

William W. Winternitz, M.D.

Board Certified Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

PANEL QUALIFIED MEDICAL EVALUATION

Liberty Mutual Insurance Company
P.o. Box 779008
Rochlin, CA 95677

RE:	Moore, Branden
DATE OF EVALUATION:	February 24, 2022
EMPLOYER:	Ambercrombie Pipeline
DATE OF INJURY:	May 28, 2020
CLAIM NO:	WC608-E60694-00
FILE NO:	225752-0

60 minute were spent in a face to face evaluation with the examinee.

FEE DISCLOSURE

ML 201-95: This is a Comprehensive Medical-Legal Evaluation. ****This is a medical legal report and does not qualify for a PPO/Network discount.**

ML PRR: Record review with report – Total includes review of cover letter and records: 1419 pages.

Thank you for the opportunity to evaluate Branden Moore on Thursday, February 24, 2022 in my office at 903 E. Devonshire Ave., Ste. E Hemet, CA 92543.

The history and physical examination are not intended to be construed as a general or complete medical evaluation. They are intended for medical legal purposes only

RE: Moore, Branden
DOS: 2/24/2022
Page 2

and focus on those areas in question. No treatment relationship is established or implied.

This medical-legal evaluation is based only on the current information and records submitted. It is solely the treating physician's responsibility to determine their patient's differential diagnoses and subsequent needs for medical treatment. This would be inclusive of all psychiatric conditions, vascular diseases, neuromuscular disorders, central nervous system disorders, auto-immune diseases, internal medicine disorders and all tumors, benign or malignant, even if they are undiagnosed or currently occult.

Mr. Moore was examined in my Hemet office on 02/24/2022 for the purpose of qualified medical examination.

One hour was spent face-to-face time with patient.

1419 pages of records were reviewed, which were 1219 pages of records above the 200 page limit.

One hour of time was spent reviewing the literature about heatstroke.

DEMOGRAPHICS/INTRO

Mr. Brenden Moore presents as a 31-year-old gentleman who had worked for the Abercrombie Pipeline for approximately three to four months prior to the injury. His job title was that of groundsman and his job required repetitive heavy lifting, climbing, pushing and pulling up to an over 100 pounds 12 plus hours a day. Prior to this, he was training with the union. He is currently disabled.

HISTORY OF INJURY BY PATIENT

Mr. Moore was injured on 05/28/2020.

RE: Moore, Branden
DOS: 2/24/2022
Page 3

At that time, he was performing very strenuous activity in 115 degree weather. He subsequently had a problem with what he described as "heatstroke and his whole body completely locked up." He felt as though all the muscles in his body were contracting at the same time.

He reported the injury to his supervisor.

For treatment, he was initially taken to a gas station to cool off and then his employer realized how sick he was and he was taken to the emergency room at the St. Gregorian Hospital where he stayed for a day and half. He underwent surgical treatment. He was then referred to the Veterans Hospital, but tells me he did not have any treatment there as his problem was not service connected.

He subsequently was seen at Loma Linda Hospital complaining of muscle aches.

He states that he has not had physical therapy.

He has not been able to return to work since May 29, 2020 and his employer will not accept him on modified duty basis.

CURRENT MEDICAL TREATMENT

He is currently seeing a physician. He is not taking medication. He is not in physical therapy.

His initial providers treated him with gabapentin and meloxicam.

PRESENT COMPLAINTS

He complains of generalized pain over his entire body including his "kidneys, neck, arms, hands, legs, abdomen, and the muscles over his entire body." The pain is sharp, burning, and stabbing.

Specifically, he complains of:

1. Neck pain associated with walking and spasm, spasmodic feeling. Pain rated as 10.
2. Shoulder pain, which rated as 4/10 and radiates to front of his chest.
3. Left arm pain associated with the arm "locking up and fatiguing easily." Spasms in his hand. Intermittent numbness in his hand.
4. Low back pain, which is central and radiates to his groin as well as his thigh.
5. Left leg pain associated with burning, spasms, pins and needles and pain radiating from the lateral thigh to the calf. He also complains of cramping in his foot.

Pain diagram describes sharp pain over his chest and down the anterior and posterior aspects of both hands to the wrist dorsally and to the volar aspect of the hands. The sharp pain continues into his thigh and in his calf and in his knees anteriorly. Posteriorly, he complains of pain in both arms, and in the paraspinal musculature to the left and right of the spine as well as aching pain in the thigh, calf, and foot. He complains of numbness and pain in the back of his head radiating all the way down the spine associated with numbness and tingling in the back of the thigh, the back of the calf, and the plantar surface of the feet. He feels the discomfort most of the time. His symptoms do not change with coughing or sneezing and nothing really makes his pain improved.

Before the injury, his pain was rated at 1. His pain now rates at 10. He complains of left-sided weakness and grinding in various joints and locking and giving way in the joints on the left side and the left leg. He can sit for short periods of time, stand for 5 to 10 minutes, and walk 5 minutes. He uses a cane. He complains of numbness, tingling, spasm, headaches, and nausea. He has lost his tolerance for heat. He has problems riding his quad. He feels he can lift 10 to 25 pounds. Prior to the injury, he could play multiple sports, bench 225 pounds.

Bilateral flank pain, greater on the left than the right.

WORK HISTORY

RE: Moore, Branden
DOS: 2/24/2022
Page 5

He worked for Abercrombie Pipeline for three to 4 months in a position known as groundsman and before that he was in training with the pipeline company. The job required working 12 plus hours a day, 80 hours a week. He did repetitive heavy lifting, climbing, pushing, pulling with repetitive lifting up to and over 100 pounds.

He was discharged from military as he had ablation treatment for WPW – a cardiac arrhythmia.

CURRENT MEDICATIONS

Over-the-counter CBD.

SURGICAL TREATMENT

Without.

ALLERGIES

Without.

FAMILY HISTORY

Noncontributory.

PRIMARY CARE PHYSICIAN

Without.

SOCIAL HISTORY

Married, three children. Ages nine months to seven years.

Education: He has a two-year degree from University of Phoenix.

RE: Moore, Branden
DOS: 2/24/2022
Page 6

Military Service: He served in military – Marines from 2010 to 2012 and had medical discharge secondary to a cardiac arrhythmia known as Wolff-Parkinson-White Syndrome which was treated with an ablation.

HABITS

Cigarettes: Without.

Alcohol: Without.

Drugs: Without.

Hobbies: He used to enjoy working out, being with his family, traveling, and being involved in various recreational sports, but he is unable to currently. He is also unable to keep up his relationships with the King Solomon Lodge. He has heat intolerance.

ACTIVITIES OF DAILY LIVING

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Scales

Activity	Without difficulty (0)	With some difficulty (1)	With much difficulty (2)	Unable to do so (3)
A. Self care: Are you able to...				
1. Prepare food (washing/chopping)				
2. Lift a glass to your mouth				
3. Open a new milk carton				
4. Takes a bath		X		
5. Brush teeth		X		
6. Dress self		X		
7. Combing hair		X		
8. Eating and drinking		X		

9. Going to the toilet		X		
10. Bowel and urine problems			X	
B. Communication: Are you able to...				
1. Write a note			X	
2. Type a message on a computer				
3. Use a telephone				
4. Speak clearly		X		
C. Sensory: Are you able to...				
1. Feel what you touch				
2. Smell and taste the food you eat		X		
3. Seeing		X		
4. Hearing		X		
D. Hand activities: Are you able to:				
1. Open car doors.				
2. Open jars.				
3. Turn faucets on and off.				
4. Holding something without pain			X	
5. Opening windows at home		X		
6. Lifting a child			X	
E. Physical activities: Are you able to...				
1. Walk on flat ground.			X	
2. Climb up five steps.			X	
3. Stand 30 minutes.		X		
4. Walk 30 minutes.				
5. Sit 30 minutes.		X		
6. Recline.				
7. Stand up from a chair				
8. Run errands and/or shop.				

9. Do light housework				
F. Sexual difficulties				
1. Erection			X	
2. Orgasm				
G. Travel: Are you able to...				
1. Ride			X	
2. Drive				
3. Fly				X
4. Shop				
5. Walk			X	
6. Stand		X		
7. Get in / out of a car.				
H. Sleep: Are you able to...				
1. Sleep				X

SYSTEM REVIEW

Relevant for chest pain, numbness and tingling, headaches, coordination, double vision, memory loss, joint pain, joint swelling, stiffness, anxiety, nausea, vomiting, pain, sudden weight loss, change in bowel habits, loss of appetite and unusual stress, urinary frequency, urgency, and nocturia.

PHYSICAL EXAMINATION

He has multiple tattoos over his chest and extremities.

He is right-hand-dominant.

Jamar dynamometer readings:

Right: 24/14/10.

Left: 0/6/6.

EXAMINATION OF THE NECK

Mild tenderness. He has full motion.

EXAMINATION OF THE SHOULDER

Generalized soft tissue tenderness.

<u>Active Range of Motion</u>	Normal	Right	Left
Flexion	180°	170°	170°
Extension	50°	40°	40°
Abduction	180°	90°	90°
Adduction	50°	40°	40°
External rotation	90°	30°	30°
Internal rotation	90°	0°	0°

Right shoulder: Normal strength. He does have some apparent involuntary trembling. The shoulder is stable. Biceps provocative test negative.

Left shoulder: Strength 4+. Positive biceps provocative tests. Shoulders stable in all planes.

EXAMINATION OF THE ELBOW

The carrying angle was within normal limits.

There was no tenderness to palpation.

<u>Range of Motion:</u>	Normal	Right	Left
Flexion	140°	140°	140°
Extension	0°	0°	0°
Supination	80°	80°	80°
Pronation	80°	80°	80°

Manual muscle testing for the right and left upper extremity and hands was 5/5 except as noted for left shoulder.

Deep tendon reflexes were 2+ and symmetrical.

Subjectively decreased sensation left dorsal forearm.

There was a negative Tinel's sign overlying the cubital and radial tunnels. There was a negative elbow flexion test. There was a negative finger extension test. There was a negative supinator test.

<u>Circumferences</u>	Right	Left
Upper arm	29cm	28 cm
Lower arm	26 cm	27 cm

EXAMINATION OF BACK

Examination of the back reveals generalized tenderness over the rhomboid muscle.

Examination of the low back reveals bilateral iliolumbar and central low back pain with spasm. Range of motion includes flexion to 20 degrees, extension 10 degrees, left side bending to 0 degrees, right side bending to 0 degrees all limited by pain.

EXAMINATION OF BOTH HIPs

There was no evidence of scarring or deformity about the right or left bilateral hip.

There was no tenderness to palpation about the bilateral hips.

<u>Range of Motion:</u>	Normal	Right	Left
Extension	30°	30°	30°
Flexion	100°	100°	100°
Abduction	40°	40°	40°
Adduction	20°	20°	20°
Internal rotation	50°	50°	50°
External rotation	50°	50°	50°

Manual muscle testing of the bilateral lower extremities was noted to be 5/5 throughout.

Trendelenburg's test was negative, bilaterally.

RE: Moore, Branden
DCS: 2/24/2022
Page 11

Neurologic examination of lower extremities reveals deep tendon reflexes intact at 2+ in Achilles and patellar. Strength is intact at 4+ for flexors and extensors of the hip, knee, and ankle on the left side, 5+ on the right.

Straight leg raising test positive on left side for low back pain.

Anthropometric Measurements:

Right thigh 39 cm, left thigh 37 cm.

Right calf 32 cm, left calf 31 cm

EXAMINATION OF THE KNEES

I observed his/her gait; there was no limp or list noted. There was no evidence of swelling or effusion present.

<u>Range of Motion:</u>	Normal	Right	Left
Flexion	120°	120°	120°
Extension	0°	0°	0°

With passive range of motion, there was no evidence of crepitation between the patellofemoral joint noted. There was no tenderness about the medial or lateral facets of the patella. There was no evidence of medial or lateral joint line tenderness. Lateral patellar apprehension test was negative.

Medial and lateral ligamentous testing about the knee was intact. Anterior cruciate ligament testing revealed a negative Lachman and negative anterior drawer test.

Pivot shift test was negative for anterior cruciate ligament instability.

<u>Manual Muscle Testing Bilateral Lower Extremities:</u>	Right	Left
Quadriceps	+5/5	+5/5
Hamstrings	+5/5	+5/5
VMO	+5/5	+5/5

Sensation was intact to all dermatomes of both lower extremities. Deep tendon reflexes were +2/4 for knee and ankle bilaterally. McMurray's sign was negative for meniscal tear.

REVIEW OF RECORDS

all records were personally reviewed by myself

01/12/12. Luke P. Hiller, M.D. (Radiology). X-ray of the Right Shoulder, 2 or more views. DOI: Impression: No acute osseous abnormality. Mild sclerosis seen in the horizontal facet of the greater tuberosity, nonspecific in nature. (p. 753 MR1)

01/12/12. Luke P. Hiller, M.D. (Radiology). X-ray of the Right Knee, 3 views. DOI: Impression: No acute osseous abnormality. Proximal right fibular lobulated cortical irregularity and pedunculated osseous excrescence in the distal left lateral femur, both with intramedullary continuation, are suggestive of osteochondromas. (p. 754 MR1)

01/12/12. Luke P. Hiller, M.D. (Radiology). X-ray of the Left Knee, 3 views. DOI: Impression: No acute osseous abnormality. Proximal *right* fibular lobulated cortical irregularity and pedunculated osseous excrescence in the distal left lateral femur, both with intramedullary continuation, are suggestive of osteochondromas. (p. 755 MR1)

02/10/13. Jack Wilson, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Left testicular pain for the past 3 days. O: Anxious. GU: Tenderness to epididymis of left testicle, probable varicocele. A: Epididymitis. Probable varicocele. P: Discharged to home and to follow up with urologist as an outpatient. Toradol injection given. Provided Naprosyn and Percocet. Continue doxycycline. Disability Status: (p. 732 MR1)

02/10/13. Palomar Medical Center. Laboratory Report. (p. 862 MR1)

03/25/13. Michael I. Hose, M.D. (Internal Medicine). Office Visit Note. DOI: S: Establish care. Left testicle mass. Testicular pain. O: GU: Very tender all over left testicle especially along cord leading to superior pole. A: Testicular pain. Anxiety. WPW. P: UA today. PCR GC/Chlamydia. Testicular ultrasound. Refer to urology. Referral to anxiety clinic/cardiology EP. Advised against driving. EKG today. Disability: (p. 1326 MR1)

03/25/13. Alan Maisel, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm. Wolff-Parkinson-White. Abnormal ECG. (p. 797 MR1)

03/25/13 at 1426H. VA San Diego Healthcare System. Laboratory Report. (p. 822 MR1)

03/25/13 at 1427H. VA San Diego Healthcare System. Laboratory Report. (p. 805 MR1)

03/25/13 at 1427H. VA Long Beach H.S. Laboratory Report. (p. 843 MR1)

03/25/13 at 1428H. VA San Diego Healthcare System. Laboratory Report. (p. 805 MR1)

04/22/13. David Krummen, M.D. (Cardiology). Holter Report. Interpretation: Sinus rhythm with WPW and with an average HR of 76 bpm. Maximum HR of 135 bpm during unknown activity at 10:56 PM. Minimum HR of 42 bpm during sleep at 5:57 AM. Rare

isolated PVCs. Rare isolated PACs. Duration of 22 hours with 17% tachycardia and 21% bradycardia. No cardiac symptoms indicated. (p. 796 MR1)

04/24/13. Erica B. Moses, Ph.D. (Psych). Consultation Note. DOI: S: Insomnia. WPW. Anxiety. O: WNL. A: Anxiety disorder NOS vs. chronic adjustment disorder with anxiety. Insomnia. WPW, chronic knee/elbow/back pain. GAF 60. P: Referral will be submitted to behavioral medicine. He will be scheduled for initial medication evaluation to discuss sleep aid options. Disability Status: (p. 1032 MR1)

04/29/13. Richard Bodor, M.D. (Plastic Surgery). Office Visit Note. DOI: S: He is without specific complaints. He pointed out his scar, stable, well healed, right arm. O: A: Stable, here believed to be in error from both patient and provider standpoint. P: Reminded to avoid sun, call if scar changes or another plastics concern arises. FU with urology. Discharge from Plastics Clinic. Disability Status: (p. 1308 MR1)

05/07/13 at 2126H. VA San Diego Healthcare System. Laboratory Report. (p. 822 MR1)

05/07/13 at 2126H. VA Long Beach H.S. Laboratory Report. (p. 843 MR1)

05/08/13. Merri Finchem, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Left testicle pain. Chest/abdominal pain yesterday and still ongoing 1.5 days. O: Abdomen: Mild diffuse TTP all over belly but more centrally. GU: Small mass feels like a bag of worms in the scrotum. A: Abdominal/chest pain with diarrhea. Varicocele. P: Check labs. BRAT diet. Rest. Urology appointment on 05/30. D/C home. Disability: (p. 1299 MR1)

05/08/13. Leda Felicio, M.D. (Cardiology). ECG. Interpretation: Sinus bradycardia with short PR interval. Wolff-Parkinson-White. Abnormal ECG. When compared with ECG of 03/25/13, bradycardia is now present. (p. 795 MR1)

05/08/13 at 1930H. VA San Diego Healthcare System. Laboratory Report. (p. 805 MR1)

05/08/13 at 2034H. VA San Diego Healthcare System. Laboratory Report. (p. 804 MR1)

05/14/13. Anne Nisenzon, Ph.D. (Psych). Consultation Note. DOI: S: Anxiety. Difficulty sleeping. O: WNL. A: Psychological factors (anxiety) affecting GMC (WPW syndrome). P: Continue with mindfulness-based stress and anxiety reduction. RTC on 05/21. Encouraged to practice mindful body scan daily, preferably at night. Also encouraged to speak to his cardiologist regarding cardiac rehabilitation. Disability: (p. 1024 MR1)

05/14/13. Mohammad Siddiqui, M.D. (Psychiatry). Initial Evaluation. DOI: S: Anxiety disorder. O: WNL. A: Anxiety disorder, NOS. Insomnia. WPW, chronic knee/elbow/back pain. GAF 60. P: Initial cardio appointment in 2 weeks. Continue weekly session with psychologist. RTC in 10 weeks. Continue to monitor weight, vitals and labs. Psychoeducation/supportive psychotherapy provided. Disability Status: (p. 1290 MR1)

05/22/13. Anne Nisenzon, Ph.D. (Psych). Progress Note. DOI: S: He continues to have panic symptoms especially at night. O: WNL. A: Psychological factors (anxiety) affecting GMC (WPW syndrome). P: RTC on 05/29/13. Encouraged to practice both body scans and cognitive defusion exercises. Disability Status: (p. 1287 MR1)

05/29/13. Anne Nisenzon, Ph.D. (Psych). Progress Note. DOI: S: He reported he had not had any anxiety attacks or difficulties falling asleep over the past week. O: WNL. A: Psychological factors (anxiety) affecting GMC (WPW syndrome). P: RTC on 06/05/13. Encouraged to practice both body scans and cognitive defusion exercises. Complete sleep diary. Disability Status: (p. 1286 MR1)

05/30/13. Robert Ross, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm. Wolff-Parkinson-White. Abnormal ECG. When compared with ECG of 05/08/13, ventricular rate has increased by 35 bpm. (p. 794 MR1)

06/07/13. Linda L. Ottley, N.P. (Urology). Progress Note. DOI: S: Scrotal pain. O: GU: Scrotum with soft tender mass anterior to left testicle, anodular slightly tender 30 gram prostate with levator ani tenderness. A: History of varicocele vs chronic prostatitis/chronic pelvic pain syndrome. P: Scrotal ultrasound ordered. FU in 3 months. Obtain semen analysis if he has varicocele. Disability Status: (p. 1282 MR1)

07/01/13. Fiona M. Cassidy, M.D. (Radiology). Echogram of Scrotum, Complete. DOI: Impression: Unremarkable testicular ultrasound. (p. 752 MR1)

07/11/13. Leda Felicio, M.D. (Cardiology). Echocardiogram. Conclusions: There is normal left ventricular systolic function with no wall motion abnormalities. Normal left ventricular diastolic function is observed. (p. 792 MR1)

08/28/13. David Krummen, M.D. (Cardiology). History and Physical. DOI: S: Update history and physical for upcoming WPW ablation. He complains of right jaw pain. O: HEENT: Mild TTP to right TMJ. A: History of WPW and anxiety, presents for update H&P for upcoming WPW ablation. P: Schedule anesthesia eval. Proceed with scheduled WPW ablation on 09/13/13. Disability Status: (p. 1271 MR1)

08/28/13. David Krummen, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm. Wolff-Parkinson-White. Abnormal ECG. When compared with ECG of 05/30/13, no significant change was found. (p. 791 MR1)

03/13/14. Michael I. Hose, M.D. (Internal Medicine). Office Visit Note. DOI: S: Annual followup. Insomnia/PTSD, having nightmares. He wants nicotine gum to quit smoking. O: WNL. A: Anxiety/possible PTSD, causing insomnia. Smoking cessation. WPW. HM, up to date. P: Refer to psych. Advised against driving. Needs Cards about followup. Get baseline EKG today. Chem today. Fasting labs prior to annual. Disability: (p. 693 MR1)

03/13/14. Leda Felicio, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm with sinus arrhythmia. Wolff-Parkinson-White. Early repolarization. Abnormal ECG. When compared with ECG of 08/28/13, no significant change was found. (p. 790 MR1)

03/13/14. Anne Nisenzon, Ph.D. (Psych). Office Visit Note. DOI: S: He believes he may have developed PTSD following an event in 2012 when he experienced sudden heart failure and was brought back to life by heart defibrillators. O: Displayed psychomotor agitation. A: R/o PTSD. WPW ventricular pattern. P: Preference for treatment in La Jolla. Consult will be placed to the Anxiety Disorder Clinic. Disability: (p. 1263 MR1)

04/12/14. Peter Colaprete, M.D. (Emergency Medicine). ED Visit Note. DOI: HXOI: He was cooking around 12 noon today when he felt lightheaded and possibly passed out. S: Near syncope. Intermittent chest pain. O: BP 136/68. A: Syncope versus presyncope. History of WPW, possible cardiac arrhythmia. Acute chest pain, r/o coronary ischemia. P: Admit to telemetry. Given Tambocor 150 mg p.o. Disability Status: (p. 725 MR1)

04/12/14 at 1334H. Facility Name Not Available. Laboratory Report. (p. 858 MR1)

04/12/14 at 1343H. Facility Name Not Available. Laboratory Report. (p. 858 MR1)

04/12/14 at 1934H. Facility Name Not Available. Laboratory Report. (p. 858 MR1)

04/13/14 at 0140H. Facility Name Not Available. Laboratory Report. (p. 858 MR1)

04/13/14 at 0539H. Facility Name Not Available. Laboratory Report. (p. 858 MR1)

04/13/14 at 1400H. Facility Name Not Available. Laboratory Report. (p. 858 MR1)

04/14/14. Alborz Hassankhani, M.D. (Cardiology). DOI: Procedure: Comprehensive EP study with mapping. Placing a catheter in the coronary sinus for LA mapping and recording. Infusion of isoproterenol in attempt to induce and maintain tachycardia. Radiofrequency catheter ablation of the 2 accessory pathways for ORT/WPW syndrome. RFCA of RA isthmus. Fluoroscopy with supervision and interpretation. Conscious sedation. PREOP DX: Wolff-Parkinson-White syndrome and syncope. POSTOP DX: WPW with ORT involving multiple accessory pathways. (p. 331 MR1)

07/24/14. Sanjiv M. Narayan, M.D. (Cardiology). Progress Note. DOI: S: He presents approximately 3 months after cryoablation of his paraseptal accessory pathway. He is doing very well, with minimal palpitations. However, he still has some residual chest burning. O: BP 141/74. Pulse 107. A: P: Holter, echo and stress test offered but patient wishes to have them done by Dr. Hassankhani. Disability Status: (p. 1253 MR1)

07/24/14. Denise Barnard, M.D. (Cardiology). ECG. Interpretation: Sinus tachycardia. Otherwise normal ECG. When compared with ECG of 03/13/14, ventricular rate has increased by 36 bpm. Wolff-Parkinson-White is no longer present. (p. 789 MR1)

05/04/15. Michael I. Hose, M.D. (Internal Medicine). Office Visit Note. DOI: S: Annual followup. PTSD, ongoing. Nightmares. Anxiety. Hydrocele. O: Mild chest wall TTP. Upper abdomen with small 1 cm nodular subcutaneous swelling. A: Anxiety/possible PTSD. WPW s/p ablation, still with symptoms. Hydrocele. Folliculitis. P: EKG today. ETT. Holter. TTE. Refer to psych. Scrotal support. Disability: (p. 1242 MR1)

05/04/15. Wilbur Lew, M.D. (Cardiology). ECG. Interpretation: Sinus bradycardia. Early repolarization. Otherwise normal ECG. When compared with ECG of 07/24/14, ventricular rate has decreased by 50 bpm. QT has shortened. (p. 788 MR1)

06/04/15. Emmanuel P. Espejo, Ph.D. (Psych). Orientation Group Note. DOI: S: Panic disorder, PTSD and sleep difficulties. He does not want to participate in group psychotherapy at this time. O: Anxious. A: PTSD. Panic disorder. Sleep difficulties. P: Veteran will be contacted by clerks for next available intake in ADC. Disability Status: (p. 1238 MR1)

10/27/15. Emmanuel P. Espejo, Ph.D. (Psych). Admission Evaluation Note. DOI: S: Veteran met criteria for insomnia/PTSD/panic disorder/agoraphobia/GAD/MDD. Frequent nightmares. O: Dysphoric mood. A: Insomnia. PTSD. Panic disorder. Agoraphobia. GAD. MDD, recurrent. P: Consult placed to the PTSD clinic. Individual psychotherapy when available. Disability Status: (p. 1223 MR1)

01/15/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: Problems with nightmares and symptoms of PTSD following a tachycardic incident with stroke symptoms in 2012. O: WNL. A: Insomnia. PTSD. Panic disorder. Agoraphobia. GAD. MDD, recurrent. P: Next session on 01/22/16. Disability Status: (p. 1215 MR1)

01/22/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: Initial session. O: WNL. A: PTSD. Panic disorder. P: First session of CPT for PTSD. Asked the Veteran to write a one page "Impact Statement". Asked Veteran to review Stuck Point Handout and Stuck Point Help Sheet. Next session planned for agreed date of 01/29/16. Disability Status: (p. 1213 MR1)

01/29/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: O: WNL. A: PTSD. P: Assigned practice assignment to complete at least one A-B-C Worksheet each day. He was asked to continue to add to the Stuck Point Log. Veteran will bring in impact statement next week and add to it based on discussion. Next session planned for agreed date of 02/05/16. Disability Status: (p. 1211 MR1)

02/05/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: A-B-C worksheet session. O: Veteran arrived to session 5 minutes late. A: PTSD. P: CPT. Next session planned for agreed date of 02/12/16. Referred for psychiatry services for insomnia, per Veteran's request. Disability Status: (p. 1203 MR1)

02/26/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: Trauma event session. O: WNL. A: PTSD. P: CPT. Collected trauma account from Veteran. For homework, Veteran will try to fill the sheets out in ACB order. Next session planned for agreed date of 03/04/16. Disability Status: (p. 1192 MR1)

03/04/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: Re-write event session. O: WNL. A: PTSD. P: CPT. Next session planned for agreed date of 03/11/16. Disability Status: (p. 1190 MR1)

03/18/16. Scott C. Thomson, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Patient overcome by jitters, numbness/tingling and sense that he could not get air while sitting in his car this morning. O: Thin young AA man. Teeth with orthodontia. Skin with tattoos. A: Panic attack with somatic manifestations. P: Dispensed Ativan 1 mg q.d. p.r.n. FU with psychiatry. Disability Status: (p. 1182 MR1)

03/18/16. Leda Felicio, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm with sinus arrhythmia. When compared with ECG of 05/04/15, no significant change was found. (p. 787 MR1)

03/18/16. VA San Diego Healthcare System. Laboratory Report. (p. 804 MR1)

03/23/16. Paul C. Liederman, M.D. (Psychiatry). Initial Evaluation Note. DOI: S: Low energy. Flashbacks. Panic. Mood swings. O: A: Bipolar disorder. PTSD. Panic disorder. GAF 60. P: Rx Seroquel 50 mg h.s. RTC in 1 week. Disability Status: (p. 1381 MR1)

04/01/16. Emmanuel P. Espejo, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: He reported receiving bipolar diagnosis from his psychiatrist and expressed concern about this. O: WNL. A: Insomnia. PTSD. Panic disorder. Agoraphobia. GAD. MDD, recurrent. P: Re-oriented Veteran to PTSD treatment. Revisit his CBQs and rewrite trauma narrative. Next therapy session on 04/08/16. Disability Status: (p. 1175 MR1)

04/15/16. Natalie Castriotta, Ph.D. (Psych). Individual Psychotherapy Note. DOI: S: Increased anxiety today and reported it would be difficult to commit to continue treatment at this time. Sleep problems/nightmares have reduced. O: Tearful at times. Mood improved during the session. A: Insomnia. PTSD. Panic disorder. Agoraphobia. GAD. MDD, recurrent. P: Remaining appointments canceled. Disability: (p. 1173 MR1)

05/06/16. Paul C. Liederman, M.D. (Psychiatry). Progress Note. DOI: S: O: A: Bipolar disorder. PTSD. WPW. GAF 60. P: Rx Seroquel 50 mg h.s. RTC in 1 week. Disability Status: (p. 719 MR1)

10/29/16. Yuko Nakajima, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Left-sided body pain, cough x3 days, left flank pain, dysuria, mid chest pain x2 years since ablation for WPW, vomiting today, and diarrhea x3 days. O: Pulse 100. BP 141/89. CV: Point tenderness, left lateral wall. Left shoulder lateral TTP. A: Gastroenteritis, resolved. P: Labs, UA, send off stool culture. Discharged. Disability Status: (p. 684 MR1)

10/29/16. Paul Stark, M.D. (Radiology). X-ray of the Chest, 2 views, PA and Lateral. DOI: Impression: Clear and well-expanded lungs. Sharp costophrenic sulci and diaphragmatic contour. Normal cardiovascular silhouette. Normal pulmonary vessels, trachea and hila. Intact regional skeleton. Normal soft tissues and limited view of the upper abdomen. Normal study. No pneumonia seen. (p. 751 MR1)

10/29/16. Mitul Patel, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm. When compared with ECG of 03/18/16, no significant change was found. (p. 786 MR1)

10/29/16 at 2005H. VA San Diego Healthcare System. Laboratory Report. (p. 842 MR1)

10/29/16 at 2009H. VA San Diego Healthcare System. Laboratory Report. (p. 804 MR1)

10/29/16 at 2325H. VA San Diego Healthcare System. Laboratory Report. (p. 822 MR1)

03/17/17. Amilcare Gentili, M.D. (Radiology). X-ray of the Chest, 2 views, PA and Lateral. DOI: Impression: No radiographic evidence of acute cardiopulmonary disease. (p. 750 MR1)

03/17/17. Leda Felicio, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm. When compared with ECG of 10/29/16, no significant change was found. (p. 785 MR1)

03/17/17 at 1815H. VA San Diego Healthcare System. Laboratory Report. (p. 804 MR1)

03/17/17 at 1818H. VA San Diego Healthcare System. Laboratory Report. (p. 841 MR1)

04/14/17 at 0933H. VA San Diego Healthcare System. Laboratory Report. (p. 803 MR1)

04/16/17. Logan R. Vidal, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Several week history of intermittent LLQ and RLQ abdominal pain, cramping, as well as postprandial nausea. Sore throat today. O: WNL. A: Abdominal pain. Gastritis. P: Ranitidine. Bentyl. FU with PCP. Discharged to home. Disability Status: (p. 659 MR1)

04/16/17. VA San Diego Healthcare System. Laboratory Report. (p. 840 MR1)

04/17/17. Richard W. Schulz, N.P. (Psych). Initial Evaluation. DOI: S: Patient stated he would like to reengage to focus on his insomnia and mood symptoms. O: Mood: Exhausted. Content of thought: Excessive fear of dying from arrhythmia. A: PTSD. MDD, recurrent, moderate. R/o GAD. P: Initiate risperidone 0.5 mg b.i.d. x2 days then may increase bedtime dose by 0.5 mg. FU in 4 weeks. Disability Status: (p. 650 MR1)

05/01/17. Richard W. Schulz, N.P. (Psych). Telemedicine Progress Note. DOI: S: He is having some initial side effects with the start of risperidone. O: A: PTSD. P: Hold the daytime dose of risperidone and continue with nighttime dose, reduce to 0.5 mg q.h.s. Contact provider if SE do not improve. FU on 05/17/17. Disability Status: (p. 649 MR1)

05/25/17. Jeffrey M. McMenemy, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Feeling off, nausea, tingling in fingertips, left first toe pain, palpitations and chest pain. O: Left first IP joint has mild pain with ROM. A: Subjective palpitations. Toe pain. P: Cardiology consulted. Call to schedule outpatient echocardiogram. Pick up Holter today. FU with PCP in 1-2 weeks. Discharged to home. Disability Status: (p. 640 MR1)

05/25/17. Alan Maisel, M.D. (Cardiology). Consultation Note. DOI: S: Palpitations. O: WNL. A: History of WPW s/p ablation in 2014, diagnosed in 2011 after a syncopal episode, anxiety disorder, PTSD, who presented to the ED for palpitations. P: Arranged to have a Holter today. Encouraged to call and schedule ECG as soon as possible. Cardiology will contact patient with outpatient clinic visit time. Disability: (p. 365 MR1)

05/25/17. Luke P. Hiller, M.D. (Radiology). X-ray of the Left Foot, Complete, 3 or more views. DOI: Impression: No radiographic evidence of acute osseous abnormality. (p. 747 MR1)

05/25/17. Geraldine Chang, M.D. (Radiology). X-ray of the Chest, 2 views, PA and Lateral. DOI: Impression: Clear and well expanded lungs. Sharp costophrenic sulci and diaphragmatic contour. Normal cardiac silhouette, aorta, pulmonary vessels, trachea, and hila. Intact regional skeleton. Normal soft tissues. Normal limited view of the upper abdomen. No acute cardiopulmonary disease. (p. 748 MR1)

05/25/17. David Krummen, M.D. (Cardiology). Holter Report. Interpretation: Normal sinus rhythm with sinus arrhythmia with an average HR of 82 bpm. Maximum HR of 130 bpm at 6:21 PM, unknown activity. Minimum HR of 51 bpm at 8:56 PM, unknown activity. Rare PVC in isolation. Rare PAC. in isolation. Duration of 30:36 hrs recording with 15% of the total beats in tachycardia. No symptoms noted on diary. (p. 783 MR1)

05/25/17. Leda Felicio, M.D. (Cardiology). ECG. Interpretation: Normal sinus rhythm. Early repolarization. When compared with ECG of 03/17/17, no significant change was found. (p. 784 MR1)

05/25/17 at 0605H. VA San Diego Healthcare System. Laboratory Report. (p. 803 MR1)

05/25/17 at 0608H. VA San Diego Healthcare System. Laboratory Report. (p. 840 MR1)

05/26/17. Rana Ram, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Syncopal episode witnessed by wife. Headache. Palpitations. O: HEENT: Mild left cheek TTP. A: Syncope. History of WPW s/p ablation. Palpitations. Closed head injury. P: Tylenol given. EKG performed. Cardiology evaluated and will admit patient to telemetry observation and FU Holter/Echo results. Disability Status: (p. 621 MR1)

05/26/17. Alan Maisel, M.D. (Cardiology). History and Physical Note. DOI: S: Syncopal episode around 5 PM this afternoon. O: Neck: ?mild tenderness over upper pole of thyroid. CV: ?faint systolic murmur best heard at left lower sternal border. A: Atypical chest pain. Anxiety. FEN. P: Check one additional troponin. Repeat EKG if develops chest pain. Continue home trazodone 100 mg. Risperidone. Disability: (p. 615 MR1)

05/26/17. Dr. Imbesi. (Radiology). CT of Head Without IV Contrast. DOI: Impression: No acute intracranial hemorrhage, mass effect or hydrocephalus. (p. 744 MR1)

05/26/17. Paul Stark, M.D. (Radiology). Portable X-ray of the Chest. DOI: Impression: Clear and moderately expanded lungs. Sharp costophrenic sulci/diaphragmatic contour. Normal sized cardiac silhouette. Normal aorta, pulmonary vessels, trachea and hila. Normal regional skeleton/soft tissues, telemetry lines superimposed on the chest and normal limited view of the upper abdomen. Normal bedside chest exam. (p. 746 MR1)

05/26/17 at 1916H. VA San Diego Healthcare System. Laboratory Report. (p. 803 MR1)

05/26/17 at 1919H. VA San Diego Healthcare System. Laboratory Report. (p. 839 MR1)

05/26/17 at 2229H. VA San Diego Healthcare System. Laboratory Report. (p. 839 MR1)

06/30/17. Richard W. Schulz, N.P. (Psych). Progress Note. DOI: S: Ongoing trauma related symptoms. He could not tolerate the risperidone, switched to clonidine. Early AM awakening. O: WNL. A: PTSD. MDD, recurrent, moderate. R/o GAD. P: Continue outpatient psychiatric care. Increase clonidine to 2 tabs at bedtime and 1 tab at 0800H and 140H. Trazodone. Venlafaxine XR. FU in 4 weeks. Disability Status: (p. 606 MR1)

07/26/17. John C. Hankey, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Right ear pain. Muffled hearing. O: Ears: Right TM dull, bulging with fluid behind it. A: Right otitis media. P: Prescribed Claritin 10 mg daily and Augmentin 875 mg b.i.d. for 10 days. He is encouraged to get a PCP. Disability Status: (p. 602 MR1)

07/31/17. Ali Parand, M.D. (Internal Medicine). Office Visit Note. DOI: S: Establish care. TOC from Oceanside clinic. Intermittent palpitations. Anxiety. L testicular pain. Chronic L knee pain. O: GU: 1 cm tender spongy mass posterolateral to L testicle. A: WPW syndrome, persistent, s/p ablation 2014. Anxiety. Chronic L knee pain. Painful L varicocele. P: PT referral. Continue meds. Urology referral. Disability: (p. 584 MR1)

07/31/17. Richard W. Schulz, N.P. (Psych). Progress Note. DOI: S: Ongoing trauma related symptoms. He presents for treatment of PTSD, MDD, recurrent, moderate and GAD. O: WNL. A: PTSD. MDD, recurrent, moderate. R/o GAD. P: Continue outpatient psychiatric care. Increase clonidine to 2 tabs at bedtime and 1 tab at 0800H and 140H. Trazodone. Venlafaxine XR. FU in 4 weeks. Disability Status: (p. 592 MR1)

08/12/17. Leda Felicio, M.D. (Cardiology). Complete Transthoracic Echocardiogram. Conclusions: Normal LV systolic function with no wall motion abnormalities. Normal LV diastolic function. Mild concentric LV hypertrophy. Mild to moderate tricuspid regurgitation. Mild pulmonary hypertension. (p. 717 MR1)

08/14/17 at 1015H. VA San Diego Healthcare System. Laboratory Report. (p. 803 MR1)

08/16/17 at 1024H. VA San Diego Healthcare System. Laboratory Report. (p. 802 MR1)

08/16/17 at 1024H. Quest Diagnostics Valencia. Laboratory Report. (p. 825 MR1)

08/23/17. Mark Strickland, M.D. (Emergency Medicine). ED Visit Note. DOI: S: He was cut on right finger at IP crease by a dirty scalpel 1.5 weeks ago. Abdominal pain. O: Skin: Thin 1 mm linear eschar along IP of right index finger. A: Healthcare related scalpel injury. Abdominal pain resolved. P: Discussed case with ID, recommended testing for HIV, Hep C and B. FU with PMD. Patient eloped. Disability Status: (p. 571 MR1)

08/23/17 at 1552H. VA San Diego Healthcare System. Laboratory Report. (p. 802 MR1)

08/23/17 at 1556H. VA San Diego Healthcare System. Laboratory Report. (p. 821 MR1)

08/23/17 at 1556H. VA Long Beach H.S. Laboratory Report. (p. 838 MR1)

12/10/17. John Hankey, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Intermittent midepigastic abdominal pain, woke up this AM nauseated/vomited once. Perirectal discomfort. Lightheadedness. O: CV: Grade 1/6 systolic murmur along the sternal border. A: Rectal discomfort. Nausea/vomiting. Abdominal pain. P: Labs ordered. Rx hydrocortisone rectal suppository/famotidine. D/C home. Disability: (p. 558 MR1)

12/10/17 at 1020H. VA San Diego Healthcare System. Laboratory Report. (p. 802 MR1)

12/10/17 at 1128H. VA San Diego Healthcare System. Laboratory Report. (p. 821 MR1)

01/29/18 at 0822H. VA San Diego Healthcare System. Laboratory Report. (p. 800 MR1)

03/01/18. Subhash Viswanathan, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Chest pain. Transient numbness on the left side of his head after sleeping in an awkward position earlier today. O: BP 147/74. Chest: Anterior chest wall point tender at right sternal border near manubriosternal joint. Reproducible chest pain. A: Costochondritis. Benign headache. P: Labs, head CT and chest x-ray ordered. Disability: (p. 704 MR1)

03/01/18. Sharp Grossmont Hospital. Laboratory Report. (p. 779 MR1)

03/01/18. Ryan Brooks Viets, M.D. (Radiology). CT of Head Without Contrast. DOI: Impression: No acute intracranial abnormality. (p. 779 MR1)

03/01/18. Ryan Brooks Viets, M.D. (Radiology). X-ray of the Chest, 2 views. DOI: Impression: No acute cardiopulmonary disease. (p. 780 MR1)

03/01/18. Leda Felicio, M.D. (Cardiology). ECG, 12-lead. Interpretation: Normal sinus rhythm. When compared with ECG of 05/25/17, no significant change was found. (p. 781 MR1)

04/02/18. Roxana Aminbakhsh, M.D. (Geriatrics). New Patient. DOI: S: Patient is here to establish PMD. O: WNL. A: Nausea, vomiting and diarrhea 2 days ago, has chills and sore throat. Chest wall pain with certain movements. History of elevated amylase/lipase. Anxiety. Insomnia. P: Labs, chest x-ray, strep throat test, and liver US ordered. He will contact his MHC provider for appointment. RTC in 3 months. Disability: (p. 542 MR1)

04/02/18 at 1045H. VA San Diego Healthcare System. Laboratory Report. (p. 836 MR1)

04/06/18 at 1017H. VA San Diego Healthcare System. Laboratory Report. (p. 800 MR1)

05/07/18. Noushin Vahdat, M.D. (Radiology). X-ray of the Chest, 2 views, PA and Lateral. DOI: Impression: Clear and well-expanded lungs. Sharp costophrenic sulci and diaphragmatic contour. Normal sized cardiac silhouette. Normal aorta, pulmonary vessels, trachea, and hila. Normal regional skeleton. Normal soft tissues and normal limited view of the upper abdomen. Normal chest radiograph. (p. 742 MR1)

05/07/18. Karen C. Chen, M.D. (Radiology). X-ray of the Left Hand, 3 or more views. DOI: Impression: No acute osseous abnormality. (p. 743 MR1)

05/08/18. Joanne L. Jacalan, N.P. Progress Note. DOI: S: He fell 2 weeks ago, got dizzy and tried to catch himself but fell on left hand. Patient reports today for left hand x-ray results. O: WNL. A: Left hand sprain s/p fall. P: Hand brace ordered. Topical pain cream/NSAID as prescribed by PCP. Ordered OT. Return for annual visits with PCP p.r.n. Disability Status: Declined work note for now. (p. 533 MR1)

05/18/18. Bienvenido Siy-Hian, M.D. (Geriatrics). Office Visit Note. DOI: S: Patient came in today complaining of left ear pain in the last few days. Also some headache. O: TTP of the left TMJ. Pain on movement of the left jaw. A: TMJ syndrome, left. P: Advised to use cool and warm compress to area. Advised not to play with jaw and avoid chewing hard food. Start ibuprofen 600 mg t.i.d. p.r.n. Disability Status: (p. 1149 MR1)

06/28/18. Bienvenido Chan Siy-Hian, M.D. (Geriatrics). Office Visit Note. DOI: S: Patient came in mainly to request for a CHOICE referral for cardiology. He complains of his heart stopping for a few seconds, several times every day. O: WNL. A: Complaint of heart stopping for a few seconds since 2014. WPW syndrome, s/p RF ablation, 2014. P: Request for CHOICE/Cardio. Disability Status: (p. 527 MR1)

07/07/18. Merri D. Finchem, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Chest congestion and cough. O: Chest: Mild expiratory wheeze. A: Bronchitis/URI with mild reactive airways. P: Rest. Fluids. Albuterol MDI with spacer. Guaifenesin DM. Return if worse, high fever, SOB, ongoing >2 weeks. Discharged to home. Disability Status: (p. 521 MR1)

07/08/18. Justin Q. Ly, M.D. (Radiology). X-ray of the Chest, 2 views, PA and Lateral. DOI: Impression: Clear and well expanded lungs. Sharp costophrenic sulci. Normal

cardiovascular silhouette. Normal trachea, hila, and pulmonary vasculature. Intact regional skeleton. No radiographic evidence of acute cardiopulmonary process. Compared to prior study, no change. (p. 741 MR1)

07/13/18. Bienvenido Chan Siy-Hian, M.D. (Geriatrics). Office Visit Note. DOI: S: Right shoulder and left knee pain. O: Some TTP in the anterior aspect of the right shoulder. Some tenderness on supination of the left knee. A: Left knee pain. Right shoulder pain, probably from muscle strain. P: Left knee x-ray. Continue ibuprofen 600 mg t.i.d. p.r.n. Disability Status: (p. 517 MR1)

07/13/18. Matthew J. Sharp, M.D. (Radiology). X-ray of the Left Knee, 2 views. DOI: Impression: No radiographic evidence of acute osseous abnormality. (p. 740 MR1)

08/15/18. Richard W. Schulz, N.P. (Psych). Telemedicine Visit Note. DOI: S: Increase in PTSD symptoms, anxiety attacks and nightmares. O: A: PTSD. P: Clonidine. Trazodone. Follow up within 1 month, placed order to schedule appointment with front desk. Disability Status: (p. 516 MR1)

08/24/18. Philippe R. Montgrain, M.D. (Pulmonary Medicine). Consultation Note. DOI: S: Evaluation for OSA. O: Patient has retrognathia. A: OSA screen. P: Ordered home sleep test and gave patient instructions. Patient is agreeable to using CPAP if found to have OSA. Advised regarding sleep hygiene and bedroom time restriction. Flu shot given today. RTC in 3 months to review sleep test results. Disability Status: (p. 355 MR1)

08/24/18. Robert Ross, M.D. (Cardiology). Complete Transthoracic Echocardiogram. Conclusions: Normal LV systolic function with no wall motion abnormalities. Mild concentric LV hypertrophy. Normal LV diastolic function. RV is slightly dilated with mildly reduced function noted on some views. Tricuspid valve leaflets moderately thickened. Septal leaflet appears significantly underdeveloped and tethered to the septum. Moderate to severe tricuspid regurgitation. Mild pulmonary hypertension. (p. 777 MR1)

08/31/18. David Bryman, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Migraines. He awoke today with photophobia, nausea and HA. O: WNL. A: Migraine, resolved. P: Tylenol was given. Ordered labs, chest x-ray and ECG. FU with PCP. Discharged to home. Disability Status: (p. 500 MR1)

08/31/18. Jennifer Feneis, M.D. (Radiology). X-ray of the Chest, 2 views. DOI: Impression: No evidence of acute cardiopulmonary disease. (p. 739 MR1)

08/31/18 at 0630H. VA San Diego Healthcare System. Laboratory Report. (p. 800 MR1)

08/31/18 at 0633H. VA San Diego Healthcare System. Laboratory Report. (p. 828 MR1)

08/31/18 at 0635H. VA San Diego Healthcare System. Laboratory Report. (p. 835 MR1)

08/31/18 at 0639H. VA San Diego Healthcare System. Laboratory Report. (p. 835 MR1)

09/10/18. David Krummen, M.D. (Cardiology). Consultation Note. DOI: S: Patient reports to establish care. WPW and s/p ablation of pathway in 2014. Palpitations with near syncope. O: A: WPW syndrome s/p ablation by Dr. Hassankhani on 04/2014.

Palpitations with syncope and near syncope. P: Release of medical records for procedure. Event monitor. RTC in 3 months or sooner. Disability Status: (p. 340 MR1)

09/10/18. Philippe R. Montgrain, M.D. (Pulmonary Medicine). Sleep Study. Impression: No significant obstructive sleep apnea. (p. 490 MR1)

10/02/18. James Ruddy, F.N.P. Progress Report. DOI: S: Requesting for letter to landlord for service dog for his PTSD. Bilateral knee/ankle/foot pain. O: WNL. A: Bilateral knee pain. Ankle/foot pain, normal exam. P: RICE. PT. Prosthetic request for ankle braces and arch supports. Right knee x-ray. FU after PT if symptoms persist or change. Disability Status: (p. 484 MR1)

10/29/18. Geraldine P. Kuo, M.D. (PM&R). Progress Note. DOI: S: He reports improvement since resuming meds regimen. He is requesting letter to allow emotional support animal per landlord's request. O: He stated mood is a little bit better. Fair insight. A: PTSD. P: Appropriate for outpatient care. Clonidine. Trazodone. Duloxetine, recommend increase to 60 mg. RTC in 3-4 months. Disability Status: (p. 477 MR1)

10/30/18. Eric Prante, P.T. Physical Therapy Note. (p. 1360 MR1)

11/15/18. James Ruddy, F.N.P. Progress Report. DOI: S: Oral wounds x1 month. O: Mouth: Bilateral upper inner gums linear excoriation in shape of retainer, right side with minor bleeding. A: Poor fitting dental retainer. P: Patient refitted yesterday. FU with orthodontist. RTC if change or persist after proper fitting retainer is used consistently. Disability Status: (p. 1079 MR1)

11/30/18. Rana Ram, D.O. (Emergency Medicine). ED Visit Note. DOI: S: Patient requesting an STD check because he does not trust his last sexual partner. O: WNL. A: STD check for gonorrhea/chlamydia. P: Discharged to home with instructions for close PCP follow up in 1-2 weeks. Disability Status: (p. 472 MR1)

11/30/18. VA San Diego Healthcare System. Laboratory Report. (p. 821 MR1)

12/07/18 at 1306H. VA San Diego Healthcare System. Laboratory Report. (p. 800 MR1)

12/07/18 at 1306H. Lexington VAMC-Leestown. Laboratory Report. (p. 833 MR1)

01/09/19. James Ruddy, F.N.P. Progress Report. DOI: S: Left-sided frontal headache x4 days. O: HEENT: Sinus with mild TTP. Nares boggy, erythema and much wet thick mucous. A: Sinus HA with congestion. Anxiety/somatic pains. Mild intermittent asthma. P: Use Sudafed sparing regimen and use Neti Pot. Continue Tylenol and Mobic. FU with PCP for duloxetine refills. Make Optometry appointment. Disability Status: (p. 468 MR1)

01/25/19. Philippe Montgrain, M.D. (Pulmonary Medicine). Progress Note. DOI: S: Insomnia, mainly early awakenings. O: HEENT: Patient has retrognathia. A: OSA screen. P: Formal sleep study. Advised regarding sleep hygiene and bedroom time restriction. Delay going to bed until 12 AM if possible. Continue treatment for PTSD, possible underlying depression. RTC in 3 months. Disability Status: (p. 464 MR1)

02/05/19. David Krummen, M.D. (Cardiology). DOI: Holter Event Monitor. Enrollment Period: 01/25/19 to 01/28/19. Preliminary findings: Patient had a min HR of 48 bpm, max

HR of 188 bpm, and average HR of 85 bpm. Predominant underlying rhythm was sinus rhythm. Isolated SVEs were rare (<1.0%), and no VE couplets or VE triplets were present. (p. 463 MR1)

02/15/19. Raymond Gysler, N.P. Progress Report. DOI: S: Lesion to side of penis x1 week that is slow growing and painful. O: GU: Right side shaft of penis at base in hair line with 0.5 cm elevated pustule on erythematous base with mild fluctuance, induration and TTP. A: Folliculitis. P: Advised hot compress 4-6x daily. Obtain appropriate labs and alert PCM to results. Disability Status: (p. 457 MR1)

02/15/19 at 1142H. VA San Diego Healthcare System. Laboratory Report. (p. 832 MR1)

02/15/19 at 1143H. Facility Name Not Available. Laboratory Report. (p. 454 MR1)

02/15/19 at 1148H. VA San Diego Healthcare System. Laboratory Report. (p. 831 MR1)

03/21/19. Name not available. Office Visit Note. DOI: S: Left-sided abdominal pain, nausea, vomiting and intermittent rectal bleeding x2 weeks. History of sternal popping and bilateral shoulder pain. O: WNL. A: Abdominal pain. Bilateral shoulder pain. Sternal mobility. LBP. P: Labs and plain film imaging of abdomen ordered and pending review. Referral to PT. Reassurance. Disability Status: (p. 446 MR1)

03/21/19. Farsad Bahador, M.D. (Radiology). Complete Abdomen X-ray, 2 views. DOI: Impression: Unremarkable bowel gas pattern. Lung bases are clear. No abnormal calcifications noted. The regional bony structures demonstrate no acute osseous abnormalities. Round calcifications in the pelvis likely represent phleboliths. (p. 738 MR1)

03/21/19. VA San Diego Healthcare System. Laboratory Report. (p. 799 MR1)

04/01/19. David Krummen, M.D. (Cardiology). Office Visit Note. DOI: S: Presyncope and palpitations. O: HR 108. A: WPW syndrome s/p ablation by Dr. Hassankhani on 04/14/14. Palpitations with syncope and near syncope. P: Repeat event monitor. Advised patient he can order more sticky patches with this device if they fall off. RTC in 3 months with results. Disability Status: (p. 441 MR1)

05/07/19. David Krummen, M.D. (Cardiology). DOI: Holter Event Monitor. Preliminary findings: Sinus tachycardia. (p. 440 MR1)

05/28/19. Gordon Ho, M.D. (Cardiology). DOI: Holter Event Monitor. Enrolment Period: 04/27/19 to 05/26/19. Narrative Summary: Monitored for 699:44 hours, of which 21:39 hours were usable. Average heart rate for the monitored period was 89 BPM. Tachycardia was present for 13% of the readable data. Bradycardia was present for 0% of the readable data. No pause noted of 3 seconds or longer. (p. 439 MR1)

07/07/19. Joshua Doros, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Palpitations. He did drink a little bit of alcohol just before symptoms started earlier tonight. O: WNL. A: Palpitations. Anxiety/PTSD. P: EKG performed. He was placed on cardiac monitor. Chest x-ray and blood work were ordered. He was given fluid Zofran FI cocktail and Pepcid. Discharge. FU with PCP/cardiology. Disability Status: (p. 700 MR1)

RE: Moore, Branden

DOS: 2/24/2022

Page 25

07/08/19. John P. Bas, M.D. (Family Medicine). Progress Report. DOI: S: FU s/p ER visit. Requesting repeat sleep study. Abdominal pain, resolved. Left testicular pain. O: WNL. A: Palpitations. Abdominal pain/hemorrhoids. Question of sleep apnea. Left testicular pain. P: Repeat EKG today. Proctofoam when necessary hemorrhoid flareups. Referral to sleep clinic. Scrotal US scheduled 07/18/19. Disability Status: (p. 427 MR1)

07/20/19. David Bryman, M.D. (Emergency Medicine). ED Visit Note. DOI: S: Fatigue for several weeks. Swollen lumps at groin for a few weeks. O: Abdomen: Shotty nodes, bilateral inguinal region, ropy feel to left inguinal ligament. A: Small palpable nodes at inguinal region does not seem pathological. Symptoms of fatigue/night sweats. P: FU on labs. FU with PCP for results and recheck. Discharged to home. Disability: (p. 415 MR1)

07/20/19. Farshad M. Bahador, M.D. (Radiology). CT of Abdomen and Pelvis With Contrast. DOI: Impression: No acute abnormality of the abdomen or pelvis. No pathologically enlarged lymph nodes seen. (p. 736 MR1)

07/20/19. Paul Stark, M.D. (Radiology). Chest X-ray, 2 views. DOI: Impression: Clear and well-expanded lungs. Sharp costophrenic sulci and diaphragmatic contour. Normal sized cardiac silhouette. Normal aorta, central pulmonary arteries, peripheral pulmonary vessels, trachea, bronchi, regional skeleton, soft tissues and limited views of upper abdomen. No evidence for enlarged mediastinal or hilar lymph nodes. (p. 737 MR1)

07/20/19 at 0745H. VA San Diego Healthcare System. Laboratory Report. (p. 799 MR1)

07/20/19 at 0930H. VA San Diego Healthcare System. Laboratory Report. (p. 799 MR1)

07/20/19 at 0930H. Quest Diagnostics Chantilly. Laboratory Report. (p. 827 MR1)

11/25/19. John P. Bas, M.D. (Family Medicine). Telemedicine Visit Note. DOI: S: Patient had a recent upper respiratory infection requiring ER management. Requesting a return to work note. O: A: P: Return to work note written and placed into medical record as administrative note. Work Status: Return to work on 12/02/19. (p. 401 MR1)

11/25/19. John P. Bas, M.D. (Family Medicine). Work Status Report. DOI: S: O: A: Upper respiratory tract infection. P: Work Status: May return to work without restrictions effective 12/02/19. (p. 400 MR1)

05/28/20. Richard Preci, D.O. (Emergency Medicine). ED Visit Note. DOI: 05/28/20. S: Muscle cramps and syncopal episode x2 hours PTA. O: WNL. A: Rhabdomyolysis. AKI. P: Obtain prior medical records. Treated with Ativan. Patient will be admitted for further evaluation. Labs, EKG, chest x-ray, and CT scan of head were ordered. Disability Status: (p. 134 MR1)

05/28/20. Chul H. Chae, M.D. (Radiology). X-ray of the Chest, one view. DOI: Impression: No acute abnormality of the chest. (p. 166 MR1)

05/28/20. Chul H. Chae, M.D. (Radiology). CT scan of Head without Contrast. DOI: Impression: No acute abnormality of the head. (p. 167 MR1)

05/28/20. San Gorgonio Memorial Hospital. EKG. Interpretation: Sinus rhythm with marked sinus arrhythmia. Moderate voltage criteria for LVH, may be normal variant. Early repolarization. Borderline ECG. Unconfirmed. (p. 168 MR1)

05/28/20 at 1935H. San Gorgonio Memorial Hospital. Laboratory Report. (p. 170 MR1)

05/28/20 at 2204H. San Gorgonio Memorial Hospital. Laboratory Report. (p. 170 MR1)

05/29/20 at 0630H. San Gorgonio Memorial Hospital. Laboratory Report. (p. 170 MR1)

05/29/20 at 1207H. San Gorgonio Memorial Hospital. Laboratory Report. (p. 170 MR1)

05/29/20. Mohsin Syed, M.D. (Internal Medicine). History and Physical Note. DOI: 05/28/20. HXOI: Working in the heat for several hours without adequate hydration. S: He is being admitted for further eval. O: WNL. A: Acute kidney injury secondary to dehydration, volume loss, also resulting in rhabdomyolysis. Syncope. P: Admit for IV fluid resuscitation and FU on labs. Telemetry monitoring. Disability: (p. 140 MR1)

05/29/20. Bahij Ghazal, M.D. (Internal Medicine). Progress Note. DOI: S: Generalized muscle pain. He is doing better clinically, pain is better. No complaints. O: WNL. Acute kidney injury secondary to dehydration, volume loss, also resulting in rhabdomyolysis. Syncope secondary to dehydration. P: Continue IV fluid resuscitation and telemetry monitoring. Stable for transfer to VA. Disability Status: (p. 145 MR1)

05/29/20. Bahij Ghazal, M.D. (Internal Medicine). Discharge Summary. DOI: S: Kidney function came back to normal but CPK continued to trend up. Acidosis resolved. O: A: Acute rhabdomyolysis. Acute renal failure. Syncope. History of Wolff-Parkinson-White. P: Patient needs more IV fluids and monitor the CPK. Transferred to VA Hospital to continue care. Disability Status: (p. 133 MR1)

06/01/20. Ali Parand, M.D. (Internal Medicine). Telemed Progress Note. DOI: S: Patient was discharged from LLVA after being hospitalized for 2 days for rhabdomyolysis/AKI due to heat exhaustion while working as a groundsman. He still has generalized muscle soreness. O: A: S/p heat exhaustion, rhabdo/AKI. P: Repeat labs at the end of this week or beginning of next week. Work Status: Off work until 07/01/20. (p. 395 MR1)

06/21/20. Ali Parand, M.D. (Internal Medicine). Telemed Progress Note. DOI: S: Patient states that he still has occasional myalgias. O: A: P: Advised patient to be sure to continue adequate daily liquid intake, can use APAP p.r.n. If APAP is not effective, okay to use ibuprofen p.r.n. Disability Status: (p. 393 MR1)

06/26/20. Ali Parand, M.D. (Internal Medicine). Telemed Progress Note. DOI: S: Persistent bilateral mid-back pain. Left groin pain/dysuria/suprapubic pain. Pain over left forearm SVT. O: A: Persistent bilateral mid-back pain, now with left groin pain/dysuria. Left forearm SVT. P: Advised to go to LLVA ED for further eval for possible nephrolithiasis. Disability Status: Excuse letter per LLVA physician. (p. 390 MR1)

09/22/20. John Bas, M.D. (Family Medicine). Telemed Progress Note. DOI: S: He continues to note kidney related pain, lethargy, and intolerance to heat. O: WNL. A: History of recent heat injury with subsequent rhabdomyolysis and kidney injury. P:

Repeat labs. Continue with plan of care. Requesting additional legal documentation from his attorney to move forward with his WC case. Disability: (p. 384 MR1)

12/16/20. S. Majcher, M.D. (Internal Medicine). Initial PQME. DOI: 05/28/20. CC: Intense pain involving every part of his body, particularly the muscles of the abdomen and urinary bladder area. Extremely sensitive to the sun. Dx: History of rhabdomyolysis, kidney failure and multiple episodes of fainting. P&S date: Not yet P&S. %WPI: Permanent Disab: Work Restriction: FM: Continue treatment with VA. (p. 88 MR1)

02/08/21 at 1037H. VA San Diego Healthcare System. Laboratory Report. (p. 799 MR1)

02/08/21 at 1038H. VA San Diego Healthcare System. Laboratory Report. (p. 829 MR1)

03/05/21. John Bas, M.D. (Family Medicine). Telemed Progress Note. DOI: S: History of prior acute rhabdomyolysis with abnormal LFTs due to exertional heat stroke. O: He is in no acute distress. A: History of heat stroke, now resolved. Acute renal failure syndrome, stable at this time. Non-traumatic rhabdomyolysis. P: FU with renal as directed. Obtain ER/inpatient hospital records for submission to WC claim. Disability: (p. 370 MR1)

03/11/21. Natalie Sweiss, M.D. (Nephrology). E-Consultation Note. DOI: 05/28/20. S: Patient was called and he says that when he lies flat, he has back pain and tightness muscle twitches. He also has more difficulty holding his urine. O: A: AKI secondary to rhabdo. LBP. P: Discuss with PCP regarding LBP. Check renal US. No need for clinic appointment. Disability Status: (p. 336 MR1)

04/20/21. Stanley J. Majcher, M.D. (Internal Medicine). Supplemental Report. DOI: 05/28/20. Comment: In regard to the applicant's history of chest palpitations, and also history of significant issues including confusion, dizziness and fainting, I strongly recommend consultation with another cardiologist. In regard to psychiatry, I do believe, it is appropriate for the applicant to be evaluated by a psychiatrist. (p. 85 MR1)

06/04/21. Kenneth Garrett, Ph.D. (Psych). Telemed Psych Evaluation. DOI: 05/28/20. S: Extreme fatigue. Episodes of anxiety. Chronic sleep deprivation. O: A: Major depressive disorder. Generalized anxiety disorder with panic. Chronic sleep deprivation. Chronic issues with kidneys/bladder/intestines due to episode of 1 year ago. P: RFA for 6 psych sessions and for PTP to consider giving sleep meds. Work Status: Off work. (p. 82 MR1)

07/08/21. Stanley J. Majcher, M.D. (Internal Medicine). Panel Qualified Medical Reevaluation. DOI: 05/28/20. CC: Heat stroke/rhabdomyolysis (injury to major muscles). Dx: Heat stroke/rhabdomyolysis. P&S date: Not yet P&S. %WPI: Permanent Disability: Work Restriction: Future Medical: (p. 29 MR1)

07/08/21. Name not available. (Cardiology). EKG. Interpretation: Sinus rhythm. RSR in V1/V2 consistent with right ventricular conduction delay. Early repolarization. Borderline ECG. (p. 77 MR1)

07/08/21. Name not available. (Cardiology). Transthoracic Echocardiography Report. Comments/Summary: AI. LVH. PI. PHTN. (p. 79 MR1)

RE: Moore, Branden
DOS: 2/24/2022
Page 28

07/08/21. Stanley J. Majcher, M.D. (Internal Medicine). Thyroid Ultrasound Screen. DOI: Diagnosis: Cysts. (p. 80 MR1)

07/08/21. Stanley J. Majcher, M.D. (Internal Medicine). Aortic Ultrasound. DOI: Diagnosis: Normal. No industrial abnormalities. Correlate clinically. (p. 81 MR1)

04/24/2013 – The patient was referred for behavior modification for anxiety disorder. A note was made of chronic knee, elbow and back pain.

05/14/2013 – Author Ann Nisenzon, Psychologist. Recommended mindfulness training.

03/13/2014 – PTSD was described following defibrillation for apparent cardiac asystole. The anxiety clinic was recommended.

05/06/2016 – Describes diagnosis of bipolar disease.

07/31/2017 – Describes chronic left knee pain.

05/18/2018 – Describes left hand strain.

07/13/2018 – Describes right shoulder and left knee pain.

03/21/2019 – Describes sternal popping and bilateral shoulder pain that is sternal.

05/28/2019 - Describes his recent episode of heat stroke with rhabdomyolysis, acute kidney injury and syncope.

RE: Moore, Branden
DOS: 2/24/2022
Page 29

06/01/2020 - Describes generalized muscle soreness.

06/21/2020 – Describes generalized myalgias and intense pain in all body parts, syncope and inability to tolerate being out in the sun.

03/05/2021 – Describes his past episode of exertional underlying heat stroke.

03/11/2021 – Describes back pain and “muscle twitching”.

LITERATURE REVIEW

1. Archives in Internal Medicine 2007; 01/06/07 (20:2177-2183) “Heat stroke was associated with dramatic alterations in functional status of survivors” under the comment section.

2. Journal of the Intensive Care Society 10/01/2012 “Neurologic dysfunction following heat stroke is well recognized”.

Inability to adapt to the heat. There is also a common finding therefore patients of heat stroke are at risk for further episodes of heat illness.

Neurologic effects of heat stroke include cerebellar dysfunction and paraparesis.

3. PLOS One 02/13/2019. There is association between heat stroke and subsequent heart disease at fourteen year followup is noted. History of prior heat stroke is associated with increased incidence of acute myocardial infarction and acute ischemic stroke.

DIAGNOSES

1. Apparent panic disorder with preexisting component as a result of his heat stroke – not my specialty.

2. Musculoskeletal problems after heat stroke including:
 - a. Neck strain
 - b. Left arm paresthesias
 - c. Low back pain
 - d. Left leg pain.
 - e. At risk for further cardiac disease – not my specialty.

CAUSATION

The issues described above are clearly related to the episode of heat stroke or exercise-induced heat stroke while over-exerting himself in 115 degree weather.

Apportionment will be indicated as he had prior musculoskeletal problems as mentioned in my record review.

PERMANENT AND STATIONARY STATUS

He has not reached permanent and stationary status.

WORK STATUS

He can work with restrictions including no work outside in the sun, no lifting more than ten pounds, no climbing, no repeating bending or squatting and no repetitive use of either hand.

PLAN

1. He should have a cognitive behavioral therapy comprehensive evaluation and appropriate psychological treatment as related to the exacerbation of his previous problems with anxiety and bipolar disease. This is not my specialty.
2. MRI Cervical and Lumbar Spine.
3. EMG/NCV Studies of the Upper and Lower Extremities – Evaluate muscle/nerve damage as result of heatstroke.
3. He should be able to see a cardiologist on an ongoing basis as he is at increased risk from the heatstroke for an acute myocardial infarction or an acute ischemic stroke as described in the literature.

After the above-mentioned evaluation, he should be seen at a university or tertiary care center for Functional Capacity Evaluation and work-hardening with physical therapy to determine what kind of work he would be able to perform in the future.

I will see him back for a re-evaluation after the above-mentioned items have been completed for permanent an stationery rating.

Thank you for the opportunity to evaluate this examinee. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

ATTESTATION

I, William W. Winternitz, M.D., personally took the examinee's history, reviewed the medical records, performed the physical examination, and dictated this report. All of the opinions expressed in the report are mine. In the preparation of the report Myla Jane Sabdani, MT, arranged all of the records in chronological order and prepared a list and excerpt of records for my review. I personally then reviewed all of the available medical records and the excerpt prior to the preparation of my report. Staff time has not been included in the calculation of time spent on this report. The entire report was personally reviewed by me and signed on the date and county as indicated.

I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 to the best of my knowledge and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

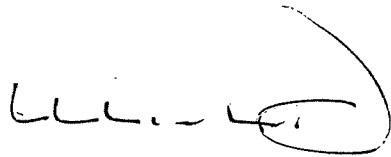
I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that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

RE: Moore, Branden

DOS: 2/24/2022

Page 32

Sincerely,



William W. Winternitz, M.D.
Board Certified Orthopaedic Surgeon

Signed this 11 day of March 2022 in San Diego County in the State of California.

William W. Winternitz, M.D.

Board Certified Orthopaedic Surgeon
Qualified Medical Evaluator

8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

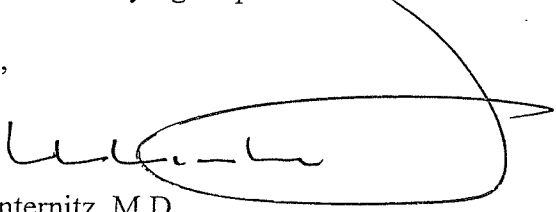
RE: MOORE, BRANDEN
DATE OF EVALUATION: February 24, 2022
EMPLOYER: Ambercrombie Pipeline
DATE OF INJURY: May 28, 2020
CLAIM NO: WC608-E60694-00

Dear Raymond Meister, M.D., M.P.H.:

The above mentioned injured worker was seen in my office for a Panel Qualified Medical Evaluation. While speaking with the injured worker and reviewing the medical records I have identified the following injuries that are outside my area of expertise:

- 1: ① Psychology - Perform Cognitive Behavioral testing
 - 2: ② Cardiology + advise treatment on a work related basis prn
 - 3: - evaluate for risk of myocardial infarction
 - 4:
 - 5: + Acute Ischemic Stroke
 - 6: s/p Heartstroke - see 1, + review in my QME
- Per regulations I am notifying all parties that these items are outside my scope of expertise.

Sincerely yours,


William W. Winternitz, M.D.
Board Certified Orthopaedic Surgeon

Signed this 11 day of March 2022 in San Diego County in the State of California.

REQUEST FOR SPECIAL STUDIES

EXAMINEE'S NAME: Brandon Moore

TYPE OF STUDY:

☒ MRI Cervical + Lumbar L-R

☐ With Contrast

☒ Without Contrast

☒ EMG / NCV

☐ X-RAY

VIEW:

DIAGNOSIS:

1. R/o cervical / lumbar radiculitis
2. R/o neuropathy - upper + lower extremities
- 3.

RULE OUT: as above

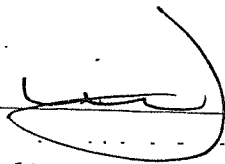
DOCTOR:

W. T. L.

Winternitz

LICENSE #

651348

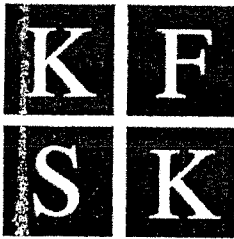
SIGNATURE: 

DATE

3/11/2022

SEND IMAGING / REPORTS TO THE INSURANCE COMPANY
ANY UNDECLARED IMAGING / REPORTS SENT TO US DIRECTLY
FROM IMAGING CENTERS WILL NOT BE ACCEPTED.

OUR OFFICE DOES NOT SCHEDULE APPOINTMENTS FOR SPECIAL
STUDIES. THE INSURANCE COMPANY MUST SCHEDULE



KOSZDIN, FIELDS, SHERRY & KATZ

Susan E. Fields *
Mark J. Sherry *
Robert A. Katz *
Brett T. Sherry

** Certified Specialist,
Workers' Compensation,
The State Bar of California,
Board of Legal Specialization*

6151 Van Nuys Boulevard
Van Nuys, California 91401
(818) 781-1503
FAX (818) 925-7090

Jack P. Koszdin
(1931 - 2014)

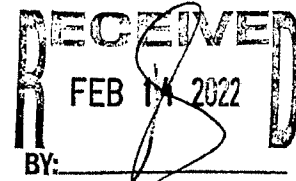
Legal Assistants
Richard Mayer
Dee Thierry

January 25, 2022

William Winternitz, Jr., M.D.
8221 N. Fresno Street
Fresno, CA 93720

Date Sent: 02/10/22

RE: Branden Moore v. Abercrombie Pipeline
EAMS No.: ADJ13339678
Claim No.: WC608-E60694-00
Date of Injury: 05/28/2020



PANEL QUALIFIED MEDICAL EXAMINATION

Dear Dr. Winternitz, Jr.:

Thank you for agreeing to act as the Panel Qualified Medical Examiner in the field of orthopedic surgery in the above-captioned matter. This office represents the applicant, Branden Moore, and this letter is being sent to you in accordance with Labor Code Section 4062.3. A copy of this letter has already been forwarded to the defendants. You are currently scheduled to evaluate the applicant on February 24, 2022.

The applicant, Branden Moore, is a 31-year-old male who worked as a groundman for Abercrombie Pipeline and sustained an admitted industrial injury on May 28, 2020 for heat stroke. On the date of injury, applicant was working long hours outside in extreme heat when his body started to cramp up and he went into shock. He was taken to San Geronio Memorial Hospital where he was diagnosed with kidney failure and heat stroke. As a result of the incident and in addition to injuries pled to his kidney, bladder, and intestines, applicant also claims sleep loss, psychiatric distress, weight loss, musculoskeletal system pain, chest palpitations, and neurological deficits. Applicant was previously evaluated by Dr. Stanley Majcher as the PQME in internal medicine who opined applicant should be evaluated by an orthopedic specialist for the musculoskeletal system for rhabdomyolysis, which is the reason for this evaluation. Applicant was also recently evaluated by Dr. Sanjay Agarwal in the field of psychiatry and Dr. Jeffrey Caren in the field of cardiovascular disease. Applicant continues to receive treatment at the VA.

You have been provided with the medical records and reports generated in this case, and if there is anything further, with the agreement of the defendants, they will be submitted to you as well.

It would be greatly appreciated if you would take your usual thorough history, conduct a comprehensive clinical examination, review the medical records and reports, and perform any

necessary non-invasive diagnostic procedures you feel are reasonable to address the salient issues in a workers' compensation claim, including, but not limited to, the following:

- 1) Do you feel applicant sustained an industrial injury to his musculoskeletal system as a result of the incident that occurred on May 28, 2020?
- 2) If so, is the applicant currently temporarily totally disabled? Was the applicant temporarily totally disabled at any point following his May 28, 2020 injury?
- 3) Has the applicant reached maximum medical improvement (MMI)? If he has not, please indicate what medical treatment you believe he requires in order to reach MMI status.
- 4) If the applicant has indeed reached MMI status, please set forth any factors of permanent disability in accordance with the AMA Guidelines, Fifth Edition. If you feel that the applicant's permanent disability would be more accurately reflected by utilizing the Almaraz/Guzman approach, please do so, utilizing other tables within the four corners of the Guidelines. Please set forth your reasoning for doing so.
- 5) Does the applicant require any present and/or future medical treatment to help cure and relieve the effects of the industrial injury? If so, please set forth the anticipated scope and duration of such treatment.
- 6) Are there any apportionable factors under Labor Code Sections 4663 and/or 4664? If so, please set forth the percentage of industrial disability, as well as the percentage of non-industrial disability, if any. Please indicate your reasoning in this regard.
- 7) Do you feel the applicant requires any evaluations by physicians in different specialties? If so, please indicate which field(s) of medicine.

Upon completion of your report, please send a copy to this office, as well as to the defendants, Law Offices of Muhar, Garber, AV & Duncan, located at P.O. Box 7218, London, KY 40742, to the attention of Nicolett T. Ybarra, Esquire.

Thank you for your professional courtesy and consideration in this matter.

Very truly yours,

KOSZDIN, FIELDS, SHERRY & KATZ

A handwritten signature in black ink, appearing to read 'Brett T. Sherry', written in a cursive style.

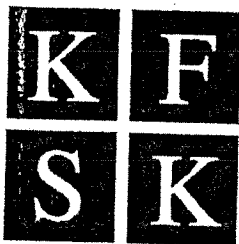
Brett T. Sherry
Attorney at Law
brett@koszdin.com

BTS/bts

cc: Mr. Branden Moore

cc: Law Offices of Muhar, Garber, AV & Duncan
P.O. Box 7218
London, KY 40742
Attn: Nicolett T. Ybarra, Esq.

2-24-2022



KOSZDIN, FIELDS, SHERRY & KATZ

Susan E. Fields *
Mark J. Sherry *
Robert A. Katz *
Brett T. Sherry

6151 Van Nuys Boulevard
Van Nuys, California 91401
(818) 781-1503
FAX (818) 925-7090

Jack P. Koszdin
(1931 - 2014)

Legal Assistants
Richard Mayer
Dee Thierry

** Certified Specialist,
Workers' Compensation,
The State Bar of California,
Board of Legal Specialization*

November 10, 2021

Dr. William Winternitz, Jr.
3221 N. Fresno Street
Fresno, CA 93720

RE: Branden Moore v. Abercrombie Pipeline
EAMS No.: ADJ13339678
Claim No.: WC608-E60694-00
Date of Injury: 05/28/2020

TITLE 8 CCR 9793 (n) DECLARATION / ATTESTATION

Dear Dr. Winternitz:

The attorney for the applicant, Branden Moore, declares under penalty of perjury that the attorney for this applicant has complied with Labor Code Section 4062.3

The office of the applicant also attests that the page count provided for your review of records, excluding this declaration, position statement and index of records cover page, totals 1,407.

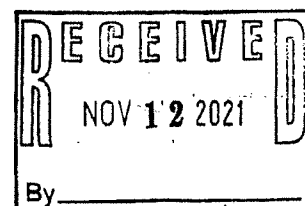
Very truly yours,

KOSZDIN, FIELDS, SHERRY & KATZ

Brett T. Sherry
Attorney at Law
brett@koszdin.com

cc: Liberty Mutual
PO Box 779008
Rocklin, CA 95677

Law Offices of Muhar, Garber, AV & Duncan
P.O. Box 7218
London, KY 40742



State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

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

Case Name: Branden Moore v Liberty Mutual Insurance Company
(employee name) (claims administrator name, or if none employer)

Claim No.: WC608-E60694-00 EAMS or WCAB Case No. (if any): _____

I, Audrey Amesqua, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: 8221 N. Fresno St, Fresno, CA 93720
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- ☒ placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service.
(Messenger must return to you a completed declaration of personal service.)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u> (For each addressee, Enter A-F as appropriate)	<u>Date Served:</u>	<u>Addressee and Address:</u>
B	3/22/2022	Branden Moore, 292 Finnhorse Street Hemet CA 92545
B	3/22/2022	Liberty Mutual Insurance Company, P.o. Box 779008 Rochlin CA 95677
B	3/22/2022	Koszdin Fields Sherry & Katz, 6151 Van Nuys Blvd. Van Nuys CA 91401
B	3/22/2022	Law Offices Of Muhar, Garber, Av & Duncan, P.o. Box 7218 London KY 40742

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

Date: 3/22/2022

A. Amesqua

(Signature of Declarant)

Audrey Amesqua

(Print Name)