

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: **BARDAKJIAN, STEEVIO**
(employee name)

v **OLIVE VIEW MEDICAL CENTER**
(claims administrator name, or if none employer)

Claim No.: **19-00110-B**

EAMS or WCAB Case No. (if any): **ADJ11540526**

I, Crystal Macea, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: **13113 Hadley St Whitter CA 90601**
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

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

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

Date Served:

Addressee and Address Shown on Envelope:

| | | |
|----------|-----------------|--|
| <u>B</u> | <u>09/20/23</u> | Lewis Brisboid Bisgaard & Smith LLP 633 West 5th St Suite 4000 Los Angeles, CA 90071 |
| <u>B</u> | <u>09/20/23</u> | Koszdin, Fields, Sherry & Katz 6151 Van Nuys Blvd. Van Nuys, CA 91404 |
| <u>B</u> | <u>09/20/23</u> | Sedgwick P.O. Box 11028 Orange, CA 92856 |
| | | |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 09/20/2023

Crystal Macea
(signature of declarant)

Crystal Macea
(print name)

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

September 8, 2023

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

Attention: Charlene Underwood
Attorney at Law

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

Attention: Robert A. Katz, Esq
Attorney at Law

AGREED MEDICAL EVALUATION

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

To All Parties Involved:

I the undersigned examined Mr. Steevio Bardakjian in my capacity as an Agreed Medical Examiner in my Sherman Oaks, California office today, September 8, 2023. My evaluation addresses this patient's orthopaedic complaints. This report is considered an **ML202** comprehensive medical-legal evaluation.

OCCUPATIONAL DESCRIPTION AND WORK HISTORY

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

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

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

HISTORY OF PRESENT ILLNESS

This is a 52-year-old male nurse manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center previously examined by the undersigned on September 20, 2022 and October 5, 2020.

Since prior examination, Mr. Bardakjian has continued to experience back pain associated with lower extremity radicular symptoms as well as right knee pain. Mr. Bardakjian states his pain usually has worsened since prior examination. Mr. Bardakjian has been managed by Philip Conwisor, M.D. He was recently referred to spine subspecialist James Cho, M.D. for evaluation and probable surgery based upon the history provided by Mr. Bardakjian.

OFF WORK ACTIVITIES

Mr. Bardakjian states he participates in sedentary activities only stating he is not participating in activities such as minor car repair, hunting, horseback riding, skiing, fishing, golfing, gardening, tennis, bowling, or running.

PRESENT COMPLAINTS

Mr. Bardakjian describes lumbar pain associated with bilateral lower extremity pain and numbness and cramping and a pulling sensation. He describes pain varies in intensity in both his knees and his back from dull to sharp.

In reference to the right knee, Mr. Bardakjian has a complaint of stiffness, pain, and burning sensation as well as sharp pain.

ACTIVITIES OF DAILY LIVING

Mr. Bardakjian states his pain interferes with his ability to walk one block, lift 10 pounds such as a bag of groceries, sit for half an hour, stand for half an hour, sleep and travel in a car up to an hour to a severe degree.

Mr. Bardakjian states he must limit his activities to a severe degree in order to prevent his pain from getting worse.

Mr. Bardakjian states his pain interferes with his ability to write and type to a moderate degree.

Mr. Bardakjian states his pain interferes with his ability to participate in social activities to a severe degree including "all of my ADLs, grooming, hygiene, and cooking."

Mr. Bardakjian states his pain interferes with daily activities to a severe degree including walking his dogs, cooking, doing laundry, bathing, and yard work.

Mr. Bardakjian states his pain interferes with his interpersonal relationships to a severe degree stating he is unable to visit friends and family and is unable to have intimacy with his partner.

Mr. Bardakjian states his pain interferes with his ability to perform jobs in home and shower and bath to a moderate degree.

Mr. Bardakjian states his pain interferes with his ability to dress himself to a severe degree including applying shoes, pants, socks, and undergarments stating that he wears clogs for the ease of putting on the shoe wear.

Mr. Bardakjian states his pain interferes with his sexual intimacy and concentration to a severe degree.

REVIEW OF RECORDS

Received by the Office of Lee C. Woods, M.D. on 08/16/23 are records and Declaration Pursuant to CCR, Title 8, §9793(n) which is dated 07/19/23 and signed by Brett T. Sherry, Esq. from Koszdin, Fields & Sherry indicating the total page count of 122 pages.

REVIEW OF MEDICAL RECORDS:

06/03/22: PR-2 Report, Ann Bonner, PA-C and Philip H. Conwisar, M.D. DOI: 07/03/18, County of Los Angeles Olive View Medical Center. Note: Page 4 is missing. Mr. Steevio Bardakjian worked as a RN IT Project Manager. He was one-month postop right knee arthroscopy with partial medial meniscectomy. He was doing well. He felt like his strength in his quadriceps continued to improve but had some mild lingering pain. He was attending postop physical therapy for his right knee and completed three sessions so far with nine sessions remaining. He noted improvement with physical therapy. He was also doing a home exercise program. He also continued to treat with Dr. Kohan, pain management specialist for his low back. EXAM: Exam of the lumbar spine revealed healed incision. He ambulated with an antalgic gait. There was a limp present on the right. He was using a cane. Patient was standing with a flattened lumbar lordosis. There was no scoliosis or list. There was no evidence of atrophy of the gluteus maximum bilaterally. There was slight tenderness of the lumbar paravertebral muscles. Range of motion of the lumbar spine demonstrated flexion to 40 degrees, extension zero degrees, right lateral bending 10 degrees, and left lateral bending 05 degrees, with increased low back pain on ROM

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testing. Straight leg raising was to 30 degrees on the right with low back pain and 60 degrees on the left without pain. Exam of the bilateral hips revealed slight restriction with ROM testing of the right hip with slight pain. Range of motion of the left hip was full and without pain. Exam of the bilateral knees revealed mild swelling of the right knee. There were healed incisions over the right knee. Range of motion of the knees R/L in degrees: Flexion 125/140; extension 20/zero. Neurological Exam: Motor test was 4+/5 with right knee extension and right ankle dorsiflexion. (PAGE 4 IS MISSING). Reviewed was the MRI of the lumbar spine dated 07/10/18 showing "a 3 mm disc protrusion at L3-4 causing moderate central stenosis and mild bilateral neural foraminal and lateral recess stenosis. There is a congenitally small canal at L4-5; there is a 5 mm disc protrusion resulting in moderately severe central stenosis; there is bilateral lateral recess and neural foraminal narrowing." DIAGNOSES: 1) S/P lumbar spine surgery, apparently hemilaminotomy/microdiscectomy at L3-4, L4-5. 2) Recurrent disc herniation, L4-5. 3) L4-5 lumbar radiculopathy. 4) Postop right knee arthroscopy with partial medial meniscectomy. PLAN: continue authorized postop physical therapy for the right knee; continue treating with Dr. Kohan for the low back; f/u in four weeks. WORK STATUS: Remain TTD.

07/22/22: PR-2 Report, Ann Bonner, PA-C and Dr. Conwissar. Patient continued to do well S/P right knee arthroscopy. He complained of persistent severe low back pain. He stated he was trying to get a spine surgical consultation with Dr. Patrick Johnson at Cedars Sinai. His adjuster changed and she has not received authorization for spine consultation. Exam of the lumbar spine and hips was unchanged. Exam of the right knee revealed mild swelling, healed incisions over the knee. Range of motion of the right knee -5 to 135 degrees. Motor testing remained 4+/5 with right knee extension and right ankle dorsiflexion. Sensation was decreased at L4 and L5. Reviewed was an MRI of the lumbar spine dated 06/04/2020 showing "a 3 mm disc protrusion at L3-4 and 3.8 mm disc protrusion at L4-5. There is bilateral neural foraminal narrowing at both levels. There is 1.3 mm disc protrusion at L5-S1 and L2-3." Reviewed were Electrodiagnostic studies of the lower extremities which revealed evidence of chronic bilateral L4 and L5 lumbar radiculopathy, right greater than left. PLAN: Additional physical therapy for the right knee; f/u with Dr. Kohan for the low back; second opinion spine surgery consultation with Dr. Patrick Johnson at Cedars Sinai; physical therapy for the lumbar spine; f/u in four weeks. WORK STATUS: TTD.

08/02/22: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. and Seyeon Kang, NP, Universal Pain Management. DOI: 07/03/18, Olive View Medical Center. Patient with low back and right knee pain due to work related injuries. He recovered from COVID-19. He continued with physical therapy after right knee surgery on 05/04/22 with mild improvement with physical therapy, which allowed him to ambulate longer distances. He complained of low back pain radiating to both feet, increased with exertion and improved with medication. He complained of right knee aching pain with prolonged positioning, alleviated by rest, physical therapy and medication. He was in the process of finding a spinal surgeon after failed laminectomy in 2018. He had epidural injections in the past which did not help. Spinal cord stimulator trial was discussed and patient was interested in this procedure in the future. MEDS: Percocet providing 30% pain relief; OTC stool softeners. PSH: August 2018, L3-5 discectomy. On 06/29/21, open heart surgery at Henry Mayo. On 05/04/22, right knee surgery. UDS on 06/06/22 was consistent with Percocet and metabolites, positive for TCH which is legal in California. Reviewed were the MRI of the right knee dated 05/28/2020 and MRI of the lumbar spine dated 06/04/2020. IMPRESSION: 1) 52 year old male with history of L3-5 laminectomy with significant radiculopathy on the right side and post-laminectomy syndrome with lumbar radiating due to work related injury. 2) S/p right knee surgery, 05/04/22, recovering and doing physical therapy. PLAN: spinal cord stimulator trial; continue current meds; f/u with spinal surgeon; continue physical therapy for the right knee; knee injections; Percocet was refilled; continue Metamucil; f/u in one month. WORK STATUS: Per PTP.

08/31/22: PR-2 Report, Dr. Conwissar. Patient was improving after right knee arthroscopy surgery 3-1/2 months ago. He had some persistent right knee pain and weakness. He complained of severe low back pain radiating to the lower extremities. They have not received authorization for second opinion spine consultation. Exam of the lumbar spine, hips and knees was unchanged. Motor testing as 4+/5 with right great toe extension. PLAN: physical therapy for the right knee and lumbar spine; second opinion spine surgical consultation with Dr. Patrick Johnson or Dr. Jae Chon; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD.

10/04/22: Telemedicine Pain Management PR-2 Report, Dr. Kohan. Patient was in physical therapy for his right knee and low back with functional improvement noted. Spine surgery consultation was pending. He did not know if he wanted to proceed with Baker fusion surgery that was recommended. PLAN: continue with physical therapy; Percocet was refilled; continue with activities as tolerated; f/u in one month. WORK STATUS: Per PTP.

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10/06/22: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient was improving after right knee arthroscopy but had some persistent right knee pain and weakness in his right lower extremity. He complained of severe low back pain radiating to the lower extremities. Authorization was received for additional physical therapy for the right knee and physical therapy for the low back which he started this week. Authorization was given for second opinion spine surgery consultation with Dr. Patrick Johnson at Cedars Sinai. EXAM: Physical exam was performed by Telemedicine. Exam of the lumbar spine revealed a healed incision at the lumbar spine region. Range of motion of the lumbar spine was restricted by pain. Sensation was decreased in the L5 dermatome. Neurological exam was limited in a telemedicine exam. Exam of the right knee revealed healed incisions. There was slight restriction in extension and flexion of the right knee with pain on ROM. PLAN: continue physical therapy; second opinion spine surgery consultation with Dr. Patrick Johnson; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD.

11/01/22: Telemedicine Pain Management PR-2 Report, Dr. Kohan. Patient was to see Dr. Patrick Johnson for spine surgery consultation. He was doing physical therapy for the lumbar spine and right knee. He was also doing shoulder therapy. Treatment plan was unchanged. WORK STATUS: Per PTP.

11/23/22: PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient continued to experience persistent low back pain that was sever at time. He had mild pain in his right knee. He continued to have radiating pain down his right lower extremity. Exam of the lumbar spine was unchanged. He ambulated with an antalgic gait, limping on the right. Exam of the hips and knees was unchanged. PLAN: continue physical therapy and home exercise program; spine surgery consult with Dr. Patrick Johnson; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD.

11/28/22: Telemedicine Pain Management PR-2 Report, Dr. Kohan and Seyeon Kang, NP. Patient's current complaint was continued low back pain radiating down the bilateral lower extremities with numbness and tingling in both feet; right knee pain. He was to see Dr. Patrick Johnson. He continued to take Percocet for pain. PLAN: F/U with Dr. Conwisar; spine surgery consultation with Dr. Patrick Johnson; consider spinal cord stimulator trial; Percocet was refilled; f/u in one month. WORK STATUS: Per PTP.

12/23/22: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. and Seyeon Kang, NP. Patient wanted to wean down on Percocet from 10/325 to 7.5.325 mg TID as needed. Physical therapy mildly improved his low back pain. Spine surgery consultation with Dr. Patrick Johnson was still pending. CURRENT COMPLAINT: low back pain that was always present and varied in intensity with pain radiating down the bilateral lower extremities with numbness and tingling in both feet; constant pain in the right knee, with sharp shooting pain with movement. PLAN: Wean down on Percocet; spine surgery consult with Dr. Patrick Johnson; Percocet was refilled; f/u in one month. WORK STATUS: Per PTP.

12/29/22: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient's symptoms regarding his low back and right knee were unchanged. He completed physical therapy for low back and continued with exercises at home. Patient was authorized to see Dr. Patrick Johnson for spine consultation but Dr. Johnson no longer accepts workers comp cases. PLAN: Spine surgery consultation with Dr. Jae Chon at Cedars Sinai; f/u with Dr. Kohan; f/u in four weeks. WORK STATUS: TTD to 01/08/23. Return to modified work on 01/09/23 with no repetitive bending, stooping, pushing, pulling, lifting over 10 pounds, squatting, kneeling, climbing or other similar activities; weight bearing activities to no more than 30 minutes per hour.

2023 MEDICAL RECORDS:

01/20/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. and Seyeon Kang, NP. Patient completed physical therapy for the low back and right knee. He was doing a home exercise program at a gym twice a week. He was able to ambulate without a cane. He weaned down Percocet to 7.5.325 TID prn, with meaningful benefit and was able to function and perform his ADL's. CURRENT COMPLAINT: low back pain radiating mainly to the right leg with numbness and tingling in both feet; constant right knee pain. PLAN: lumbar spine surgery consultation was pending; continue Percocet; f/u in four weeks. WORK STATUS: Per PTP.

02/20/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient returned to full time work. He was not able to dome of his ADL's but was trying to do it with medication management. Patient's symptoms and treatment plan was unchanged. WORK STATUS: Per PTP.

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03/24/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient was waiting for authorization to see a spine surgeon. He had a significant amount of low back pain that interfered with his ADL's. He was working full time from home. He continued to have constant sharp right knee pain. Treatment plan was unchanged. WORK STATUS: Per PTP.

04/07/23: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient's symptoms were unchanged. Patient saw the undersigned for QME four months ago. Exam was unchanged. PLAN: continue home exercise program; f/u with Dr. Kohan; copy of QME report was requested; spine surgery consultation with Dr. Jae Chon; updated MRI of the lumbar spine; f/u in four weeks. WORK STATUS: Work restrictions were unchanged.

04/24/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient stated chiropractic therapy with some improvement. He still had low back and right knee pain, with difficulty moving, turning ad twisting. He was waiting for authorization for an MRI of his lumbar spine. He was unable to do some of his ADL'S but was trying to do it with medication management. PLAN: continue chiropractic treatment and Percocet; spine surgery consultation; consider spinal cord stimulator trial; f/u in one month. WORK STATUS: Per PTP.

05/22/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient was commuting to work and was also trying to do alternative work. He was doing to chiropractic treatments with some improvement. Patient's symptoms were unchanged. Treatment plan was unchanged. Patient was to return to the office in one month. WORK STATUS: Per PTP.

05/22/23: Telemedicine PR-2 Report, Ann Bonner, PA-C and Dr. Conwisar. Patient's symptoms were unchanged. He was authorized for a second opinion spine surgery consultation with Dr. Chon at Cedars Sinai. He was attended chiropractic treatment with temporary relief, per the recommendation by pain management. Patient was scheduled for an updated MRI of the lumbar spine on 06/02/23. PLAN: continue with chiropractic care and home exercise program; f/u with Dr. Kohan; MRI L/S; f/u in four weeks. WORK STATUS: Work restrictions were unchanged.

06/21/23: Telemedicine Pain Management PR-2 Report, Kevin Kohan, D.O. Patient had the updated MRI of the lumbar spine doing three weeks ago and was waiting for the results. Patient's symptoms were unchanged. He had one session of chiropractic treatment and found it tough to go because of his work schedule. PLAN: chiropractic treatment; Percocet was refilled; spine surgery consultation; f/u in one month. WORK STATUS: Per PTP.

PHYSICAL EXAMINATION

Height: 5'11"
Weight: 210 lbs
BP: 166/114
Pulse: 99
RR: 20
Temperature: 98.1

General Appearance

Physical examination revealed a well-nourished, well-developed male who appeared his stated age. Mr. Bardakjian appeared uncomfortable during history taking. Mr. Bardakjian arose with hesitation requiring use of a cane. At the time of examination, Mr. Bardakjian otherwise was not wearing or using a collar, brace, or prosthetic device.

EXAMINATION OF THE BACK AND LOWER EXTREMITIES

There was no evidence of scoliosis. There was normal kyphosis, lordosis, posterosuperior iliac spine, and extremity alignment. Mr. Bardakjian ambulated with antalgia. Mr. Bardakjian again had difficulty heel walking, toe walking, hopping, and squatting.

There remains a 5-cm midline lumbar longitudinal surgical scar.

I found no evidence of muscle spasm. There was no evidence of swelling.

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

| <u>Range of Motion of the Back</u> | <u>Degrees of Motion</u> | <u>Normal</u> |
|------------------------------------|--------------------------|---------------|
| Flexion | 68° | 60° |
| Extension | 6° | 25° |
| Lateral Flexion - Right | 12° | 25° |
| Lateral Flexion - Left | 8° | 25° |

COMMENT

The Loebel dual inclinometer method, utilizing a minimum of three measurements of each motion as described in Section 15.8b of the AMA Guides, 5th edition was employed.

Any deviation from what is considered the normal or mean in terms of range of motion is voluntary in nature or the patient's actual physiology range of motion in the absence of objective evidence of tenderness and guarding.

Neurologic Examination

Straight leg raising (seated and supine) and Bragard's test (Lasègue's test) were positive in the right lower extremity. Patrick's test (FABERE) was positive bilaterally. Deep tendon reflexes (patellar and Achilles) were 0/2+ and symmetric bilaterally. Mr. Bardakjian described constant numbness currently in bilateral lower extremities distal to the knees and decreased sensation of bilateral feet to soft touch and pinprick bilaterally. There was no evidence of clonus. There was normal proprioception. Babinski's sign was negative.

Muscle Strength

Knee flexion and extension remains 2 to 2+/5 in the right knee and 5/5 in the left knee. Ankle flexion and extension were 5/5 bilaterally. Subtalar inversion and eversion were 5/5 bilaterally. EHL function was 4/5 on the right and 5/5 on the left.

Knee Examination

Examination of the knees revealed well-healed arthroscopic portal scars of the right knee. There was tricompartmental tenderness of the right knee with evidence of mild soft tissue swelling and effusion. Popliteal space, patellar tracking, and patellar mechanism were again difficult to evaluate. There was no crepitus upon flexion or extension. There remains positive patellar compression maneuver of the right knee.

Knee Joint Stability

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

Knee Tests

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

| <u>LIMB GIRTHS</u> | <u>RIGHT</u> | <u>LEFT</u> |
|---|--------------|-------------|
| Thigh (5" from the superior pole of the patella with the patient resting leg on the table) | 47 | 47 |
| Calf (5" from the lower pole of the patella with the patient resting the leg on the table) | 40 | 40 |

RADIOGRAPHS

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

Lumbar Spine

Radiographs of the lumbar spine revealed evidence of lumbar spondylosis with evidence of ossification of the anterior longitudinal ligament as previously documented. Again, there was evidence of diffuse endplate sclerosis and irregularity as well as syndesmophyte formation throughout the lumbar spine. There was no evidence of spondylolisthesis, spondylolysis, fracture, dislocation, or loss of motion segment integrity.

Right Knee

Radiographs of the right knee were normal.

DIAGNOSES

1. Lumbar Strain.
2. Status Post Lumbar Hemilaminectomy and L3-L4 Microdiscectomy with Recurrent L4-L5 Disc Herniation and Radiculopathy.
3. Status Post Arthroscopy of Right Knee.

DISCUSSION

This is a 52-year-old male Nurse Manager employed by the Los Angeles County Department of Health Services/Olive View Medical Center who originally experienced an industrial injury on July 3, 2018 resulting disc herniation. Mr. Bardakjian was originally considered permanent and stationary by the undersigned on October 5, 2020 in reference to his lumbar spine and right knee. However, Mr. Bardakjian underwent arthroscopy of the right knee in May 2022. Mr. Bardakjian remains symptomatic postoperatively and is so as of today's examination. Indeed, Mr. Bardakjian now also presents with evidence of radiculopathy in the right lower extremity and sensory deficit involving the calves bilaterally.

Mr. Bardakjian has been followed by his primary treating physician, Philip Conwissar, M.D. Mr. Bardakjian was reportedly referred to spine subspecialist, James Cho, M.D. Absent knowledge of the conclusion of the spine subspecialist, Dr. Cho any recommendations by Dr. Cho should be provided on the basis of future medical care since as documented above Mr. Bardakjian was previously declared permanent and stationary in reference to his lumbar spine.

PERMANENT AND STATIONARY STATUS

Mr. Bardakjian remains permanent and stationary in reference to his Lumbar Spine.

PERMANENT IMPAIRMENT

Mr. Bardakjian has not yet achieved the permanent and stationary status in reference to his right knee. Thus, it is premature to discuss permanent impairment in reference to his right knee. Mr. Bardakjian should avoid activities that require prolonged standing, walking, ladder and stair climbing.

Otherwise, the permanent impairment in reference to his lumbar spine is unchanged.

CAUSATION AND APPORTIONMENT

As documented previously, the impairments and findings of examination are as a result of the incident of July 3, 2018.

CURRENT/FUTURE MEDICAL CARE

As documented above, Mr. Bardakjian was evaluated by spinal subspecialist, James Cho, M.D. Pending the availability of Dr. Cho's evaluation, the undersigned defers further discussion in reference to management of the lumbar spine.

A new MRI is indicated in reference to the right knee following which recommendations for treatment will be made.

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DISCLOSURE STATEMENT

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

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

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

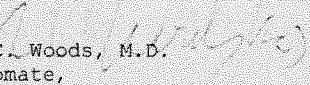
DATE OF REPORT _____ September 8, 2023

Signed this _____ 20th day of _____ September, 2022

in _____ Los Angeles County, _____ California.

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

Very truly yours,


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

LCW/ps/aku

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

Attention: Elaine Barbagallo, Claims Adjustor.