPI	
6							NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN 954814467		26. PATIENT'S ACCOUNT NO. 77364		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 215.00	29. AMOUNT PAID \$ 0.00	30. Rsvd for NUCC Use 215.00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made in part thereto.) PHILIP CONWISAR MD		32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355		33. BILLING PROVIDER INFO & PH # (818) 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109				
SIGNED 07012021	DATE	1699883926		1184907123				

PLEASE PRINT OR TYPE

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 25, 2021

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

**RFA REQUEST SENT
SEPARATELY VIA FAX**

RE:	OLIVIER, JULIEN
D/I:	CT 11/07/90 to 12/15/20
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	June 25, 2021
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

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. Olivier continues to experience persistent pain in his low back, left shoulder, right hand, bilateral knees and bilateral feet. He denies any changes in pain since his last evaluation. He notes that he does not want to continue requesting chiropractic treatment as he is scared of chiropractors.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes 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

Impingement sign is negative. Hawkins test is negative.

RIGHT HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSES:

1. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. RULE OUT LUMBAR DISC HERNIATION / LUMBAR RADICULOPATHY.
3. EARLY DEGENERATIVE JOINT DISEASE, LEFT SHOULDER.
4. IMPINGEMENT SYNDROME, LEFT SHOULDER.
5. RULE OUT INTERNAL DERANGEMENT RIGHT KNEE.
6. RULE OUT INTERNAL DERANGEMENT LEFT KNEE.
7. RIGHT HAND 1ST CMC SYNOVITIS.
8. PLANTAR FASCIITIS RIGHT FOOT.
9. PLANTAR FASCIITIS LEFT FOOT.

OLIVIER, JULIEN

June 25, 2021

Page 4 of 5

DISCUSSION/TREATMENT PLAN:

The patient is indicated for an MRI of the lumbar spine to evaluate for disc herniation and nerve root impingement. I again re-request authorization for an MRI of the lumbar spine.

The patient is indicated for an MRI of the left shoulder to evaluate for a labral tear. I re-request authorization for an MRI of the left shoulder.

The patient is indicated for MRIs of the bilateral knees to evaluate for internal derangement. I re-request authorization for MRIs of the right and left knees.

The patient is indicated for physical therapy for the left shoulder and bilateral knees. I re-request authorization for physical therapy for the left shoulder and bilateral knees to be twice a week for four weeks.

The patient is indicated for physical therapy for the lumbar spine. I request authorization for physical therapy for the lumbar spine to be twice a week for four weeks.

I re-request authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet. I request authorization for podiatry evaluation and treatment as a secondary treating physician with Dr. Arthur Fass.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient can continue to work regular duty.

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

The above evaluation was performed on June 25, 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.

OLIVIER, JULIEN

June 25, 2021

Page 5 of 5



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

Date: June 25, 2021 Los Angeles County, California

KMC/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

~~PROOF OF SERVICE BY MAIL~~

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Mon Aug 30 I served ~~a Medical/Legal Lien and report on~~ OLIVIER, JULIEN Account 77364 by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
~~PASADENA~~, CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 2nd day of Sep 20 21
at SHERMAN OAKS, California

SIGNED Aug 21 -



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91109

WC

PICA		PICA													
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 2102891A								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN			3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES									
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR			6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) 29330 THE OLD ROAD									
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE			CITY CASTAIC		STATE CA							
ZIP CODE 91355-2423	TELEPHONE (Include Area Code) (661) 7147629					ZIP CODE 91384	TELEPHONE (Include Area Code) ()								
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			b. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A									
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.															
SIGNED SIGNATURE ON FILE DATE 08012021															
14. DATE OF CURRENT: ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 12152020 QUAL. 431			15. OTHER DATE MM DD YY QUAL.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN. JULIE SHERMAN			17a. NPI			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)															
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0															
A. <u>S335XXA</u>	B. <u>M5416</u>	C. <u>S43431A</u>	D. <u>M2391</u>	22. RESUBMISSION CODE			ORIGINAL REF. NO.								
E. <u>M2392</u>	F. <u>M722</u>	G. <u>M19012</u>	H. <u>M7542</u>												
I. <u>M65841</u>	J. <u> </u>	K. <u> </u>	L. <u> </u>	23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE FROM MM DD YY		B. PLACE OF SERV. EMG	C. O. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPSC	D. MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. IO. QUAL.	J. RENDERING PROVIDER ID. #					
08062021	08062021	11	99214	95	ABCDEFG	175.00	1		NPI	1699883926					
08062021	08062021	11	WC002		ABCDEFG	40.00	1		NPI	1699883926					
3										NPI					
4										NPI					
5										NPI					
6										NPI					
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use						
954814467		77364			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 215.00	\$ 0.00	215.00						
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse side apply to this bill and are made a part thereto.) PHILIP CONWISAR MD 08012021		32. SERVICE, FACILITY, LOCATION, INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355			33. BILLING PROVIDER INFO & PH # (818 7841354								
SIGNED DATE		1699883926					PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109								
1184907123															

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 6, 2021

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

**RFA REQUEST SENT
SEPARATELY VIA FAX**

SEP 07 2021

RE:	OLIVIER, JULIEN
D/I:	CT 11/07/90 to 12/15/20
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	August 6, 2021
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

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. Olivier continues to have persistent pain in his low back with numbness, tingling and radiation down his left leg. He notes that the pain can be a hot and burning quality. He notes that the pain was roughly around a 5 out of 10 on a pain scale but the pain has now increased to a 7 out of 10. He has a lot of pain at night that effects his sleep. He also continues to note persistent pain in his bilateral feet in the plantar fascia region. He denies any pain change to his left shoulder, right hand and bilateral knees.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes 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

Impingement sign is negative. Hawkins test is negative.

RIGHT HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSES:

1. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. RULE OUT LUMBAR DISC HERNIATION / LUMBAR RADICULOPATHY.
3. EARLY DEGENERATIVE JOINT DISEASE, LEFT SHOULDER.
4. IMPINGEMENT SYNDROME, LEFT SHOULDER.
5. RULE OUT INTERNAL DERANGEMENT RIGHT KNEE.
6. RULE OUT INTERNAL DERANGEMENT LEFT KNEE.
7. RIGHT HAND 1ST CMC SYNOVITIS.
8. PLANTAR FASCIITIS RIGHT FOOT.
9. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has a future Agreed Medical Evaluation scheduled for September of 2021 and October of 2021. One evaluation is with an orthopedic surgeon and the other is with a dentist. He is unsure of the specific dates.

The patient is indicated for an MRI of the lumbar spine to evaluate for disc herniation and nerve root impingement. I again re-request authorization for an MRI of the lumbar spine.

The patient is indicated for an MRI of the left shoulder to evaluate for a labral tear. I once again re-request authorization for an MRI of the left shoulder.

The patient is indicated for MRIs of the bilateral knees to evaluate for internal derangement. I once again re-request authorization for MRIs of the right and left knees.

The patient is indicated for physical therapy for the left shoulder and bilateral knees. I once again re-request authorization for physical therapy for the left shoulder and bilateral knees to be twice a week for four weeks.

The patient is indicated for physical therapy for the lumbar spine. I once again re-request authorization for physical therapy for the lumbar spine to be twice a week for four weeks.

I once again re-request authorization for podiatry evaluation and treatment for plantar fasciitis of the bilateral feet. I request authorization for podiatry evaluation and treatment as a secondary treating physician with Dr. Arthur Fass.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

The patient can continue to work regular duty.

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

The above evaluation was performed on August 6, 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 (j) 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.

OLIVIER, JULIEN

August 6, 2021

Page 5 of 5

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.

Kirsten M. Courtney, D.C.

Philip H. Conwisar

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

Date: August 6, 2021 Los Angeles County, California

KMC/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

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

September 17, 2021

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

**RFA REQUEST SENT
SEPARATELY VIA FAX**

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/20
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: September 17, 2021
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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. Olivier continues to have persistent pain in his low back, left shoulder, bilateral knees and bilateral feet. He states that his low back pain has worsened since the last evaluation. He has sciatic like pain in his left lower extremity radiating from the low back. He has difficulty sleeping at night due to his pain. He continues to have persistent pain in his bilateral feet. He has not had any treatment yet.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed via telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes 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

Impingement sign is negative. Hawkins test is negative.

RIGHT HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSES:

1. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. RULE OUT LUMBAR DISC HERNIATION / LUMBAR RADICULOPATHY.
3. EARLY DEGENERATIVE JOINT DISEASE, LEFT SHOULDER.
4. IMPINGEMENT SYNDROME, LEFT SHOULDER.
5. RULE OUT INTERNAL DERANGEMENT RIGHT KNEE.
6. RULE OUT INTERNAL DERANGEMENT LEFT KNEE.
7. RIGHT HAND 1ST CMC SYNOVITIS.
8. PLANTAR FASCIITIS RIGHT FOOT.
9. PLANTAR FASCIITIS LEFT FOOT.

OLIVIER, JULIEN

September 17, 2021

Page 4 of 5

DISCUSSION/TREATMENT PLAN:

The patient is having severe pain in his low back with radiating pain to his left lower extremity. The patient requires medical treatment.

I again request authorization for physical therapy for the lumbar spine twice a week for four weeks.

The patient is indicated for an MRI of the lumbar spine to evaluate for disc herniation and nerve root impingement. I again request authorization for an MRI of the lumbar spine.

I again request authorization for physical therapy for the left shoulder and bilateral knees twice a week for six weeks.

I again request authorization for podiatry evaluation and treatment for the patient's plantar fasciitis of the bilateral feet as a secondary treating physician with Dr. Arthur Fass.

I again request authorization for an MRI of the left shoulder to evaluate for a labral tear.

The patient will be reevaluated in six weeks.

WORK/DISABILITY STATUS:

The patient is in severe pain due to his recent low back pain flare-up. The patient is placed on temporarily, 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 September 17, 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.



Holly Quintero, PA-C



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

OLIVIER, JULIEN

September 17, 2021

Page 5 of 5

Date: September 17, 2021 Los Angeles County, California

HQ/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

RECEIVED
NOV 08 2021

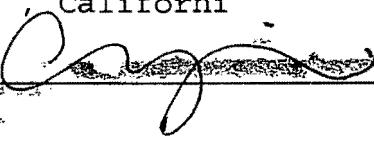
On Fri Nov 05 I served a Medical/Legal Lien and report on OLIVIER, JULIEN, Account 77364, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 5th day of NOV 20 21
at SHERMAN OAKS, California

SIGNED 

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

December 22, 2021

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RECEIVED
FEB 22 2022

RFA REQUEST SENT
SEPARATELY VIA FAX

RE: **OLIVIER, JULIEN**
D/I: CT: 11/07/90 to 12/15/20
OCC: Lieutenant
EMP: Los Angeles County,
 Sheriff's Department
D/E: December 22, 2021
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient was evaluated in the office today. He has persistent low back pain, left shoulder pain, bilateral knee pain, bilateral foot and he is also having neck pain. We are pending authorization for treatment I requested in my prior reports.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

OLIVIER, JULIEN

December 22, 2021

Page 4 of 10

Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
--	--------------	-------------	------------------

There is no evidence of heat.	X
There is no swelling.	X
There is no inflammation.	X
There is no synovial thickening.	X
There is no effusion.	X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
--	-----------------------	-----------------------

Tinel's Sign	X (B)
Phalen's Sign	X (B)
Carpal Tunnel Compression Test	X (B)
Finkelstein Test	X (B)

RANGE OF MOTION, WRIST: **RIGHT** **LEFT** **NORMAL**

Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS: **RIGHT** **LEFT**

Full	Full
------	------

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial:	Neg
	Lateral:	Neg
Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

MEDICAL RECORD REVIEW:

I have reviewed the following:

OLIVIER, JULIEN

December 22, 2021

Page 9 of 10

10/20/2021: David Heskiaoff, M.D. - Agreed Medical Examination.

This concludes the Medical Record Review.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient returns to the office today. He has persistent pain as described.

I again request authorization for physical therapy for the cervical and lumbar spine twice a week for six weeks.

OLIVIER, JULIEN

December 22, 2021

Page 10 of 10

I request authorization for physical therapy for the bilateral shoulders and bilateral knees twice a week for six weeks.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient remains at temporary total disability.

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

The above evaluation was performed on December 22, 2021 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91335. 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. Convisar, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: December 22, 2021 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Feb 11 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 15th day of FEB 20 22
at SHERMAN OAKS , California

SIGNED A. J. Liu

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

December 27, 2021

RECEIVED

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

FEB 24 2022

RFA REQUEST SENT
SEPARATELY VIA E-MAIL

RE:	OLIVIER, JULIEN
D/I:	July 26, 2021
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	December 27, 2021
CLAIM #:	22-000890-A
WCAB #:	ADJ15211612

PRIMARY TREATING PHYSICIAN'S INITIAL REPORT DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY REQUEST FOR AUTHORIZATION FOR TREATMENT

Mr. Julien Olivier was examined by telemedicine in accordance with CMS and DWC Guidelines due to the Coronavirus Pandemic. Consent was given for a telemedicine examination. I have been designated as the Primary Treating Physician. He was examined on December 27, 2021. The following is a summary of my findings:

HISTORY AND MECHANISM OF INJURY:

Mr. Olivier is a 54-year-old right-handed male, who states while employed for the County of Los Angeles, Sheriff's Department, as a Lieutenant he sustained an industrial injury on July 26, 2021. The patient has been employed for this company for a period of 31+ years. The patient's date of hire was on November 7, 1990. The patient is not working at the present time. He has been at temporary total disability as a result of another industrial injury since September, 2021.

On July 26, 2021 he was unlocking a heavy metal entry gate when he lost control of it. When he attempted to grab it with the right hand, he felt a pulling sensation in the right shoulder. He reported the incident immediately. He completed a work injury form. He was referred to an industrial clinic, Valencia Medical Care. He was examined. He was placed on light duty for a short period of time. .

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

In September, 2021, he had an Agreed Medical Evaluation with Dr. Heskiaoff. MRI of the right shoulder was ordered and subsequently obtained on October 21, 2021.

The patient has not been seen by any other physician or has received any additional medical attention to the right shoulder.

PRESENT SYMPTOMS:

RIGHT SHOULDER:

He states he has occasional right shoulder pain, varying in intensity. Mild pin prick needle pain, rated a 2 out of 10 in severity. Pain increases to a moderate hot burn, rated a 6 out of 10 with stiffness and tightness causing limited range of motion. There is associated numbness and tingling. Pain is localized. There is noted weakness and instability. Activities that provoke the right shoulder pain includes gripping/grasping, reaching at or above shoulder level, reaching back, lifting and carrying of weighted items.

PRIOR INDUSTRIAL INJURIES:

2002: While working for the same employer, the patient was diagnosed with plantar fasciitis. He was treated by his personal physician, who obtained radiographs. A Workers' Compensation claim was not filed.

CT 12/15/20: The patient has developed complaints of left shoulder, low back, bilateral knees, bilateral feet and right hand issues as well as teeth grinding, tinnitus, hearing loss, attributed to his usual and customary work duties. Currently, he is receiving treatment in my office for his orthopedic issues. A Workers' Compensation claim was filed.

PRIOR MAJOR INJURIES, NON-INDUSTRIAL:

The patient denies any prior major non-industrial injuries.

PRIOR AUTOMOBILE ACCIDENTS:

The patient denies any prior automobile accidents.

PRIOR FRACTURES:

The patient denies any prior automobile accidents.

SUBSEQUENT INDUSTRIAL AND NON-INDUSTRIAL INJURIES:

The patient denies any subsequent industrial and non-industrial injuries.

EMPLOYMENT HISTORY / JOB DESCRIPTION:

The patient has been employed for this employer, initially as a Deputy Sheriff Generalist in 1992; promoted to Sergeant in 2010; subsequently to Lieutenant in 2015. The patient's usual and customary job activities have included the following:

1992 to 1996 - CUSTODY/JAIL DUTY DEPUTY: Safe keeping of the prisoners, overseeing a group of inmates that are in prison. He ensures that the inmates remain in confinement, supervising the delivery of meals. Searching inmates for contra band, and monitoring the security of the inmates during daily activities. Perform inmate movement in vehicle transport. On occasions, having to perform cell extractions, and operating duties as assigned within the jail on a daily basis. Respond to riots. Use of force incidences with full on riots. He is required to lift and carry, push and pull heavy objects. Undergo emergency response and riot control training.

1996 to 2003 - PATROL DEPUTY: Required to respond to emergent calls of duty. Protect life and property. Duties are physical and arduous due to the physicality work performed, including prolonged walking, standing, running, and climbing walls and fences. He was involved in altercations or take downs, criminal apprehension which can be aggressive at times. He was required to lift and carry heavy objects. Enforcing civil and traffic laws, as well as responding to traffic accidents, fires and rescues. Perform investigations as assigned. Performs routine traffic and pedestrian stops. Getting in and out as well as on and off of the vehicle multiple times throughout the day.

2003 to 2010 – INSTRUCTOR:

2003 to 2006; 2009 to 2010: TACTICS INSTRUCTOR: Instructed in use of force, where simulating gun fights with paint bullets, role playing, with gun shooting, arresting, involving running, kneeling, jumping, falling down and simulated handcuffing, grappling and other type tactics. This was taught to new deputies as well as for in-service recertification.

2006 to 2009: ACADEMY DRILL INSTRUCTOR: Preparing recruits for the job, running, working out, and tactical defense instruction.

2010 to 2011 - CUSTODY/JAIL DUTY SERGEANT: Supervised and oversaw all Bonus I, and Deputy Sheriff's assigned to custody/jail duty. During his shift, he would be accountable for job status of all sworn personnel, which included writing evaluations and performed other administrative work. With rioting, he would respond to locations within the facility and assist his deputies. This further required him to undergo emergency response and riot control training.

2011 to 2012 - PATROL ENFORCEMENT SERGEANT: He would respond to radio requests to crime scene, crime in progress, respond to pursuits, homicide scene, suicide scenes, gang violence, shots fired calls to oversee and manage his deputies working the crime scene and/or drug scenes for efficiency. Physically or directly involved with the other officers at the scene. Reported to his supervisors. Present when suspects being taken into custody. Present for traffic accidents/fires, fatal accidents. Responded to other events, such as fires to also oversee his deputy's activities. Made notifications, as required. Administratively, he would be required to complete daily logs, report writing and computer typing on activities, investigations, audits, analysis and other type of administrative reporting. In addition, when needed, he would be CARPED.

2012 to 2014 - TASK FORCE COMMANDER'S MANAGEMENT SERGEANT: Custody force response team, either in the jails or in courts. He performed investigation with regard to use of force incidences with his deputies.

2014 to 2015 - INTERNAL AFFAIRS SERGEANT: Performed administrative investigations on allegations of misconduct against Deputies or department personnel. In the investigations, he would interview witnesses and deputies and other personnel. He would brief command on the progress, and ultimately submit completed staff work to the commanding officer.

2015 to 2017; 2019 to Present - LIEUTENANT, CUSTODY/JAIL DUTY: Performed watch commander duties that included managing and overseeing personnel on the floor level, including deputy sheriffs and sergeants, as well as administrative personnel within the facility during his watch. Currently assigned to Pitchess Detention Center.

2017 to 2019 – LIEUTENANT, JAIL PLANNING TEAM: He was responsible for the operations component for the construction of the new jail, which is to replace Men's Central Jail. He serves in the capacity of Subject Matter Expert.

Mr. Olivier recalls having been required to work around equipment and machinery; walking on uneven ground; exposed to extreme noises or frequencies; exposed to extremes of temperature, humidity or wetness; use special visual or auditory protective equipment; exposed to dust, gas, fumes or chemicals; working at heights; working with biohazards.

Throughout his career, the patient has been exposed directly or indirectly to the following agents: carbon monoxide, asbestos, benzene, diesel particulates, smoke, petrochemicals, diesel exhaust, lead, soots, polyurethane, poison oak, wood dust, fires, ethane, propane, pentane, diesel fuel sewage, creosote, pesticide concentrates, concentrated acid and alkalines, unknown hazardous materials, poisonous flammable and toxic gases, poisonous liquids, HIV/AIDS, TB, Hepatitis C, Covid-19 and multiple types of body fluids.

The patient works 10-hours per day, four days a week. He has been placed on temporary total disability in September 19, 2021.

Physical Requirements:

The patient is occasionally required to climb and crawl. He is frequently required to sit, walk, stand, bend at the waist, squat, kneel, use both hands for power grasping, reaching above and below shoulder levels. He is constantly required to bend at the neck, twist at the neck, twist at the waist, use both hands for simple grasping, fine manipulation, pushing, and pulling.

Lifting Requirements:

The patient is constantly required to lift and carry from 1 to 10 lbs. He is frequently required to lift and carry from 11 to 25 lbs. He is occasionally required to lift and carry from 26 to 75 lbs. He is rarely required to lift and carry from 76 to 100 lbs.

The patient is required to wear a duty belt and protective vest that has varied in weight, dependent on position, from 20 to 25 lbs. Multiple war bags that have weighed from 25 to 65 lbs.

MEDICAL HISTORY:

Current Illnesses:

The patient has been diagnosed with plantar fasciitis in bilateral feet, bulging discs of the cervical and lumbar spines, tear and bone spurs in the right shoulder, as well as arthritic changes.

Past Illnesses:

The patient denies having any past illnesses.

Operations:

1994: Extraction of all four wisdom teeth.

Medications:

The patient denies taking any medication at this time.

Allergies:

The patient denies having allergic reactions to latex, medication or foods.

Alcohol:

The patient occasionally consumes alcoholic beverages.

Cigarettes:

The patient denies smoking cigarettes.

SOCIAL HISTORY:

Level of Education:

The patient completed 14 years.

Marital Status:

The patient is married and has two children; all in generally good health.

OLIVIER, JULIEN

December 27, 2021

Page 6 of 8

FAMILY HISTORY:

He is estranged from his parents, however notes that both parents are 72-years of age. He has one sibling.

OBJECTIVE FINDINGS / PHYSICAL EXAMINATION / ROM:

The patient is a 54-year-old right-handed male whose stated height is 5 feet 11 inches tall, and whose stated weight is 190 pounds.

The patient is alert, responsive, and cooperative. The patient does not appear to be in any acute distress.

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion.

Impingement sign is positive. Hawkins test is positive.

Neurovascular exam appears to be intact. Neurovascular examination is limited in a telemedicine examination.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis and mild acromioclavicular osteoarthritis. There is a moderate grade intrasubstance partial tear of the supraspinatus tendon; there is supraspinatus tendinosis.

DIAGNOSES:

1. IMPINGEMENT SYNDROME RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
2. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER GLENOHUMERAL JOINT.

DISCUSSION/TREATMENT PLAN:

Based on the history as stated by the patient and physical examination, it is my opinion he sustained industrial injury to the right shoulder on July 26, 2021 arising out of employment with Los Angeles County Sheriff's Department. The mechanism is consistent with the diagnoses. The patient has findings of a partial rotator cuff tear, impingement syndrome and glenohumeral degenerative joint

OLIVIER, JULIEN

December 27, 2021

Page 7 of 8

disease. I would consider this injury industrial in causation, AOE-COE, due to the injury of July 26, 2021. He has not had any treatment to date.

I recommend physical therapy. Please provide authorization for physical therapy for the right shoulder three times a week for four weeks.

I request authorization for a subacromial corticosteroid injection to the right shoulder. Please provide authorization so treatment can be provided promptly.

Regarding this industrial injury, the patient can work modified duty restricted from repetitive pushing and pulling with the right upper extremity, use of the right upper extremity at above shoulder level, lifting over 20 pounds. I recommend no field or patrol duties.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

Regarding this industrial injury, the patient can work modified duty restricted from repetitive pushing and pulling with the right upper extremity, use of the right upper extremity at above shoulder level, lifting over 20 pounds. I recommend no field or patrol duties.

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

The above evaluation was performed on December 27, 2021 by the undersigned by 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.

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, Suzanne Garcia, 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: December 27, 2021 Los Angeles County, California

OLIVIER, JULIEN

December 27, 2021

Page 8 of 8

PHC/sg/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD. #210
SHERMAN OAKS, CA 91403

On Mon Feb 14 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 78410 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109

2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384

3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411

4) Defense Attorney : GRAY ESQ., PROUTY
5757 WILSHIRE BLVD, STE 620
LOS ANGELES , CA 90036

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

DATE OF REPORT:

Dated this 17th day of Feb 20 22
at SHERMAN OAKS , California

SIGNED [Signature]

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 1, 2022

RECDIVED
MAR 29 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RFA REQUEST SENT
SEPARATELY VIA FAX

RE: **OLIVIER, JULIEN**
D/I: July 26, 2021
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: February 1, 2022
CLAIM #: 22-000890-A
WCAB #: ADJ15211612

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

The patient is evaluated by telemedicine today in accordance with CMS and DWC Guidelines due to the Coronavirus Pandemic. Consent was given for telemedicine examination. He has persistent right shoulder pain, occasionally severe. The pain increases with pushing, pulling, overhead use and lifting activities. We have obtained authorization for physical therapy, which will be starting in the near future. We have also obtained authorization for subacromial cortisone injection, which will be given when the patient is examined in the office.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion.

Impingement sign is positive. Hawkins test is positive.

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

OLIVIER, JULIEN

February 1, 2022

Page 2 of 3

Neurovascular exam appears to be intact. Neurovascular examination is limited in a telemedicine examination.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis and mild acromioclavicular osteoarthritis. There is a moderate grade intrasubstance partial tear of the supraspinatus tendon; there is supraspinatus tendinosis.

DIAGNOSES:

1. IMPINGEMENT SYNDROME RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
2. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER GLENOHUMERAL JOINT.

DISCUSSION/TREATMENT PLAN:

The patient has persistent right shoulder pain. He will start the authorized physical therapy.

The patient will return for reevaluation in the office in four weeks.

WORK/DISABILITY STATUS:

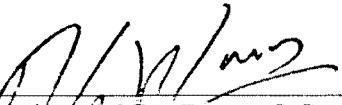
The patient can work modified duty, restricted from lifting over 20 pounds, pushing, pulling and overhead use of the right arm; he is restricted from patrol and field duties.

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

The above evaluation was performed on February 1, 2022 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.


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

Date: February 1, 2022 Los Angeles County, California

OLIVIER, JULIEN

February 1, 2022

Page 3 of 3

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Thu Mar 17 I served a Medical/Legal Lien and report on OLIVIER, JULIEN, Account #78410, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney: GRAY, ESQ., PROUTY
5757 WILSHIRE BLVD, STE 620
LOS ANGELES , CA 90036

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

DATE OF REPORT:

Dated this 22 day of March 20 72
at SHERMAN OAKS , California

SIGNED

Anne T. Lee

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): OLIVIER, JULIEN

Date of Injury (MM/DD/YYYY): 12/15/2020

Date of Birth (MM/DD/YYYY): 06/27/1967

Claim Number: 21-02891-A

Employer: COUNTY OF LOS ANGELES

Requesting Physician Information

Name: PHILIP CONWISAR, MD

Contact Name:

Practice Name: CONWISAR, PHILIP MD INC

City: SHERMAN OAKS | State: CA

Address: 4835 VAN NUYS BLVD., 210

Fax Number: (818) 784-5705

Zip Code: 91403 | Phone: (818) 784-1354

NPI Number: 1699883926

Specialty: 020

E-mail Address: oliviers4@icloud.com

Claims Administrator Information

Company Name: SEDGWICK

Contact Name: DARLENE NOEL, Ms.

Address: PO BOX 7052

City: PASADENA | State: CA

Zip Code: 91109 | Phone: (800) 782-5888

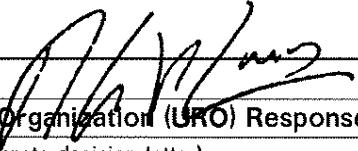
Fax Number: (626) 808-0397

E-mail Address: 818-788-1705

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.)
Degenerative joint disease	M19.001	① Subacromial corticosteroid injection to the bilateral shoulders		

Requesting Physician Signature: 

Date: 06/06/2022

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:

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

March 30, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	CT 12/15/2020
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	March 30, 2022
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient returns to the office today. He is currently doing physical therapy on the bilateral shoulders and bilateral knees with benefit. He has had improvement in neck pain. He is having persistent low back pain, bilateral shoulder pain and bilateral knee pain.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

OLIVIER, JULIEN

March 30, 2022

Page 2 of 10

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

OLIVIER, JULIEN

March 30, 2022

Page 3 of 10

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

OLIVIER, JULIEN

March 30, 2022

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Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

RIGHT	LEFT	BILATERAL
--------------	-------------	------------------

There is no evidence of heat.	X
There is no swelling.	X
There is no inflammation.	X
There is no synovial thickening.	X
There is no effusion.	X

Pulses are present. Sensation is intact. Motor exam is intact.

POSITIVE (R/L)	NEGATIVE (R/L)
-----------------------	-----------------------

Tinel's Sign	X (B)
Phalen's Sign	X (B)
Carpal Tunnel Compression Test	X (B)
Finkelstein Test	X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
--------------------------------	--------------	-------------	---------------

Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
--	--------------	-------------

Full	Full
------	------

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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.

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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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

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BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Echymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

OLIVIER, JULIEN

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RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

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X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.

OLIVIER, JULIEN

March 30, 2022

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2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient will continue with the authorized physical therapy.

The patient is indicated for a subacromial corticosteroid injection to the bilateral shoulders. Please provide authorization so these can be given promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent pain, severe at times. He will remain at temporary total disability.

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

OLIVIER, JULIEN

March 30, 2022

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The above evaluation was performed on March 30, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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 30, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

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

March 30, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

**RFA REQUEST SENT
SEPARATELY VIA FAX**

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: March 30, 2022
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient returns to the office today. He is currently doing physical therapy on the bilateral shoulders and bilateral knees with benefit. He has had improvement in neck pain. He is having persistent low back pain, bilateral shoulder pain and bilateral knee pain.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

OLIVIER, JULIEN

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TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X
There is no tenderness of the medial epicondyle, bilaterally.			
There is no tenderness of the lateral epicondyle, bilaterally.			

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

OLIVIER, JULIEN

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Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

RIGHT	LEFT	BILATERAL
--------------	-------------	------------------

There is no evidence of heat.	X
There is no swelling.	X
There is no inflammation.	X
There is no synovial thickening.	X
There is no effusion.	X

Pulses are present. Sensation is intact. Motor exam is intact.

POSITIVE (R/L)	NEGATIVE (R/L)
-----------------------	-----------------------

Tinel's Sign	X (B)
Phalen's Sign	X (B)
Carpal Tunnel Compression Test	X (B)
Finkelstein Test	X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
--------------------------------	--------------	-------------	---------------

Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
--	--------------	-------------

Full	Full
------	------

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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.

OLIVIER, JULIEN

March 30, 2022

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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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:**RIGHT****LEFT****NORMAL**

Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

- I. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.

2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient will continue with the authorized physical therapy.

The patient is indicated for a subacromial corticosteroid injection to the bilateral shoulders. Please provide authorization so these can be given promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent pain, severe at times. He will remain at temporary total disability.

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

OLIVIER, JULIEN

March 30, 2022

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The above evaluation was performed on March 30, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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 30, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Wed Jun 29 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

JUL 07 2022

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

DATE OF REPORT:

Dated this 29 day of June 20 72
at SHERMAN OAKS , California

SIGNED A. J. F. T.

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 24, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

DATA REQUESTED SEPARATELY VIA FAX

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: June 24, 2022
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient is reevaluated in the office today. He has completed physical therapy for the bilateral knees with benefit. He has been doing physical therapy for the lumbar spine, which has been helping. He does have persistent bilateral knee pain and low back pain. He is also having bilateral shoulder pain and bilateral foot pain.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

OLIVIER, JULIEN

June 24, 2022

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Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

RIGHT	LEFT	BILATERAL
--------------	-------------	------------------

There is no evidence of heat.	X
There is no swelling.	X
There is no inflammation.	X
There is no synovial thickening.	X
There is no effusion.	X

Pulses are present. Sensation is intact. Motor exam is intact.

POSITIVE (R/L)	NEGATIVE (R/L)
-----------------------	-----------------------

Tinel's Sign	X (B)
Phalen's Sign	X (B)
Carpal Tunnel Compression Test	X (B)
Finkelstein Test	X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
--------------------------------	--------------	-------------	---------------

Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
--	--------------	-------------

Full	Full
------	------

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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.

OLIVIER, JULIEN

June 24, 2022

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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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:**RIGHT****LEFT****NORMAL**

Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Eechymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

OLIVIER, JULIEN

June 24, 2022

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RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

DEEP TENDON REFLEXES:

	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for a subacromial corticosteroid injection to the bilateral shoulders. Please provide authorization so these can be given promptly.

The patient is indicated for podiatry evaluation and treatment as a secondary treating physician for persistent bilateral foot pain due to plantar fasciitis. Please authorize podiatry evaluation and treatment with Dr. Arthur Fass.

The patient has persistent pain in the bilateral knees despite physical therapy. He has

OLIVIER, JULIEN

June 24, 2022

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patellofemoral arthrosis, bilaterally. I request authorization for a Monovisc hyaluronate injection for the bilateral knees.

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 24, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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: June 24, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman

Julie Locks Sherman

14555 Sylvan Street

Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Tue Aug 23 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

RECEIVED

AUG 25 2022

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

DATE OF REPORT:

Dated this 23 day of Aug 20 22
at SHERMAN OAKS , California

SIGNED Angele Tu

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): OLIVIER, JULIEN	
Date of Injury (MM/DD/YYYY): 12/15/2020	Date of Birth (MM/DD/YYYY): 06/27/1967
Claim Number: 21-02891-A	Employer: COUNTY OF LOS ANGELES

Requesting Physician Information

Name: PHILIP CONWISAR, MD	
Practice Name: CONWISAR, PHILIP MD INC	Contact Name:
Address: 4835 VAN NUYS BLVD., 210	City: SHERMAN OAKS
Zip Code: 91403	Fax Number: (818) 784-5705
Specialty: 020	NPI Number: 1699883926
E-mail Address: oliviers4@icloud.com	

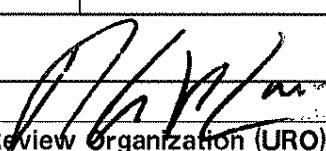
Claims Administrator Information

Company Name: SEDGWICK	Contact Name: DARLENE NOEL, Ms.
Address: PO BOX 7052	City: PASADENA
Zip Code: 91109	Fax Number: (626) 808-0397
E-mail Address:	818-788-1705

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.)
Degenerative Joint Disease	M19.019	Monovisc Inj to Bil. Knees		
Lumbar Sprain	S33.5xxA	P/T LIS	G7110x2	2x4wks

Requesting Physician Signature:  Date: 09/15/2022

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:
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Phone:	Fax Number:	E-mail Address:
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Comments:

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 3, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	CT 12/15/2020
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	August 3, 2022
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

PRIMARY TREATING PHYSICIAN INTERIM REPORT – PR-2

REQUEST FOR AUTHORIZATION FOR TREATMENT

The patient is reevaluated in the office today. He has recently completed physical therapy for the bilateral shoulders and lumbar spine. He does have persistent pain in the bilateral shoulders, bilateral knees, bilateral feet and lumbar spine. We are pending authorization for treatment I requested in my June 24, 2022 report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

OLIVIER, JULIEN

August 3, 2022

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CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

OLIVIER, JULIEN

August 3, 2022

Page 3 of 10

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

OLIVIER, JULIEN

August 3, 2022

Page 4 of 10

Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
	Full	Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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.

OLIVIER, JULIEN

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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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

OLIVIER, JULIEN

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BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Eccymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

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RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

DEEP TENDON REFLEXES:

	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

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X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

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DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for subacromial corticosteroid injections to the bilateral shoulders. Please provide authorization so these can be given promptly.

The patient would benefit from additional physical therapy for the bilateral shoulders. I request authorization for additional physical therapy twice a week for four weeks.

The patient is indicated for podiatry evaluation and treatment as a secondary treating physician for persistent bilateral foot pain due to plantar fasciitis. I again request authorization for podiatry

OLIVIER, JULIEN

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evaluation and treatment with Dr. Arthur Fass.

The patient has persistent pain in the bilateral knees despite physical therapy. He has patellofemoral arthrosis, bilaterally. I request authorization for a Monovisc hyaluronate injection for the bilateral knees.

The patient has persistent low back pain, although he has been improving with physical therapy. I request authorization for additional physical therapy for the lumbar spine twice a week for four weeks.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

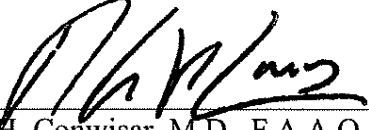
The patient will remain at temporary total disability.

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

The above evaluation was performed on August 3, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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: August 3, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

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 10, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

REQUEST SENT
INDIVIDUALLY VIA FAX

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	CT 12/15/2020
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	October 10, 2022
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

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

The patient is reevaluated today. He has persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. He is presently doing physical therapy on the lumbar spine and left shoulder.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

OLIVIER, JULIEN

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TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

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Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
--	-------	------	-----------

There is no evidence of heat.	X
There is no swelling.	X
There is no inflammation.	X
There is no synovial thickening.	X
There is no effusion.	X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
--	----------------	----------------

Tinel's Sign	X (B)
Phalen's Sign	X (B)
Carpal Tunnel Compression Test	X (B)
Finkelstein Test	X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
-------------------------	-------	------	--------

Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
---------------------------------	-------	------

Full	Full
------	------

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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.

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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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

OLIVIER, JULIEN

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BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

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RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

DEEP TENDON REFLEXES:

	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for a subacromial corticosteroid injection; this has been authorized for the left shoulder and will be given at his next office visit.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. This will be given once we have received the medication in the office from the pharmacy.

The patient will return for reevaluation in four weeks.

OLIVIER, JULIEN

October 10, 2022

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WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 10, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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: October 10, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Wed Dec 07 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

RECEIVED

DEC 16 2022

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

DATE OF REPORT:

Dated this 7 day of Dec 20 71
at SHERMAN OAKS , California

SIGNED

Dee J. T.

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Jan 13 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
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14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

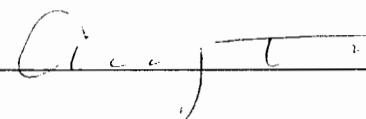
JAN 24 2023

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

DATE OF REPORT:

Dated this 13 day of Jan 20 23
at SHERMAN OAKS , California

SIGNED





HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91109

WC

PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 2102891A	(FOR PROGRAM IN ITEM 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN			3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES							
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No, Street) 29330 THE OLD ROAD							
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE			CITY CASTAIC		STATE CA					
ZIP CODE 91355-2423	TELEPHONE (Include Area Code) (661) 7147629					ZIP CODE 91384	TELEPHONE (Include Area Code) ()						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSUREO'S POLICY GROUP OR FECA NUMBER							
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>							
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT <input type="checkbox"/> YES PLACE (State) <input type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A							
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.							
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.													
SIGNED SIGNATURE ON FILE DATE 01012023													
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12152020			15. OTHER DATE MM DD YY QUAL.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR			17a. <input type="checkbox"/>	17b. NPI <input type="checkbox"/>	1699883926	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)													
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0													
A. <input type="checkbox"/> S335XXA	B. <input type="checkbox"/> M5416	C. <input type="checkbox"/> S43431A	D. <input type="checkbox"/> M2391	E. <input type="checkbox"/> M2392	F. <input type="checkbox"/> M722	G. <input type="checkbox"/> M19012	H. <input type="checkbox"/> M7542	I. <input type="checkbox"/> M65841	J. <input type="checkbox"/> K. <input type="checkbox"/> L. <input type="checkbox"/>				
24. A. DATE(S) OF SERVICE FROM MM DD YY			B. PLACE OF SERV EMG	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 11232022	11232022	11		99214				ABCDEFG	175 00	1		NPI	193200000X
2 11232022	11232022	11		WC002				ABCDEFG	40 00	1		NPI	1699883926
3												NPI	
4												NPI	
5												NPI	
6												NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN 954814467 <input checked="" type="checkbox"/>			26. PATIENT'S ACCOUNT NO. 77364			27. ACCEPT ASSIGNMENT? (for govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 215 00	29. AMOUNT PAID \$ 0 00	30. Rsvd for NUCC Use 215 00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof.) PHILIP CONWISAR MD 01012023			32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355			33. BILLING PROVIDER INFO & PH # (818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109							
SIGNED DATE ? / ? / ?			a. 1699883926	b.	c. 1184907123	d.	e.	f.	g.	h.	i.	j.	

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 23, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: November 23, 2022
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient is reevaluated today. He has persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. He is presently doing physical therapy on the lumbar spine and left shoulder. He has been having worsening pain in his right hand recently. He has also been having worsening pain in his bilateral feet, especially in the area of the plantar fascia.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
	Full	Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Eccymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

DEEP TENDON REFLEXES:

	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylositic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITIS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. This will be given once we have received the medication in the office from the pharmacy.

The patient is to continue his physical therapy for his low back and left shoulder.

The patient has persistent pain in his right hand that is severe and worsening. I request authorization for an x-ray of the right hand.

OLIVIER, JULIEN

November 23, 2022

Page 10 of 10

I request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient has persistent pain in his bilateral feet that is severe and worsening. He has not had an evaluation with a podiatrist. He subjective and objective findings of bilateral plantar fasciitis. He is certainly indicated for an evaluation with a podiatrist. I request authorization for evaluation and treatment with a podiatrist as a secondary treating physician with Dr. Arthur Fass. Please authorize so the patient can be seen promptly.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; he will remain at temporary total disability.

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

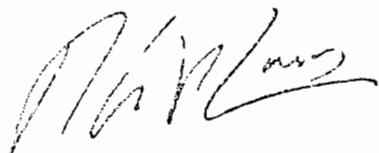
The above evaluation was performed on November 23, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91335. The time spent performing this evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative 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 23, 2022 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

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 3, 2022

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

PHYSICIANS' OFFICE
PRIMARY CARE PHYSICIAN

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: August 3, 2022
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient is reevaluated in the office today. He has recently completed physical therapy for the bilateral shoulders and lumbar spine. He does have persistent pain in the bilateral shoulders, bilateral knees, bilateral feet and lumbar spine. We are pending authorization for treatment I requested in my June 24, 2022 report.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

OLIVIER, JULIEN

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TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

OLIVIER, JULIEN

August 3, 2022

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Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:	RIGHT	LEFT
	Full	Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Eccymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

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RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. PLANTAR FASCIITS RIGHT FOOT.
14. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient is indicated for subacromial corticosteroid injections to the bilateral shoulders. Please provide authorization so these can be given promptly.

The patient would benefit from additional physical therapy for the bilateral shoulders. I request authorization for additional physical therapy twice a week for four weeks.

The patient is indicated for podiatry evaluation and treatment as a secondary treating physician for persistent bilateral foot pain due to plantar fasciitis. I again request authorization for podiatry

OLIVIER, JULIEN

August 3, 2022

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evaluation and treatment with Dr. Arthur Fass.

The patient has persistent pain in the bilateral knees despite physical therapy. He has patellofemoral arthrosis, bilaterally. I request authorization for a Monovisc hyaluronate injection for the bilateral knees.

The patient has persistent low back pain, although he has been improving with physical therapy. I request authorization for additional physical therapy for the lumbar spine twice a week for four weeks.

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 3, 2022 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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 (g) 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: August 3, 2022 Los Angeles County, California

PHC/cam

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Jan 20 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

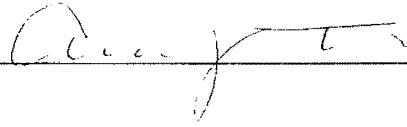
- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

FEB 01 2023

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

DATE OF REPORT:

Dated this 20 day of Jan 20 23
at SHERMAN OAKS , California

SIGNED 

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 13, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	CT 12/15/2020
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	January 13, 2023
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

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

The patient is reevaluated today. He has persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. He is presently doing physical therapy on the lumbar spine and left shoulder. He continues to have worsening pain in his right hand. He had an x-ray of his right hand on December 2, 2022. We have reviewed this today. He has been denied an MRI of the right hand which he will discuss with his attorney. He continues to have persistent pain in his bilateral feet which is constant and worsening. He has been authorized for an evaluation with the podiatrist, Dr. Fass. This is pending scheduling.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

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 no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the

acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X
There is no tenderness of the medial epicondyle, bilaterally.			
There is no tenderness of the lateral epicondyle, bilaterally.			

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees
Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:

	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS: **RIGHT** **LEFT**

Full Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:**RIGHT****LEFT****NORMAL**

Flexion:	125 degrees	125 degrees	125 degrees
----------	-------------	-------------	-------------

Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	135 degrees	135 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:			
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	Neg	Neg	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg

OLIVIER, JULIEN

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Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	Neg	Neg
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.
14. PLANTAR FASCIITIS RIGHT FOOT.
15. PLANTAR FASCIITIS LEFT FOOT.

OLIVIER, JULIEN

January 13, 2023

Page 10 of 11

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. This will be given once we have received the medication in the office from the pharmacy.

The patient is to continue his physical therapy for his low back and left shoulder.

I request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient has been authorized for an evaluation with the podiatrist Dr. Arthur Fass. This is pending scheduling and will be scheduled in the near future.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 January 13, 2023 by the undersigned at my office located at 28212 Kelly Johnson Pkwy, Ste. 155, Valencia, CA 91355. 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 13, 2023, Los Angeles County, California

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Feb 24 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

MAR 09 2023

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

DATE OF REPORT:

Dated this 24 day of Feb 20 23
at SHERMAN OAKS , California

SIGNED C. C. C.

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Apr 28 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109 MAY 11 2023

2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384

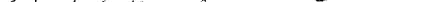
3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411

4) Defense Attorney :

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

DATE OF REPORT:

Dated this 28 day of April 2073
at SHERMAN OAKS, California

SIGNED 

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 24, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: February 24, 2023
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient is reevaluated today. He has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. His bilateral foot pain is most severe. He has completed his authorized physical therapy on the lumbar spine and left shoulder. He continues on a self directed home exercise program. He continues to have worsening pain in his right hand. We are still pending authorization for and MRI of the right hand. He had an evaluation with the podiatrist, Dr. Fass and had orthotics molded yesterday. He states that he will receive his custom orthotics in approximately three weeks.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the

acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees
Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:

	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:

RIGHT	LEFT
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Full	Full
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LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:**RIGHT****LEFT****NORMAL**

Flexion:	125 degrees	125 degrees	125 degrees
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OLIVIER, JULIEN

February 24, 2023

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Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	140 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:			
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	POS	POS	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg

OLIVIER, JULIEN

February 24, 2023

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Mid-Foot Tenderness:	Neg	Neg
Eechymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	POS	POS
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Knee Flexion	5/5	5/5
Ankle Dorsiflexion:	5/5	5/5	Ankle Plantar Flex	5/5	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOYSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOYSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.
14. PLANTAR FASCIITIS RIGHT FOOT.
15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. We have received the solution. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He has completed his authorized physical therapy for his low back and left shoulder. He is to continue on a self directed home exercise program.

I re-request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient is to continue treating with the podiatrist Dr. Arthur Fass. He is to receive his custom orthotics in the near future.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 February 24, 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.

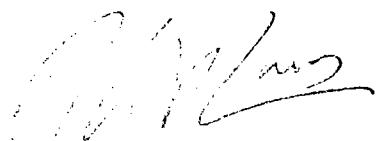
I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Ann Bonner, P.A.C.

OLIVIER, JULIEN

February 24, 2023

Page 11 of 11



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

Date: February 24, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

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

April 7, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

RFA REQUEST SENT
SEPARATELY VIA FAX

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: April 7, 2023
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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

The patient is reevaluated today. He has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. He continues to treat with the podiatrist for his bilateral feet and has received his orthotics. He has been finding improvement with his orthotics. He completed his physical therapy for his low back and left shoulder and continues on a self directed home exercise program. He continues to have worsening pain in his right hand. We are still pending authorization for an MRI of the right hand.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the

acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X
There is no tenderness of the medial epicondyle, bilaterally.			
There is no tenderness of the lateral epicondyle, bilaterally.			

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

OLIVIER, JULIEN

April 7, 2023

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RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees
Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:

	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:

RIGHT	LEFT
Full	Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees

OLIVIER, JULIEN

April 7, 2023

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Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

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

TESTS:

	RIGHT	LEFT
Medial Joint Line Tenderness:	POS	POS
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	POS
Slocum's:	POS	Neg
Varus Laxity:	Neg	Neg
Valgus Laxity:	Neg	Neg
Patella Compression Test:	POS	POS
Apprehension Test:	Neg	Neg
Crepitus:	Neg	Neg

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg

OLIVIER, JULIEN

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Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	POS	POS
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

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

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.
14. PLANTAR FASCIITIS RIGHT FOOT.
15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. We have received the solution. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He has completed his authorized physical therapy for his low back and left shoulder. He is to continue on a self directed home exercise program.

I re-request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient is to continue treating with the podiatrist Dr. Arthur Fass. He is to continue wearing his custom orthotics.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 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

OLIVIER, JULIEN

April 7, 2023

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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: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

SEDGWICK
PO BOX 7052
PASADENA CA 91109

WC

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 2102891A (FOR PROGRAM IN ITEM 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JUITTEN		3. PATIENT'S BIRTHDATE MM - DD - YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>		SEX		4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES					
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No, Street) 29330 THE OLD ROAD							
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE		CITY CASTAIC		STATE CA				
ZIP CODE 91355-2423	TELEPHONE (Include Area Code) (661) 7147629				ZIP CODE 91384	TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER							
d. OTHER INSURED'S POLICY OR GROUP NUMBER		b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM - DD - YY M <input type="checkbox"/> F <input type="checkbox"/>							
b. RESERVED FOR NUCC USE		10d. CLAIM CODES (Designated by NUCC)		b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A							
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.							
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											
SIGNED SIGNATURE ON FILE		DATE 05012023									
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12152020 QUAL. 431		15. OTHER DATE MM DD YY QUAL.		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR		17a. <input type="checkbox"/>	17b. NPI 1699883926	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0											
A. S335XXA	B. M5416	C. S43431A	D. M2391	E. M2392	F. M722	G. M19012	H. M7542				
I. LM65841	J. <input type="checkbox"/>	K. <input type="checkbox"/>	L. <input type="checkbox"/>	22. RESUBMISSION CODE ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERV. EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPGS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSPOT Family Plan I. ID. QUA. J. RENDERING PROVIDER ID. #											
1 04072023	04072023	11	99214	ABCDEF	175 00	1	NPI	193200000X			
2 04072023	04072023	11	WC002	ABCDEF	40 00	1	NPI	1699883926			
3							NPI				
4							NPI				
5							NPI				
6							NPI				
25. FEDERAL TAX I.D. NUMBER 954814467		SSN EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 77364	27. ACCEPT ASSIGNMENT? (for govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 215 00	29. AMOUNT PAID \$ 0 00	30. REND. FOR NUCC USE 215 00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER PHILIP CONWISAR MD 05012023		32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355		33. BILLING PROVIDER INFO & PH # (818) 7841354 PHILIP CONWISAR MD INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109							
SIGNED 	DATE 05012023	a. 1699883926	b. <input type="checkbox"/>	c. 1184907123	d. <input type="checkbox"/>	e. APPROVED OMB-938-1197 Term 1500 102-12					

PROOF OF SERVICE BY MAIL

JUN 02 2023

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Mon May 22 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 12 day of May 20 23
at SHERMAN OAKS , California

SIGNED An. J. T.

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

May 22, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RFA REQUEST SENT
SEPARATELY VIA FAX

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
 Sheriff's Department
D/E: May 22, 2023
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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 has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. His right foot is causing him the most amount of pain at this time. He continues to treat with the podiatrist for his bilateral feet and continues to wear his orthotics. He continues to have worsening pain in his right hand. We are still pending authorization for an MRI of the right hand.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed via telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes of motion.

Impingement sign is positive. Hawkins test is positive.

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 HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

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neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

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DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
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10. PATELLOFEMORAL ARTHOISIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.

12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.

13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.

14. PLANTAR FASCIITIS RIGHT FOOT.

15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. We have received the solution. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He has completed his authorized physical therapy for his low back and left shoulder. He is to continue on a self directed home exercise program.

I re-request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient is to continue treating with the podiatrist Dr. Arthur Fass. He is to continue wearing his custom orthotics.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 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.

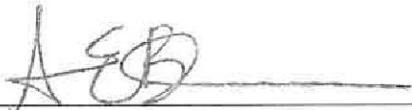
I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that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

OLIVIER, JULIEN

May 22, 2023

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. Conwisor, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: May 22, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91109

WC

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 2102891A																																																																																							
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31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof: PHILIP CONWISAR MD 06012023																																																																																																	
32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355																																																																																																	
33. BILLING PROVIDER INFO & PH # 818 7841354 PHILIP CONWISAR MD INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109																																																																																																	
34. DATE 06012023																																																																																																	

PLEASE PRINT OR TYPE

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Thu Jul 06 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109

2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384

3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS , CA 91411

4) Defense Attorney :

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

DATE OF REPORT:

Dated this 10 day of July 20 23
at SHERMAN OAKS, California

SIGNED

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

July 24, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RFA REQUEST SENT
SEPARATELY VIA FAX

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: July 24, 2023
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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 has mild persistent bilateral shoulder pain, bilateral knee pain, bilateral foot pain and low back pain. His right foot has improved since his last evaluation. He continues to wear his orthotics and has found significant improvement with the orthotics. He continues to have worsening pain in his right hand. We are still pending authorization for an MRI of the right hand. He received a letter stating that the eyes have been officially picked up.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed via telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes of motion.

Impingement sign is positive. Hawkins test is positive.

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 HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1

neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.

12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.

13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.

14. PLANTAR FASCIITIS RIGHT FOOT.

15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. We have received the solution. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He has completed his authorized physical therapy for his low back and left shoulder. He is to continue on a self directed home exercise program.

I re-request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient is to continue treating with the podiatrist Dr. Arthur Fass. He is to continue wearing his custom orthotics.

The patient states that his eyes have officially been accepted on the claim. This is outside of my scope of practice. I request authorization for evaluation and treatment with an ophthalmologist / optometrist as a secondary treating physician. Please authorize.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 24, 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.

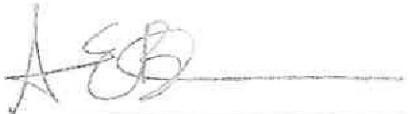
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OLIVIER, JULIEN

July 24, 2023

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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. Conwiser, M.D., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery

Date: July 24, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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PO BOX 7052
PASADENA CA 91109

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2. 07242023	07242023	11		WC002			ABCDEF	40.00	1			NPI		193200000X
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6.														NPI
25. FEDERAL TAX I.D. NUMBER 954814467		SSN EIN <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. 77364		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 215.00		29. AMOUNT PAID \$ 0.00		30. Rsvd for NUCC Use 215.00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER PHILIP CONWISAR MD 07012023		32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355		33. BILLING PROVIDER INFO & PH # 818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109										
SIGNED 		DATE 07012023		34. 1699883926 b. a. 1184907123 b.										

PLEASE PRINT OR TYPE

SEP 18 2023

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Thu Sep 07 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 7 day of Sep 20 13
at SHERMAN OAKS , California

SIGNED Anita

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 15, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	July 26, 2021
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	August 15, 2023
CLAIM #:	22-000890-A
WCAB #:	ADJ15211612

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 was last seen in February of 2022. He has persistent right shoulder pain, occasionally severe. The pain has worsened since his last evaluation. He rates the pain a 7 out of 10 at this time. He has completed his authorized physical therapy and continues on a self directed home exercise program.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion.

Impingement sign is positive. Hawkins test is positive.

Neurovascular exam appears to be intact. Neurovascular examination is limited in a telemedicine examination.

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

OLIVIER, JULIEN

August 15, 2023

Page 2 of 3

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis and mild acromioclavicular osteoarthritis. There is a moderate grade intrasubstance partial tear of the supraspinatus tendon; there is supraspinatus tendinosis.

DIAGNOSES:

1. IMPINGEMENT SYNDROME RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
2. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER GLENOHUMERAL JOINT.

DISCUSSION/TREATMENT PLAN:

The patient has right shoulder pain that has increased in severity. He has completed his authorized physical therapy and is to continue on a self directed home exercise program.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

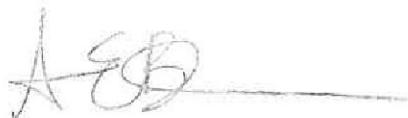
The patient has had an increase in severity of pain. I am placing him on temporary total disability.

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

The above evaluation was performed on August 15, 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

OLIVIER, JULIEN

August 15, 2023

Page 3 of 3



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

Date: August 15, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91109

WC

PICA

PICA											
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 22000890A			(FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN			3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES					
5. PATIENT'S ADDRESS (No., Street) 257941 RANA DR			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No, Street) 29330 THE OLD ROAD					
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE			CITY CASTAIC			STATE CA		
ZIP CODE 91355	TELEPHONE (Include Area Code) (661) 7147629	ZIP CODE 91384				TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____ PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC) 22-000890-A					
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____			c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.											
SIGNED SIGNATURE ON FILE						DATE 09012023					
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 07262021 QUAL. 431			15. OTHER DATE MM DD YY QUAL.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR			17a. <input type="checkbox"/>	17b. NPI 1699883926	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD IND. 0											
A. M7541	B. M75111	C. M19011	D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>	G. <input type="checkbox"/>	H. <input type="checkbox"/>	I. <input type="checkbox"/>	J. <input type="checkbox"/>	K. <input type="checkbox"/>	L. <input type="checkbox"/>
24. A. DATE(S) OF SERVICE FROM MM DD YY		B. PLACE OF SERV EMG	C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		D. MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 08152023	08152023	11	99213	95		ABC	155 00	1	NPI	1699883926	
2 08152023	08152023	11	WC002			ABC	40 00	1	NPI	1699883926	
3									NPI		
4									NPI		
5									NPI		
6									NPI		
25. FEDERAL TAX I.D. NUMBER 954814467		SSN EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 78410		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 195 00	29. AMOUNT PAID \$ 0 00	30. Rsvd for NUCC Use 195 00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER PHILIP CONWISAR MD 09012023		32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109		33. BILLING PROVIDER INFO & PH # (818 7841354		PHILIP CONWISAR M D TNC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109					
SIGNED 	DATE 09012023	a. 1184907123	b. <input type="checkbox"/>	c. 1184907123	d. <input type="checkbox"/>	e. 1184907123	f. <input type="checkbox"/>				

PROOF OF SERVICE BY MAIL

OCT 16 2023

STATE OF CALIFORNIA- COUNTY OF Los Angeles

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Thu Oct 05 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 78410 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91109
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney : GRAY ESQ., PROUTY
5757 WILSHIRE BLVD, STE 620
LOS ANGELES , CA 90036

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

DATE OF REPORT:

Dated this 5 day of Oct 20 23
at SHERMAN OAKS, California

SIGNED Alfie

PROOF OF SERVICE BY MAIL

NOV 03 2023

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Thu Oct 26 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91107
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 26 day of Oct 20 73
at SHERMAN OAKS , California

SIGNED Acufit.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91107

WC

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)		TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 2102891A		{FOR PROGRAM IN ITEM 1}		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN					3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES					
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>					7. INSURED'S ADDRESS (No, Street) 29330 THE OLD ROAD					
CITY VALENCIA			STATE CA		8. RESERVED FOR NUCC USE					CITY CASTAIC			STATE CA		
ZIP CODE 91355-2423		TELEPHONE (Include Area Code) (661) 7147629								ZIP CODE 91384		TELEPHONE (Include Area Code) ()			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT <input type="checkbox"/> YES PLACE (State) <input type="checkbox"/> NO					b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A					
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.															
SIGNED SIGNATURE ON FILE DATE 10012023															
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12152020 QUAL. 431				15. OTHER DATE MM DD YY QUAL.					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR. PHILIP CONWISAR				17a. <input type="checkbox"/> 17b. NPI 1699883926					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)															
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0 A. S335XXA B. M5416 C. S43431A D. M2391 E. LM2392 F. M722 G. M19012 H. M7542 I. LM65841 J. L. K. L.															
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY			B. PLACE OF SERV EMG	C. CPT/HCPGS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. I.D. QUAL.	J. RENDERING PROVIDER ID. #	
1 09082023	09082023	11		99214					ABCDEFG	175.00	1		NPI	193200000X 1699883926	
2 09082023	09082023	11		WC002					ABCDEFG	40.00	1		NPI	193200000X 1699883926	
3													NPI		
4													NPI		
5													NPI		
6													NPI		
25. FEDERAL TAX I.D. NUMBER 954814467			SSN EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 77364			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 215.00	29. AMOUNT PAID \$ 0.00	30. Rcvd for NUCC Use 215.00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and am made a part thereof. PHILIP CONWISAR MD 10012023															
32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KEILY JOHNSON PKWY VALENCIA CA 91355 a. 1699883926 b.															
33. BILLING PROVIDER INFO & PH # (818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109 a. 1184907123 b.															

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

September 8, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

RFA REQUEST SENT
SEPARATELY VIA FAX

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: September 8, 2023
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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 mild pain in his bilateral shoulders, bilateral knees, bilateral feet and low back pain. His right foot has improved since his last evaluation. He continues to wear his orthotics and has found significant improvement with the orthotics. He continues to have worsening pain in his right hand. We are still pending authorization for an MRI of the right hand.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

CERVICOTHORACIC SPINE & UPPER EXTREMITY EXAMINATION:

The patient holds the neck in a normal position.

There is no tenderness to direct palpation over the cervical spinous processes.

There is no tenderness in the cervical paravertebral muscles, the upper trapezius, the interscapular/dorsal spine region, the right and left medial scapular muscles or sternocleidomastoid muscles.

CERVICAL SPINE RANGE OF MOTION:

The patient is able to flex the neck to 30 degrees. This maneuver causes slight increased neck pain in the cervical paravertebral muscles.

Extension is to 30 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with slight increased pain in the cervical paravertebral muscles.

Right and left rotation is to 70 degrees, with slight increased pain in the cervical paravertebral muscles.

THORACIC SPINE RANGE OF MOTION:

The patient is able to flex the thoracic spine to 60 degrees. This maneuver causes no increased pain in the thoracic paravertebral muscles.

Right and left lateral flexion is to 20 degrees, with no increased pain in the thoracic paravertebral muscles.

TONE AND MUSCLE POWER:

Soft tissue contour is within normal limits, without any overt evidence of muscle atrophy. The tone and muscle power in the upper extremities is within normal limits.

Radial and ulnar pulses are present.

SENSATION AND REFLEXES:

Sensation is intact in the upper extremities.

Reflexes are 1+ and are equal and reactive in the biceps, triceps and brachioradialis.

BILATERAL SHOULDER EXAMINATION:

There is no evidence of heat, swelling, inflammation, synovial thickening or effusion.

Contour is symmetrical and there are no gross deformities present. There is no overt muscle atrophy or weakness. There are no trophic changes.

There is pain with palpation in the right subacromial bursa. There is no pain with palpation of the acromioclavicular joint, left subacromial bursa, coracoid process, bicipital groove or subdeltoid bursa.

TESTS	POSITIVE	NEGATIVE
Impingement sign:	X (R)	X (L)
Hawkins test:	X (R)	X (L)
Drop Arm Test:		X (B)
Droop test:		X (B)
Apprehension test:		X (B)
Instability:		X (B)

RANGE OF MOTION, SHOULDERS:

	RIGHT	LEFT	NORMAL
Abduction:	160	180	180 degrees
Flexion:	160	180	180 degrees
Internal Rotation:	40	70	70 degrees
External Rotation:	80	90	90 degrees
Extension:	40	50	50 degrees
Adduction:	35	40	40 degrees

BILATERAL ELBOW EXAMINATION:

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

There is no tenderness of the medial epicondyle, bilaterally.

There is no tenderness of the lateral epicondyle, bilaterally.

TESTS:

1. Tinel's test in the cubital tunnel is negative, bilaterally.
2. Elbow flexion test is negative, bilaterally.
3. There is no subluxation of the ulnar nerve, bilaterally.
4. There is no ligamentous instability, bilaterally.

Pulses are present and sensation is intact.

RANGE OF MOTION, ELBOW:

	RIGHT	LEFT	NORMAL
Extension:	0	0	0 degrees

Flexion:	140	140	140 degrees
Supination:	80	80	80 degrees
Pronation:	80	80	80 degrees

BILATERAL WRIST / HAND EXAMINATION:

There is mild tenderness in the 1st CMC joint, right hand.

	RIGHT	LEFT	BILATERAL
There is no evidence of heat.			X
There is no swelling.			X
There is no inflammation.			X
There is no synovial thickening.			X
There is no effusion.			X

Pulses are present. Sensation is intact. Motor exam is intact.

	POSITIVE (R/L)	NEGATIVE (R/L)
Tinel's Sign		X (B)
Phalen's Sign		X (B)
Carpal Tunnel Compression Test		X (B)
Finkelstein Test		X (B)

RANGE OF MOTION, WRIST:	RIGHT	LEFT	NORMAL
Dorsiflexion:	75 degrees	75 degrees	75 degrees
Palmar Flexion:	75 degrees	75 degrees	75 degrees
Radial Deviation:	20 degrees	20 degrees	20 degrees
Ulnar Deviation:	25 degrees	25 degrees	25 degrees

RANGE OF MOTION, THUMB/FINGERS:

RIGHT LEFT

Full Full

LUMBAR SPINE AND LOWER EXTREMITY EXAMINATION:

The patient ambulates with a normal gait. There is no limp present.

LUMBAR SPINE EXAMINATION:

The patient stands with a normal 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 70 degrees, with increased low back pain.

Extension is to 10 degrees, with increased low back pain.

Right and left lateral bending is to 20 degrees, with increased low back pain.

SUPINE POSITION:

Straight leg raising is to 60 degrees, bilaterally, 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

RANGE OF MOTION, HIPS:	RIGHT	LEFT	NORMAL
Flexion:	125 degrees	125 degrees	125 degrees
Extension:	30 degrees	30 degrees	30 degrees
Internal Rotation:	40 degrees	40 degrees	40 degrees
External Rotation:	60 degrees	60 degrees	60 degrees
Abduction:	45 degrees	45 degrees	45 degrees
Adduction:	25 degrees	25 degrees	25 degrees

BILATERAL KNEE EXAMINATION:

There is no evidence of heat, swelling or effusion. Popliteal space is normal, bilaterally.

RANGE OF MOTION, KNEES:	RIGHT	LEFT	NORMAL
Flexion:	140 degrees	140 degrees	140 degrees
Extension:	0 degrees	0 degrees	0 degrees
TESTS:	RIGHT	LEFT	
Medial Joint Line Tenderness:	POS	POS	
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	POS	
Slocum's:	POS	Neg	
Varus Laxity:	Neg	Neg	
Valgus Laxity:	Neg	Neg	
Patella Compression Test:	POS	POS	
Apprehension Test:	Neg	Neg	
Crepitus:	Neg	Neg	

BILATERAL ANKLE / FOOT EXAMINATION:

There is tenderness in the proximal plantar fascia, bilaterally.

	RIGHT	LEFT
Deltoid Ligament Tenderness:	Neg	Neg
Lateral Collateral Ligament Tenderness:	Neg	Neg
Anterior joint line tenderness:	Neg	Neg
Anterolateral joint line tenderness:	Neg	Neg
Anteromedial joint line tenderness:	Neg	Neg
Ankle Swelling:	Medial: Lateral:	Neg Neg
Mid-Foot Tenderness:	Neg	Neg
Ecchymosis Present:	Neg	Neg
Inversion Laxity:	Neg	Neg
Anterior Drawer Test:	Neg	Neg
Hallux Valgus / Bunion Deformity:	POS	POS
Pes Planovalgus Deformity:	Neg	Neg

RANGE OF MOTION, ANKLES	RIGHT	LEFT	NORMAL
Dorsiflexion:	20 degrees	20 degrees	20 degrees
Plantar flexion:	50 degrees	50 degrees	50 degrees
Inversion:	20 degrees	20 degrees	20 degrees
Eversion:	15 degrees	15 degrees	15 degrees

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:	5/5	5/5	Ankle Plantar Flex	5/5
Ankle Inversion:	5/5	5/5	Ankle Eversion:	5/5
Great Toe Extension:	5/5	5/5	Great Toe Flexion:	5/5

SENSATION:

Sensation in the lower extremities is not impaired.

DEEP TENDON REFLEXES:

	RIGHT	LEFT
Knee Jerk:	2+	2+
Ankle Jerk:	2+	2+

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.
14. PLANTAR FASCIITIS RIGHT FOOT.
15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

OLIVIER, JULIEN

September 8, 2023

Page 10 of 11

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. We have received the solution. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He has completed his authorized physical therapy for his low back and left shoulder. He is to continue on a self directed home exercise program.

I re-request authorization for an MRI of the right hand to evaluate for ligamentous injury. Please authorize.

The patient is to continue treating with the podiatrist Dr. Arthur Fass. He is to continue wearing his custom orthotics.

The patient states that his eyes have officially been accepted on the claim. This is outside of my scope of practice. I request authorization for evaluation and treatment with an ophthalmologist / optometrist as a secondary treating physician. Please authorize.

The patient will return for reevaluation in four weeks.

WORK/DISABILITY STATUS:

The patient is having persistent severe pain; 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 September 8, 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 (j) 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: September 8, 2023 Los Angeles County, California

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

September 27, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	July 26, 2021
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	September 27, 2023
CLAIM #:	22-000890-A
WCAB #:	ADJ15211612

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 right shoulder pain, occasionally severe. His pain increases with overhead activities, extension, internal rotation and abduction. He completed his authorized physical therapy and continues on a self directed home exercise program.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion.

Impingement sign is positive. Hawkins test is positive.

Neurovascular exam appears to be intact. Neurovascular examination is limited in a telemedicine examination.

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

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis and mild acromioclavicular osteoarthritis. There is a moderate grade intrasubstance partial tear of the supraspinatus tendon; there is supraspinatus tendinosis.

DIAGNOSES:

1. IMPINGEMENT SYNDROME RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
2. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER GLENOHUMERAL JOINT.

DISCUSSION/TREATMENT PLAN:

The patient has persistent pain in his right shoulder that has increased in severity. He completed his authorized physical therapy and is to continue on a self directed home exercise program.

The patient will return for reevaluation in six weeks.

WORK/DISABILITY STATUS:

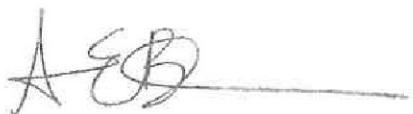
The patient will remain at temporary total disability.

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

the 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

OLIVIER, JULIEN

September 27, 2023

Page 3 of 3



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

Date: September 27, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

NOV 20 2023

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Tue Nov 07 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 78410 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91107
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney : GRAY ESQ., PROUTY
5757 WILSHIRE BLVD, STE 620
LOS ANGELES , CA 90036

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

DATE OF REPORT:

Dated this 7 day of NOV 20 23
at SHERMAN OAKS , California

SIGNED Deupt.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91107

WC

PICA PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 22000890A	(FOR PROGRAM IN ITEM 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN			3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES						
5. PATIENT'S ADDRESS (No., Street) 257941 RANA DR			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) 29330 THE OLD ROAD						
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE			CITY CASTAIC	STATE CA					
ZIP CODE 91355	TELEPHONE (Include Area Code) (661) 7147629					ZIP CODE 91384	TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER						
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>						
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC) 22-000890-A						
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME						
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.						
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM												
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												
SIGNED SIGNATURE ON FILE DATE 10012023												
14. DATE OF CURRENT: ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 07262021 QUAL. 431			15. OTHER DATE MM DD YY QUAL.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR			17a. <input type="checkbox"/>	17b. NPI <input type="checkbox"/> 1699883926	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.												
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0												
A. <input type="checkbox"/> M7541	B. <input type="checkbox"/> M75111	C. <input type="checkbox"/> M19011	D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>	G. <input type="checkbox"/>	H. <input type="checkbox"/>	I. <input type="checkbox"/>				
J. <input type="checkbox"/>	K. <input type="checkbox"/>	L. <input type="checkbox"/>										
24. A. DATE(S) OF SERVICE MM DD YY		B. PLACE OF SERV EMG	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. I.D. QUAL.	J. RENDERING PROVIDER I.D. #
1 09272023	09272023	11		99213	95		ABC	155 00	1		NPI	193200000X
2 09272023	09272023	11		WC002			ABC	40 00	1		NPI	1699883926
3											NPI	
4											NPI	
5											NPI	
6											NPI	
25. FEDERAL TAX I.D. NUMBER 954814467		SSN EIN <input type="checkbox"/> X	26. PATIENT'S ACCOUNT NO. 78410		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 195 00	29. AMOUNT PAID \$ 0 00	30. Rsvd for NUCC Use 195 00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part hereof.) PHILIP CONWISAR MD 10012023									32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109 a. 1184907123 b.			
33. BILLING PROVIDER INFO & PH # (818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109 a. 1184907123 b.												

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 17, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	CT 12/15/2020
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	October 17, 2023
CLAIM #:	21-02891-A
WCAB #:	ADJ14026805

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 mild pain in his bilateral shoulders, bilateral knees, bilateral feet and low back pain. His right foot has continued to improve since his last evaluation. He received his second pair of orthotics and continues to wear these to tolerance. He had an MRI of the right hand which we reviewed today. He has been authorized for an evaluation and treatment with an ophthalmologist. This is pending scheduling.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed via telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes of motion.

Impingement sign is positive. Hawkins test is positive.

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 HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right hand obtained on 10/6/23 is interpreted by the radiologist as showing moderate to severe 1st CMC arthritic changes. There is mild subluxation in the 1st metacarpal base with respect to the trapezium.

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL SPONDYLOSIS / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR SPONDYLOSIS / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.

10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.
11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.
12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.
13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS.
14. PLANTAR FASCIITIS RIGHT FOOT.
15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

We have also received authorization for Monovisc hyaluronate injections for the bilateral knees. We have received the solution. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He has completed his authorized physical therapy for his low back and left shoulder. He is to continue on a self directed home exercise program.

The patient is to continue treating with the podiatrist Dr. Arthur Fass. He is to continue wearing his custom orthotics.

He has been authorized for an evaluation and treatment with an ophthalmologist. This is pending scheduling and will be scheduled in the near future.

The patient had an AME with Dr. Heskiaoff last week. I request a copy of this report be provided to our office for review when it is complete.

The patient will return for reevaluation in six 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 October 17, 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.

OLIVIER, JULIEN

October 17, 2023

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.



Ann Bonner, PA-C



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

Date: October 17, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91107

WC

PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 2102891A	(FOR PROGRAM IN ITEM 1)		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN			3. PATIENT'S BIRTHDATE MM DD YY 06271967 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES				
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>			7. INSURED'S ADDRESS (No, Street) 29330 THE OLD ROAD				
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE			CITY CASTAIC		STATE CA		
ZIP CODE 91355-2423	TELEPHONE (Include Area Code) (661) 7147629					ZIP CODE 91384	TELEPHONE (Include Area Code) ()			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>				
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A				
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM										
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										
SIGNED SIGNATURE ON FILE			DATE 12012023							
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12152020 QUAL: 431			15. OTHER DATE MM DD YY QUAL:			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR			17a. <input type="checkbox"/>	17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0										
A. S335XXA	B. M5416	C. S43431A	D. M2391	E. M2392	F. M722	G. M19012	H. M7542	I. M65841		
22. RESUBMISSION CODE ORIGINAL REF. NO.										
23. PRIOR AUTHORIZATION NUMBER										
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY		B. PLACE OF SERV EMG	C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 10172023	10172023	11	99214	95		ABCDEF	175.00	1	NPI	193200000X 1699883926
2 10172023	10172023	11	WC002			ABCDEF	40.00	1	NPI	193200000X 1699883926
3									NPI	
4									NPI	
5									NPI	
6									NPI	
25. FEDERAL TAX I.D. NUMBER 954814467		SSN/EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 77364		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 215.00	29. AMOUNT PAID \$ 0.00	30. Resd for NUCC Use 215.00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER PHILIP CONWISAR MD 12012023		SIGNED 	32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355		33. BILLING PROVIDER INFO & PH # (818) 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109					
DATE		a. 1699883926	b. 1184907123	b.						

JAN 08 2024

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Fri Dec 22 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91107
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 22 day of Dec 20 23
at SHERMAN OAKS , California

SIGNED



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 9, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE:	OLIVIER, JULIEN
D/I:	July 26, 2021
OCC:	Lieutenant
EMP:	Los Angeles County, Sheriff's Department
D/E:	November 9, 2023
CLAIM #:	22-000890-A
WCAB #:	ADJ15211612

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 right shoulder pain, occasionally severe. His pain increases with overhead activities, extension, internal rotation and abduction. He completed his authorized physical therapy and continues on a self directed home exercise program.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed by telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion.

Impingement sign is positive. Hawkins test is positive.

Neurovascular exam appears to be intact. Neurovascular examination is limited in a telemedicine examination.

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

DIAGNOSTIC STUDIES:

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis and mild acromioclavicular osteoarthritis. There is a moderate grade intrasubstance partial tear of the supraspinatus tendon; there is supraspinatus tendinosis.

DIAGNOSES:

1. IMPINGEMENT SYNDROME RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
2. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER GLENOHUMERAL JOINT.

DISCUSSION/TREATMENT PLAN:

The patient has persistent pain in his right shoulder that has increased in severity. He completed his authorized physical therapy and is to continue on a self directed home exercise program.

The patient had an AME a few weeks ago. I request a copy of this report be provided to our office when it is complete.

The patient will return for reevaluation in six 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 9, 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

OLIVIER, JULIEN

November 9, 2023

Page 3 of 3



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

Date: November 9, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles
I, the undersigned, am employed in the county of Los Angeles
and the state of California. I am over eighteen years of age
and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Wed Jan 24 I served a Medical/Legal Lien and report on
OLIVIER, JULIEN , Account 78410 , by placing a true copy thereof
enclosed in a sealed envelope with postage thereon fully prepaid,
in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91107
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney : GRAY ESQ., PROUTY
5757 WILSHIRE BLVD, STE 620
LOS ANGELES , CA 90036

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

DATE OF REPORT:

Dated this 24 day of Jan 20 24
at SHERMAN OAKS , California

SIGNED Juliene T. ...



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SEDGWICK
PO BOX 7052
PASADENA CA 91107

WC

PICA

<input type="checkbox"/> PICA									
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 22000890A (FOR PROGRAM IN ITEM 1)		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN				3. PATIENT'S BIRTHDATE MM DD YY 06271967	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES			
5. PATIENT'S ADDRESS (No., Street) 257941 RANA DR				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 29330 THE OLD ROAD			
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE		CITY CASTAIC	STATE CA			
ZIP CODE 91355	TELEPHONE (Include Area Code) (661) 7147629				ZIP CODE 91384	TELEPHONE (Include Area Code) ()			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER			
				b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PLACE (State)	a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>			
				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC) 22-000890-A			
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)		c. INSURANCE PLAN NAME OR PROGRAM NAME			
						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.									
SIGNED SIGNATURE ON FILE				DATE 01012024					
14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 07262021 QUAL. 431				15. OTHER DATE MM DD YY DUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN PHILIP CONWISAR				17a. <input type="checkbox"/>	17b. NPI 1699883926	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24e) ICO ind. 0									
A. M7541	B. M75111	C. M19011	D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>	G. <input type="checkbox"/>	H. <input type="checkbox"/>		
I. <input type="checkbox"/>	J. <input type="checkbox"/>	K. <input type="checkbox"/>	L. <input type="checkbox"/>	22. RESUBMISSION CODE ORIGINAL REF. NO.					
23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY	B. PLACE OF SERV EMG	C. CPT/HCPGS	D. PROCEDURES, SERVICES, OR SUPPLIES {Explain Unusual Circumstances}	E. MODIFIER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 11092023	1109202311		99213	95	ABC	155.00	1	NPI	193200000X
2 11092023	1109202311		WC002		ABC	40.00	1	NPI	1699883926
3								NPI	
4								NPI	
5								NPI	
6								NPI	
25. FEDERAL TAX I.D. NUMBER 954814467		SSN EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 78410		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 195.00	29. AMOUNT PAID \$ 0.00	30. Rsvd for NUCC Use 195.00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER PHILIP CONWISAR MD 01012024		32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109		33. BILLING PROVIDER INFO & PH # (818) 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109					
SIGNED <i>[Signature]</i>	DATE 01012024	a. 1184907123		b. 1184907123		a. 1184907123		b. 1184907123	

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 30, 2023

Sedgwick CMS
P.O. Box 7052
Pasadena, CA 91109

Att: Ms. Darlene Noel, Claims Examiner

RE: **OLIVIER, JULIEN**
D/I: CT 12/15/2020
OCC: Lieutenant
EMP: Los Angeles County,
Sheriff's Department
D/E: November 30, 2023
CLAIM #: 21-02891-A
WCAB #: ADJ14026805

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 mild pain in his bilateral shoulders, bilateral knees, bilateral feet and low back. His right foot has continued to improve since his last evaluation. He received his second pair of orthotics and continues to wear these to tolerance. He saw the ophthalmologist today for an evaluation and is pending authorization for treatment requested by the ophthalmologist. He had an AME with Dr. Heskiaoff on October 9, 2023.

OBJECTIVE FINDINGS/PHYSICAL EXAMINATION / ROM:

Physical examination was performed via telemedicine.

RIGHT SHOULDER EXAMINATION:

The contour is normal.

There is slight restriction in range of motion. There is pain at the extremes of motion.

Impingement sign is positive. Hawkins test is positive.

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 HAND / WRIST EXAMINATION:

There is no swelling.

There is full range of motion.

Phalen's test is negative.

LUMBAR SPINE EXAMINATION:

The contour is normal.

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

Neurologic exam appears to be intact to the lower extremities. Neurologic examination is limited in a telemedicine examination.

RIGHT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

LEFT KNEE EXAMINATION:

There is no obvious swelling.

There is full extension; there is near-full flexion. There is pain with range of motion.

RIGHT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

LEFT FOOT / ANKLE EXAMINATION:

There is no swelling.

There is full range of motion.

The pain is located in the area of the plantar fascia.

X-RAY EXAMINATION:

X-rays of the right hand performed on 12/2/22 were personally reviewed. They are interpreted by me as showing normal alignment. There are no acute abnormalities. There is no evidence of fracture or dislocation. There is mild joint space narrowing at the 1st carpometacarpal joint with osteophyte formation.

X-rays of the left shoulder obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities. There is an osteophyte off the inferior humeral head consistent with early degenerative joint disease.

X-rays of the lumbar spine obtained at Advanced Imaging Center on 4/5/21 shows no acute abnormalities and normal alignment. No significant degenerative changes are seen.

X-rays of the right knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the left knee obtained at Advanced Imaging Center on 4/5/21 shows mild medial compartment joint space narrowing. The medial compartment measures approximately 3 ½ mm. Patellofemoral joint is over 3mm.

X-rays of the right foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

X-rays of the left foot obtained at Advanced Imaging Center on 4/5/21 shows a large plantar calcaneal spur. No acute abnormalities are seen.

DIAGNOSTIC STUDIES:

MRI of the right hand obtained on 10/6/23 is interpreted by the radiologist as showing moderate to severe 1st CMC arthritic changes. There is mild subluxation in the 1st metacarpal base with respect to the trapezium.

Electrodiagnostic studies of the upper and lower extremities performed on 10/28/2021 by Dr. Kamran Hakimian are reported by Dr. Heskiaoff in his AME report of November 15, 2021 as being an incomplete study without evidence of radiculopathy in the upper or lower extremities. This was, however, a limited study.

MRI of the right shoulder obtained on 10/21/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, mild acromioclavicular osteoarthritis, small joint effusion, moderate intrasubstance tear of the supraspinatus, there is tendinosis of the supraspinatus.

MRI of the right knee obtained on 10/21/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; there is chondromalacia of the patella and small joint effusion.

MRI of the lumbar spine obtained on 10/21/2021 is interpreted by the radiologist as showing disc space narrowing at L5-S1 with a 2.5mm. disc protrusion; there is moderate to severe left L5-S1 neuroforaminal stenosis; mild right L4-5 and right L5-S1 neuroforaminal stenosis; there is a 5mm. synovial cyst in the right L3-4 facet joint.

MRI of the cervical spine obtained on 10/20/2021 is interpreted by the radiologist as showing disc space narrowing at C5-6, C6-7; there is a 3.2mm. disc osteophyte at C5-6 with a 5.5mm. perineural cyst in the right foramen; there is a 2.5mm. disc protrusion at C4-5; 3.2mm. disc protrusion at C6-7 and there is moderate to severe left foraminal stenosis and disc space narrowing at C6-7; there are spondylotic changes.

MRI of the left shoulder obtained on 10/20/2021 is interpreted by the radiologist as showing moderately severe glenohumeral osteoarthritis, small joint effusion, low-grade intrasubstance tear of the supraspinatus tendon, supraspinatus tendinosis and mild subdeltoid bursitis. There is a tear of the posterior labrum.

MRI of the left knee obtained on 10/20/2021 is interpreted by the radiologist as showing mild to moderate osteoarthritis of the patellofemoral compartment; mild in the medial compartment, small joint effusion and chondromalacia of the patellar. There is a tear of the posterior horn of the lateral meniscus. There is loose body in the anterior compartment.

DIAGNOSES:

1. CERVICAL SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
2. CERVICAL DISC PROTRUSIONS C4-5, C5-6, C6-7.
3. CERVICAL Spondylosis / DEGENERATIVE DISC DISEASE WITH NEUROFORAMINAL NARROWING C4-5, C5-6, C6-7.
4. LUMBAR SPINE MYOLIGAMENTOUS SPRAIN / STRAIN.
5. LUMBAR DISC PROTRUSION L5-S1.
6. LUMBAR Spondylosis / DEGENERATIVE DISC DISEASE.
7. MODERATE TO SEVERE NEUROFORAMINAL STENOSIS LEFT L5-S1 AND A RIGHT L3-4 FACET SYNOVIAL CYST.
8. DEGENERATIVE JOINT DISEASE RIGHT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
9. DEGENERATIVE JOINT DISEASE LEFT SHOULDER WITH PARTIAL ROTATOR CUFF TEAR.
10. PATELLOFEMORAL ARTHROSIS RIGHT KNEE.

11. PATELLOFEMORAL ARTHROSIS AND LATERAL MENISCUS TEAR LEFT KNEE.

12. RIGHT HAND 1ST CARPOMETACARPAL JOINT SYNOVITIS.

13. RIGHT HAND 1ST CARPOMETACARPAL ARTHROSIS,

14. PLANTAR FASCIITIS RIGHT FOOT.

15. PLANTAR FASCIITIS LEFT FOOT.

DISCUSSION/TREATMENT PLAN:

The patient has been authorized for a subacromial corticosteroid injection for his left shoulder. At this time, the patient would like to hold off on receiving the injection as his left shoulder is not giving him pain at this time.

We have also received authorization for Monovisc hyaluronate Viscosupplementation injections for the bilateral knees. At this time, the patient would like to hold off on receiving these injections as he is not having severe pain in his knees.

He is to continue treating with the podiatrist Dr. Arthur Fass. He is to continue wearing his custom orthotics.

He is to continue treating with the ophthalmologist.

He is to continue his home exercises and stretches to tolerance.

He has been deemed permanent and stationary per the Agreed Medical Examiner.

The patient will return for reevaluation as needed.

WORK/DISABILITY STATUS:

The patient has been deemed permanent and stationary per the AME.

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

The above evaluation was performed on November 30, 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.

The above evaluation was performed on November 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.

OLIVIER, JULIEN

November 30, 2023

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 30, 2023 Los Angeles County, California

AB/jt

cc: Straussner & Sherman
Julie Locks Sherman
14555 Sylvan Street
Van Nuys, CA 91411

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA- COUNTY OF Los Angeles

FEB 12 2024

I, the undersigned, am employed in the county of Los Angeles and the state of California. I am over eighteen years of age and not a party to the within action. My business address is:
4835 VAN NUYS BLVD., 210
SHERMAN OAKS, CA 91403

On Mon Feb 05 I served a Medical/Legal Lien and report on OLIVIER, JULIEN , Account 77364 , by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at SHERMAN OAKS CA addressed as follows:

- 1) Insurance Carrier : SEDGWICK
PO BOX 7052
PASADENA , CA 91107
- 2) Employer : COUNTY OF LOS ANGELES
29330 THE OLD ROAD
CASTAIC , CA 91384
- 3) Applicant Attorney: JULIE SHERMAN
14555 SYLVAN STREET
SHERMAN OAKS, CA 91411
- 4) Defense Attorney :

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

DATE OF REPORT:

Dated this 5 day of FEB 20 24
at SHERMAN OAKS , California

SIGNED





HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

SEDGWICK
PO BOX 7052
PASADENA CA 91107

WC

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER 2102891A (FOR PROGRAM IN ITEM 1)																																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) OLIVIER, JULIEN		3. PATIENT'S BIRTHDATE MM DD YY 06271967		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) COUNTY OF LOS ANGELES																																				
5. PATIENT'S ADDRESS (No., Street) 25791 RANA DR		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 29330 THE OLD ROAD																																						
CITY VALENCIA		STATE CA	8. RESERVED FOR NUCC USE		CITY CASTAIC		STATE CA																																			
ZIP CODE 91355-2423	TELEPHONE (Include Area Code) (661) 7147629				ZIP CODE 91384	TELEPHONE (Include Area Code) ()																																				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER																																						
a. OTHER INSURED'S POLICY OR GROUP NUMBER		b. AUTO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)		a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>																																						
b. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC) 21-02891-A																																						
c. RESERVED FOR NUCC USE		10d. CLAIM CODES (Designated by NUCC)		c. INSURANCE PLAN NAME OR PROGRAM NAME																																						
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.																																						
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																																										
SIGNED SIGNATURE ON FILE DATE 01012024																																										
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 12152020		15. OTHER DATE MM DD YY QUAL:		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO																																						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN. PHILIP CONWISAR		17a. <input type="checkbox"/> NPI	17b. <input type="checkbox"/> NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO																																						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																																										
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.																																										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S335XXA B. M5416 C. S43431A D. M2391 ICD ind. 0 E. M2392 F. M722 G. M19012 H. M7542 I. M65841 J. L. K. L. L.																																										
22. RESUBMISSION CODE ORIGINAL REF. NO.																																										
23. PRIOR AUTHORIZATION NUMBER																																										
<table border="1"> <thead> <tr> <th>F. \$ CHARGES</th> <th>G. DAYS OR UNITS</th> <th>H. EPSDT Family Plan</th> <th>I. ID. QUAL.</th> <th>J. RENDERING PROVIDER ID. #</th> </tr> </thead> <tbody> <tr> <td>ABCDEF 175.00</td> <td>1</td> <td></td> <td>NPI</td> <td>193200000X 1699883926</td> </tr> <tr> <td>ABCDEF 40.00</td> <td>1</td> <td></td> <td>NPI</td> <td>193200000X 1699883926</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> </tbody> </table>								F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	ABCDEF 175.00	1		NPI	193200000X 1699883926	ABCDEF 40.00	1		NPI	193200000X 1699883926				NPI																
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	99214 95	ABCDEF																																								
	WC002	ABCDEF																																								
25. FEDERAL TAX I.D. NUMBER SSN EIN 954814467 <input checked="" type="checkbox"/>																																										
26. PATIENT'S ACCOUNT NO. 77364 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																										
28. TOTAL CHARGE \$ 215.00 29. AMOUNT PAID \$ 0.00 30. Rsvd for NUCC Use 215.00																																										
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part hereof) PHILIP CONWISAR MD 01012024																																										
32. SERVICE FACILITY LOCATION INFORMATION PHILIP CONWISAR MD INC 28212 KELLY JOHNSON PKWY VALENCIA CA 91355																																										
33. BILLING PROVIDER INFO & PH # (818 7841354 PHILIP CONWISAR M D INC 4835 VAN NUYS BLVD 210 SHERMAN OAKS CA 91403 2109 a. 1184907123 b.																																										