PACIFIC EVALUATIONS

Comprehensive Medical Evaluation and Review Services

April 25, 2023

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QUALIFIED MEDICAL EVALUATION

RE:	Claimant:	Melida Blandon
	WCB #:	ADJ16899156
	Claim #:	Y2EC58558
	Employer:	Del Rio & Associates, P.C.
	Date of Injury:	CT: 04/22/2020 – 04/22/2021
	Physician Name:	Daniel M. D'Amico, M.D. Orthopaedic Surgeon Diplomate, American Board of Orthopaedic Surgery

To All Parties Concerned:

Melida Blandon was evaluated for a comprehensive orthopaedic examination and Qualified Medical Examination on 04/25/2023 at 8801 Folsom Blvd, Suite 105, Sacramento, CA 95826.

Pursuant to 8 Cal Code of Regs. Section 9795 (b) and (c) of the New Medical-Legal Fee Schedule, effective 4/1/21, this report is submitted as an **ML 201-95**, Comprehensive Medical-Legal Evaluation. Total records reviewed was 146 pages. Face-to-Face time was 38 minutes.

PURPOSE:

Qualified Medical Evaluation regarding injuries to both upper extremities secondary to claimed continuous trauma followed by conservative, surgical, and postoperative treatment. At the time of this evaluation, there were introductory letters sent from Law Offices of Albert & Mackenzie, and Walters & Zinn.

The letter dated 3/15/2023 from the defense attorney, Vanessa Rose, identifies the applicant and gave a brief history of the issues regarding the claimed continuous trauma regarding both right and left upper extremities.

Questions asked were the usual whether the claimant was actually industrially injured and review treatment as to whether this claimant is at MMI, requesting the usual evaluation including diagnosis and whether there is an actual injury, cumulative trauma, combination of both and including any nonindustrial issues.

Introductory letter dated 4/4/2023 from the applicant attorney, Mr. Zinn, was also reviewed indicating bilateral wrist and forearm injuries, diagnoses of bilateral carpal tunnels, and cumulative trauma. Neck and shoulder was mentioned in the letter and the questions regarding diagnosis and industrial issues, is the claimant at MMI, permanent disability and need for future treatment were all questioned.

PRESENTING COMPLAINTS:

1. Pain in both wrists, pain in both palms radiating up to forearms on the volar side, pain in all finger joints. She describes the forearm pain as intense pressing pain, describes the pain in the finger joints as sore, shock-like, sometimes feel like "my joints are broken."
2. Other issues are occasional stiffness in the shoulders, occasional pain in the forearms aggravated by any physical activities involving upper extremities, especially the wrist, hands, and distal forearm.
3. Associated experience of intense pain with physical activities.

GENERAL HISTORY:

Melida Blandon is a 50-year-old female, who has been employed as a litigation case evaluator/manager at this particular law firm, Del Rio and Associates for 10 years. She began working at this job on November 1, 2013. She reviews litigation cases and this is a sedentary job that involves repetitive use of both upper extremities, using the phone, computer, typing, writing, using the mouse, faxing, scanning, preparing medical packets, ordering records, and reviewing actual case records.

PREVIOUS WORK HISTORY:

Previously she was an independent transaction coordinator from 2004 to 2006 for a realty company. She worked for a notary from 2003 to 2007 and was employed for HOMEG Servicing Center customer service rep from 2007 to 2010. All of these jobs were sedentary office type work.

HISTORY OF PRESENT INJURY:

The questionnaire prepared prior to my evaluation and is part of our records states "I was driving to work on April 22, 2021, I felt numbness and tingling in my wrists and hands. Once I got to work and started typing and it felt like I had broken bones in my wrists. Fingers started to hurt and I could not type or write. Pain was on the level of 10/10." Body parts, "wrists, fingers and joints in my hands." Described the pain "like broken bones and achy and like if hands had been beaten badly."

In the deposition review, however, and in the initial evaluation at Kaiser, it stated that as of 5/13/2021 visit she had shoulder pain radiating to her hands and wrists, experiencing night pain, paresthesias in the thumb, index, and long fingers of both hands. Primary care physician diagnosed bilateral carpal tunnel, prescribed wrist splints. Initial visit at Kaiser by Dr. John Panuska. Diagnoses, tendinitis of the wrists and bilateral carpal tunnel, wrist tendinitis as statement was made in May of 2021 at Kaiser by John Panuska. The clinical exam was consistent with bilateral wrist tendinitis, repetitive use of the hands and wrists also implied the carpal tunnel median nerve compression could be diagnosed.

Subsequent to her substitute visit at Kaiser Permanente where she was then followed by Dr. John Panuska noted in May and June of 2021 although the claimant was continuing to work, she continued to have numbness in the thumb, index and long finger, right greater than left hand, aggravated in typing and experiencing night pain in the same areas. She was wearing splints, and recommended physical therapy which helped temporarily and minimally. Physical findings, pain reached 10/10 during the course of the workday. The claimant's ergonomic evaluation was performed and subsequent EMG nerve velocity studies were performed in July 2021, which noted electrophysiologic evidence for median neuropathy at both the right and left wrists. No electrophysiology evidence of motor or sensory polyneuropathy. No ulnar neuropathy. No brachioplexopathy and no findings of cervical radiculopathy. Placed on modified duty at work. Continue working. Follow-up visits documented on a monthly basis by Dr. John Panuska at Kaiser Permanente. She was wearing a night splint and a brace, using ice/cool packs, taking non-steroidal medication, and continued on modified work activities, which were quite limiting. Ongoing diagnosis was bilateral carpal tunnel (median nerve neuropraxia). Subsequently in latter part of 2021 had injections and noted she felt pain relief 60% and the relief of the numbness and tingling was complete, but the relief lasted only for a few days.

She was then referred to an orthopedic upper extremity surgeon, Dr. Dora Storelli. She recommended bilateral carpal tunnel surgical releases and discussed the method of the surgery. During the time prior to the surgical release, Ms. Blandon stated her work schedule had increased dramatically and she had very severe ongoing pain in the wrist on a constant basis. Surgery was then scheduled for 2/17/2022, she was working up until the time of her surgery.

Following the carpal tunnel release on 02/19/2022 "the patient had a near syncopal episode secondary to having her bandage changed." So, she had a lot of other issues that were either pain related or interpretation of pain as indicated by this episode. EMT was called at the time of her syncopal attack, but Ms. Blandon recovered fairly well and stated she would follow up with urgent care or her personal physician. Follow-up care at Kaiser by Dr. Helen Weinrit was then documented. She was placed off work because of her postop condition and pain from 3/10/2022 to 3/20/2022. Modified work from 3/21/2022 to 3/31/2022 with no repetitive use of the hands or wrists, both right and left. Follow-up visits in July by her treating surgeon, Dr. Storelli noted physical therapy gave 50% to 60% improvement of the severity of her wrist pain meaning it was 50% to 60% better. The numbness had decreased and as of July she stated she was able to lift a gallon of milk, she continued with pain and occasional tingling in the fingertips was noted. Her treating physician, Dr. Storelli recommended more physical therapy and use of nonsteroidal medication and topical nonsteroidal ointments. Dr. Weinrit at the end of December 2022 indicated some tenderness over the wrists. Because of ongoing symptoms and dysesthesias in the thumb, index and long finger, requested a postoperative EMG and nerve velocity study. At that time, she also had an injection under ultrasound by Dr. Shah. She completed her physical therapy. Work restrictions, continue no lifting greater than 10 pounds, 15 to 20 minutes break from keyboarding every hour that she has to keyboard. Subsequent follow-up in January of 2023 indicated recurrent numbness and tingling in both hands, mostly the long and in this case the little finger, and not the thumb.

Repeat EMG and nerve velocity studies were performed on January 24, 2023 by Dr. Stephanie Li at Kaiser noted abnormal study "very mild right-sided focal median neuropathy at the right wrist." These are very benign sensory findings. Otherwise, the EMG was normal meaning that it was markedly improved compared to the preop EMG of the right wrist. There was no electrodiagnostic evidence of median neuropathy on the left side, so the left side was completely normal.

In reviewing her past history and the deposition as stated as of February 2023, the claimant was working. She is right-hand dominant. She is able to drive. Date of hire at this job is November 1, 2013. She is a litigator and case reviewer (manager). She states she does a lot of overtime work, handles a lot of cases and constantly using her upper extremity. She is right-hand dominant and typing, writing, e-mailing, faxing, sometimes going through the actual files, spent three to four hours a day writing, sending e-mails most of the day, faxing two hours a day. In the deposition, the issue regarding her claim, pain on driving to work was repeated. Follow-up visits at Kaiser were reviewed. Work restrictions reviewed in the deposition, currently working modified duties. The time typing and using the keyboard was then documented. Also noted was

intermittent, dull and sharp pain in her shoulder. It does not describe what activities or why. Mentioned the typing and writing aggravates pain in the forearm meaning pain radiates from the wrist on the volar side of the forearm towards the elbow, described the pain as sore, achy. Noted that her continued pain in the course of her work prior to her surgery contributed to the wrist pain and the treatment regarding therapy, injections and surgery was reviewed.

Also mentioned was limited use of the arm, at times can only lift her arm above chest level, but not higher. Page 29 stated her forearm pain was relieved by doing household chores, cooking bring on the forearm pain. Stated she can lift 3-4 pounds without pain. At times, has difficulty doing her hair because she has to raise her arms above shoulder level. Other issues documented is that her MVA in 1992 or 1993 and other recreational activities such as bowling or doing rides at amusement parks are limited because of her pain. She noted prior to her injury, she would exercise with weights and can lift between 5 and 20 pounds.

Follow-up notes at Kaiser Permanente by Dr. Helen Weinrit in February 2023 and March 2023, continued on work restrictions.

CHIEF COMPLAINTS:

1. Wrist pain, bilateral aggravated by use or overuse.

2. Pain radiating from the wrist proximally towards the elbow and the forearm aggravated by use or overuse.

3. Occasional shoulder aching discomfort, not consistent and not part of her regular symptoms in the course of her present restricted work.

4. Dysesthesias, numb, tingling and deep pain within the thumb, index and long finger, right hand, less so on the left hand aggravated by use or overuse and activities during the course of her continued working in spite of her work restrictions.

PAINFUL ACTIVITIES:

Painful activities with any use of the hands, wrists or occasional use of the shoulders.

PAST TREATMENT:

Past treatment has been reviewed. Evaluation documentation with physical therapy, mild analgesics. Diagnostic workup including preop EMG, preoperative injection of the wrist followed by lateral surgical carpal tunnel release, postoperative physical therapy. Use of mild analgesics, bilateral surgical decompression of the median nerve of both the right and left wrists and postoperative EMG and nerve velocity study.

CURRENT TREATMENT:

She does have work restrictions, anticipated use of gabapentin and neuropathic analgesic. Continues follow-up visits with no formal repeat physical therapy.

OCCUPATION:

She is a litigation case manager, works in a legal office as described, reviewing records, typing, answering the phone, using the computer, occasionally has to lift files. Work is sedentary.

PAST GENERAL MEDICAL HISTORY:

1. Previous injuries: MVA without significant issues.

2. Other injuries: Minor surgery on the left foot, one C-section and hysterectomy.

3. Family history of disease: Positive for cancer and diabetes mellitus.

4. Previous Surgery: Noted above.

5. Medicine allergies: None.

6. Current medications: Nonsteroidal medication, topical analgesics and anticipated use of gabapentin.

7. Habits:
   Smoking: Tobacco.
   ETOH: None.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: There is denial of fever, weakness, fatigue, or appetite loss. There has been no significant weight loss or gain.

SKIN: There are no skin diseases or problems. There are no pigmentation changes or discoloration. There is no evidence of tumors, cancers, or cysts.

HEAD: Denies frequent or severe headaches. No history of concussions.

EYES/VISION: Denies eye injuries, infections, or pain. She denies blurred or double vision. Denies burning, tearing, or light sensitivity.

EARS, NOSE, THROAT, MOUTH: Denies ear pain, infection, discharges, decreased hearing, or loss of hearing. Denies sinus problems, throat problems, voice change, or dental disease.

CARDIOVASCULAR: Denies chest pain, shortness of breath, or pedal edema.

RESPIRATORY: Occasional pulmonary probable atopic allergies.
GASTROINTESTINAL: Denies indigestion, reflux, nausea, or vomiting. Denies abdominal pain. Denies liver disease. Denies a change in bowel habits. Denies hemorrhoids or rectal disease.

GENITOURINARY: Denies painful or difficulty urination, blood in the urine, kidney infection, or venereal disease.

MUSCULOSKELETAL: Denies generalized musculoskeletal problems except those associated with current injury.

NEUROLOGIC: Denies a history of epilepsy or convulsions. Denies other neurological problems other than those associated with this injury or condition. Denies a history of stroke.

PSYCHIATRIC: Denies depression, nervousness, anxiety, mood swings, or sleep disturbance. Denies alcoholism or drug abuse treatment.

ENDOCRINE: Denies increased thirst, appetite, or urination. Denies a history of diabetes. Denies hair loss.

HEMATOLOGIC: Denies bleeding gums, bruising, or spontaneous nose bleeding.

PHYSICAL EXAMINATION:

VITAL SIGNS: Height: 4'11"
Weight: 117 pounds.
Age: 50
Race: Spanish
Dominant hand: Right-hand
Sex: Female

GENERAL: Ms. Blandon moves around well. At the time of the evaluation, there was a female chaperone in the office.

EXTREMITIES: There were no abnormalities in gait and I did not examine the lumbar spine, specifically for motion, but during the course of her standing and walking noted that she was able to raise on her heels and toes in flexion, extension and rotation of the lumbar spine within normal limits. There was no pain in the thoracic spine.

CERVICAL SPINE:

Range of Motion	RIGHT	LEFT
Flexion	Greater than 40°	Greater than 40°
Extension	Greater than 40°	Greater than 40°
Rotation	Close to 40°	Close to 40°
Lateral bending	30°	30°

SHOULDER:

The right and left shoulder motion was measured and this was active.

Range of Motion	RIGHT	LEFT
Forward Flexion	150°	150°
Extension	40°	50°
Abduction	144°	146°
Adduction	40°	40°
External Rotation	70°	80°
Internal Rotation	70°	80°

There is negative Hawkins, negative O'Brien's, negative rotator cuff test. Strength of the deltoid rotator complexes is equal and fairly strong. There is no significant decrease in strength against resistance of abduction and there were no rotator cuff findings of the right or left shoulder.

UPPER EXTREMITY:

Circumferential measurements of the upper extremity in the mid bicep area was equal. Right and left forearm measurement was equal. Right and left 10/10 for the upper arm, 9-1/2/9-3/8 for the left forearm. There was no tenderness over the lateral collateral ligament against resistance and no palpation tenderness in the lateral condyle, epicondyle or proximal humerus on either right and left elbow.

No tenderness over the medial cubital area, ulnar nerve, right or left elbow. Range of motion of the elbow from 0 to 130 degrees flexion bilaterally.

Deep tendon reflexes, biceps active at 2+ bilaterally, triceps slightly under 2+ bilaterally, brachioradialis reflexes 3+ bilaterally.

WRIST:

Passive range of motion of the wrist was fairly equal. There may have been slight loss of 10 degrees of flexion on the right compared to the left, but this is very minimal only because of slight discomfort.

Range of Motion	RIGHT	LEFT
Extension	45°	45°
Radial deviation	28°	30°
Ulnar deviation	45+°	48°

There was minimal tenderness over the wrist with palpation. Negative tenderness over the first dorsal radial compartment. Diffuse pain over the volar side of the wrist with pressure. Positive pain, greater on the right than the left. There was pain with maximum flexion of the right greater than left wrist. There is negative Tinel sign over the median nerve on the right and left wrist. Phalen's test is trace on the right, negative on the left.

Using the Jamar dynamometer, the grip on the right and left is given for the right 12 kg/14/12 kg on three different occasions on three measurements, for the left 10/10/12 kg.

Sensation in the palm of the hand from the mid wrist and then distally along the inner thenar eminence towards the mid palm using the pinwheel testing, the claimant stated she did not feel normal in that area. However, the pinwheel testing in the median nerve on the right and left felt fairly equal without hypoesthesia. If anything, it was more sensitive more so on the right than on the left. Palpating without pressure beginning in the distal forearm crossing the wrist area, crossing the area of the surgery and palpating into the mid palm, the claimant states that there was pain with this maneuver, but not severe, and it was on both right and left, greater on the right than on the left. The pain in the wrist is aggravated by sudden flexion of the wrists, both right and left. If it was done slowly, the pain was not as severe. There was negative Finkelstein test with flexing of the thumb and flexion of the MP joints of second through fifth, both right and left hand did not reveal any loss of flexion passively or extension. Same for the PIP joint and the DIP joint, they were passively normal, however, when the claimant made a fist she had weakness and had pain in both the MP and PIP joints. However, she was able to squeeze the dynamometer, although the results were weak. She did not complain of pain in squeezing the dynamometer. Using the pinwheel and soft touch, there may have been some dysesthesias in the mid palm on the right and on the left, but greater on the right. Hyperesthesia in the base of the thumb on the right, negative on the left.

DIAGNOSTIC TEST REPORTS:

1. There were two EMG nerve velocity studies, which are documented showing median nerve neuropraxia, both right and left wrist on 7/20/2021 rated mild-to-moderate as evidenced by sensory slowing and asymmetric comparison studies across the wrists.

2. Second EMG nerve velocity study on 1/24/2023 by Stephanie Li, abnormal very mild right-sided focal median neuropathy at the wrist by virtue of abnormal median and ulnar ring finger comparison, and borderline slowed conduction velocity of the sensory component. Otherwise normal electrodiagnostic values and then no evidence of left median nerve neuropathy. No other electrodiagnostic abnormalities.

DIAGNOSES:

1. Overuse right, left wrist resulting in pain, soft tissue pain and mild tendinitis right and left wrists.

2. Chronic soft tissue pain syndrome, bilateral wrists.

3. Residual mild median nerve changes, status post-surgical decompression of right median nerve, negative on the left.

4. Inherent chronic soft tissue pain syndrome, bilateral hands, wrists and forearms.

5. Mild shoulder discomfort secondary to change in the normal use of the shoulders.

SUMMARY AND CONCLUSIONS:

Due to the soft tissue chronic pain syndrome, the mild EMG findings and continued pain, and physical findings on the right wrist, the claimant is not yet MMI at the time of this evaluation. I would consider her to be temporarily partially disabled. She can continue her work. I would not allow her to work overtime. I would limit the number of cases she is given. I believe repetitive use of the upper extremities with limitations is appropriate, limit the time of work on the computer, typing and repetitive use to a total of four hours for an eight-hour workday. She should be able to take 15-20 minute breaks every hour in her eight hour workday that she is on the keyboard. No lifting of ten pounds or greater.

Soft tissue pain syndrome has to be considered and has to be treated irrespective of the results of the surgery of the median nerve decompression.

Surgical treatment was appropriate. Preoperative treatment was appropriate and has resulted in significant decrease in the symptoms and improvement in the left, however, not completely as a result of the chronic soft tissue pain syndrome. In regards to the right dominant upper

extremity, the issues regarding present symptomatology are as expected following median nerve decompression. In a certain number of cases, the median nerves, EMG and nerve velocity study will be positive to some degree for a long period of time. Results of the actual decompression have been appropriate and has improved the symptoms. There is symptomatology, although because of the chronic soft tissue pain syndrome.

Medical Treatment:

Her other issues and further medical treatment should be to continue with work restrictions as it has been prescribed, and use of a neurotropic medication such as Neurontin or gabapentin.

Based on the chronic soft tissue pain syndrome, this issue in my experience can be sometimes related to other soft tissue conditions where the actual symptomatology is indirectly related to the original injury and subsequent treatment, but is related on the basis of a genetic soft tissue pattern, which is part of that particular person.

Other issues that are similar in the pathophysiology are issues such as fibromyalgia and chronic reflex sympathetic syndrome (CRPS).

Based on the fact that the claimant requires ongoing followup and I believe she will improve using medication and other issues that can be borderline in this case because of the soft tissue issue can be centrally interpreted. One other medication or type of medication is a psychotropic drug, which borders on antianxiety and antidepressant type of medication, but can be used in cases where the physical aspect is prominent. This also should be considered by her treating physicians.

In regarding to the shoulder, this is just a pain reaction, it is not caused by her work, it is not caused by any subsequent change in her work using her shoulders. She did mention when I did examine her and based on her discomfort there was mild restriction. I would not rate this in the AMA Guidelines as I do not believe this is related to her industrial injury.

RECORDS REVIEW

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06/21/2021 John Panuska, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report

07/01/2021 John Panuska, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report

07/20/2021 Jonathan Rutchik, M.D., Jonathan S. Rutchik, MD, EMG/NCV Study
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02/09/2023 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report
03/02/2023 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report

REVIEW OF MEDICAL RECORDS:

05/13/2021 John Panuska, M.D., Kaiser Permanente, Doctor's First Report of Occupational Injury or Illness. DOI: 04/22/2021. Patient reports shoulder pain that is radiating to her hands and wrists, with increasing nocturnal symptoms and paresthesia in the thumb, index, and middle fingers. Her primary care physician diagnosed carpal tunnel syndrome and prescribed wrist splints and a course of steroids for her lumbar disc problems. Patient has not had nerve conduction testing. On examination, she is tender and tight in her upper trapezius muscles and has tenderness over the volar aspect of both wrists, but full range of motion. Phalen's test is not attempted due to current tingling. Assessment: 1) Tendinitis of right

wrist (primary encounter diagnosis). 2) Tendinitis of left wrist. Patient was recommended to continue using wrist splints and to take a combination of Ibuprofen and Tylenol for pain relief. A physical therapy consultation was advised for bilateral wrist tendinitis, with authorization requested for up to 6 visits over 4-6 weeks to decrease pain, inflammation and restore function through education, counseling, and evaluation of a Home Exercise Program. The patient was provided with two wrist supports by Norcal medical supply. The clinical exam findings were consistent with bilateral wrist tendinitis, with keyboarding being the stated mechanism of injury. The patient was placed on modified activity at work and home with restrictions of a 15-minute break from keyboarding every hour and to wear splints from 5/13/2021 through 6/4/2021.

06/04/2021 John Panuska, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient reports no significant improvement and still experiences pain and numbness in the index, middle finger, and thumb of both hands, especially during typing and at night. The clinical examination reveals tingling and numbness in the same areas, and the patient is wearing wrist splints. The primary diagnosis is bilateral carpal tunnel syndrome, and the patient is recommended to undergo an ergonomic assessment and nerve conduction study. Patient is advised to continue wearing wrist splints and to take ibuprofen with Tylenol for pain relief. Physical therapy is also recommended, and authorization is requested for a nerve conduction study. Patient agrees with the plan and is placed on modified activity at work and home until 7/21/2021, with the same previous restrictions.

06/21/2021 John Panuska, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient reports no real change. She has not had the nerve conduction study yet as it is in review. She still having pain she says 10 out of 10 and the medication is minimally helpful. Physical therapy has been given limited benefit. Physical examination reveals Tinel's sign positive bilaterally. She is complaining of tingling and numbness to the index middle finger and thumb of both hands. Diagnosis: Bilateral carpal tunnel syndrome (primary encounter diagnosis). Recommended an ergonomic assessment and a nerve conduction study. Advised to continue wrist splints and Ibuprofen and add a Tylenol to it. Patient is placed on modified activity at work (if available) and at home through 7/2/2021 with the same previous restrictions.

07/01/2021 John Panuska, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient reports no improvement and is experiencing increasing difficulty due to an increasing workload. A nerve conduction study is scheduled for 7/20/2021, and patient has not had an ergonomic evaluation yet. She still complains of paresthesia and numbness in the median nerve distribution and wears splints as needed. The diagnosis is bilateral carpal tunnel syndrome, and the next course of action is pending the results of the nerve conduction test. The

patient is placed on modified activity at work and home until 7/23/2021, with restrictions of 30 minutes break from keyboarding every hour and wearing splints (pending ergonomic evaluation).

07/20/2021 Jonathan Rutchik, M.D., Jonathan S. Rutchik, MD, EMG/NCV Study. Conclusion: Abnormal study. Electrophysiologic evidence for median neuropathy at both the right and left wrist, mild to moderate as evidenced by sensory slowing and asymmetrical comparison studies across the wrist. No electrophysiologic evidence for motor or sensory polyneuropathy, ulnar neuropathy at the elbow, brachial plexopathy or cervical radiculopathy. Clinical correlation is always indicated. Temperature is assessed at time of testing and found to be greater than 32C.

07/28/2021 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient's EMG/NCS done at an outside facility on 07/20/21 showed right CTS. She missed a prior visit with Dr. Panuska and requests an extension of work activity status form. An ergonomic evaluation was done, but the patient is still waiting for new ergonomic equipment. Symptoms have not significantly changed since the last visit. Diagnosis is bilateral carpal tunnel syndrome. Work note is extended until the EMG/NCS results are reviewed by the PTP. Patient is placed on modified activity at work and at home from 07/28/2021 through 8/13/2021 with the same previous restrictions.

08/11/2021 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient is about the same. Recent nerve conduction study revealed bilateral median nerve neuropathy peripheral rather than cervical. She still complains of paresthesia in the median nerve distribution. Diagnosis: Bilateral carpal tunnel syndrome (primary encounter diagnosis). The conduct study results will be scanned into the health connect system and most likely refer for orthopedic consultation at next visit. Patient is placed on modified activity at work (if available) and at home from 08/11/2021 through 8/26/2021 with the same previous restrictions.

08/23/2021 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient reports there have been no real change. For some reason the nerve conduction study not available in health connect at this time. She still complaining of paresthesia and pain to her wrist. Diagnosis: Bilateral carpal tunnel syndrome (primary encounter diagnosis). She was given the splints. Patient is placed on modified activity at work (if available) and at home from 08/23/2021 through 9/14/2021 with the same previous restrictions.

10/01/2021 John Panuska, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient has pain on left greater than right hand but depends on day. Pain is located from the wrists to the forearms. She has high level of pain when writing and typing. She does not take breaks because caseload keeps increasing, and already stays late to finish. Numbness/tingling 1-3 fingers, sometime 4th-5th

fingers too. She uses ices sometimes. She wears wrist braces at all time except sleep, no longer wearing at night because has hit herself in head. Examination reveals tenderness to palpation of volar wrists. Durkans test is positive bilaterally. Flexion/extension is painful and stiff. Reviewed electronic medical record treatment summary. Ergonomic evaluation is completed, except for chair. Patient had treatment with ice, Ibuprofen/Tylenol and physical therapy visit count 6/6, discharged on 6/2021. Diagnosis: Bilateral carpal tunnel syndrome (primary encounter diagnosis). Authorization is requested for additional 6 sessions of physical therapy; her wrists have become stiff from constant brace use. Advised to use ice/cold pack and NSAIDs. Orthopedic evaluation is requested, not scheduled yet. Recommended wrist braces only intermittently, for most exacerbating activities. Patient is placed on modified activity at work and at home from through 10/8/2021 with the same previous restrictions. Advised to wear splints occasionally as needed.

10/08/2021 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient reports no change. Pain, caseload, and work are the same. Diagnosis: Bilateral carpal tunnel syndrome (primary encounter diagnosis). Advised to resume physical therapy. Patient has consult with Dr. Storelli on 11/15/2021. Advised to use ice/cold pack and NSAIDs. Orthopedic evaluation is requested, not scheduled yet. Recommended wrist braces only intermittently, for most exacerbating activities. Patient is placed on modified activity at work (if available) and at home through 11/12/2021 with the same previous restrictions.

11/17/2021 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient reports the pain, caseload, and work are the same. She would like bilateral carpal tunnel steroid injections per Dr. Storelli. Phalen's test is performed and reports soreness and a "funky warm feeling in fingers". Assessment: Bilateral carpal tunnel syndrome. Patient is given an extensive education about her condition, including the treatment options. She expresses interest in carpal tunnel CSI and is referred for an ultrasound-guided injection. If symptoms persist, she is advised to return for a discussion of CTR. Authorization is requested for the injection. Patient is advised to use ice/cold pack and NSAIDs, and an orthopedic evaluation is requested but not yet scheduled. She is recommended to wear wrist braces only intermittently for exacerbating activities and placed on modified activity at work and at home through 12/3/2021 with the same previous restrictions.

12/15/2021 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient reports not much new concerning her wrist and hands. She is also managing other unrelated health conditions. After injections, she felt pain relief of about 60%, and numbness/tingling of 100%. She stopped wearing braces. Unfortunately, as of about 2 days, the pain and numbness/tingling returned, probably stronger. She is getting sudden sharp pains and started wearing wrist braces again. Physical

therapy resumed, then cancelled per patient because did not expect to gain further improvement from physical therapy. Assessment: Bilateral carpal tunnel syndrome. Advised to use ice/cold pack and NSAIDs. Orthopedic evaluation is requested, not scheduled yet. Recommended wrist braces only intermittently, for most exacerbating activities. Patient is placed on modified activity at work (if available) and at home through 1/22/2022 with the same previous restrictions.

01/11/2022 Dora Storelli, M.D., Kaiser Permanente, Consultative Evaluation and Opinion. Overall, patient is unchanged. Underwent CSI and reports that this was not helpful long term, perhaps a day or two or relief. She feels that she is back where she started. She wishes to address both hands at the same time. Bilateral upper extremities examination reveals positive Tinel's at the median nerve at the carpal tunnel, positive Phalen's, and positive carpal compression test. Diagnoses: 1) Bilateral carpal tunnel syndrome (primary encounter diagnosis). 2) Aftercare for musculoskeletal system surgery. Discussed staged release, but patient wishes to address both hands at the same sitting. Reviewed the post operative recovery, restrictions, and advised her to consider this. She reports that she has the support network in place to make this work and would like to proceed. Advised for local only, bilateral carpal tunnel releases. The risks, benefits, and alternatives are discussed in detail with patient. These risks including, but not limited to, risk of bleeding, infection, pain, damage to surrounding structures, need for additional procedures, stiffness, pain, and CRPS.

01/13/2022 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Patient's wrists and hands are "about the same". She is very stressed out with workload and now anticipating the surgery. Diagnosis: Bilateral carpal tunnel syndrome. Patient is educated extensively about the condition, including the pathology, etiology, natural history and treatment options. Non-operative measures as well as surgical interventions are both addressed. She voiced understanding, and all questions are answered. Recommended initial treatment to include the following. Consideration of CSI versus open carpal tunnel release in staged manner. Patient expressed interest in carpal tunnel CSI. Discussed with Occupational Medicine for arrangement of US guided injection. If patient continues to have symptoms post injection, planned for return visit in clinic to discuss CTR. Authorization is requested for bilateral carpal tunnel release surgeries (plan for surgery both hands on same day) and surgery scheduled for 2/17/2021 Advised to use ice/cold pack and NSAIDs. Orthopedic evaluation is requested, not scheduled yet. Recommended wrist braces only intermittently, for most exacerbating activities. Patient is placed on modified activity at work (if available) and at home from 1/13/2022 through 2/18/2022 with the same previous restrictions.

02/16/2022 John Panuska, M.D., Kaiser Permanente, Telehealth Visit. Surgery is scheduled for tomorrow, 2/17/2022, both wrists. Patient is working her usual job duties.

Diagnosis: Bilateral carpal tunnel syndrome (primary encounter diagnosis). Patient has follow-up appointments with orthopedics on 3/2/2022 and 3/30/2022. Patient is placed off work from 2/17/2022 through 3/13/2022, modified and modified duty from 3/14/2022 through 4/3/2022 with the same previous restrictions.

02/17/2022 Dora Storelli, M.D., Kaiser Permanente, Operative Report. Pre-operative Diagnosis: Bilateral carpal tunnel syndrome. Procedure Performed: Bilateral carpal tunnel release.

02/19/2022 Gregory Alessandri, EMT, Sacramento Metropolitan Fire District, Patient Care Report. Patient had a near syncopal episode secondary to having her bandage changed. Patient had wrist surgery 2 days ago. She denies CP, NBD, recent illness or injuries, audiovisual disturbances or other complaints. Physical examination is unremarkable. Primary Impression: Syncope/ near syncope. Patient refused to be transported and stated she would follow-up with urgent care or work comp doctor about the pain with bandage change. Patient signed PNTF.

03/10/2022 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. This is a video visit. Patient is status post-surgery from 2/17/2022, bilateral carpal tunnel release. She was first to begin modified work on 2/14/2022 with Hitchings another week before returning to modified work on 3/21/2022. She had Steri-Strips still on her wrists bilaterally. Diagnoses: 1) Bilateral carpal tunnel syndrome (primary encounter diagnosis). 2) Aftercare for musculoskeletal system surgery. Patient is placed off work from 3/10/2022 through 3/20/2022 and placed on modified activity at work (if available) and at home from 3/21/2022 through 3/31/2022 with the same previous restrictions.

03/30/2022 Dora Storelli, M.D., Kaiser Permanente, Ortho Consult. This is a video visit. Overall, patient is having pain, but is improving. Patient reports that over the last 6 weeks she has noted improvement in the numbness and tingling in both of her hands. Particularly compared to preoperative. She reports a soreness and sensitivity to her palms and difficulty with making a power grip. She reports she is back to work and has had a hard time keeping up with her typing. Diagnoses: 1) Bilateral carpal tunnel syndrome (primary encounter diagnosis). 2) Aftercare for musculoskeletal system surgery. Assessment: 6 weeks postoperative bilateral carpal tunnel release, improving however still with palmar soreness and pain. Recommended for hand therapy, scar massage and gentle strengthening exercise program. Advised for additional 4 weeks of light duty, and note is placed into chart.

05/26/2022, 06/16/2022 Kaiser Permanente, Physical Therapy Progress Notes. Patient is seen for therapy for bilateral carpal tunnel release.

07/08/2022 Dora Storelli, M.D., Kaiser Permanente, Secondary Treating Physician Report. This is a Video Visit. Patient reports that she is still recovering, and that the right hand is farther along than the left. She still has pain, and cannot lift heavy objects with both hands. Her left side feels slower to heal and is sorer than the right side. She stopped physical therapy in June noting she got to 50 to 60% improvement. She reports that her numbness is improved in both hands. She can lift a gallon of milk at this time. Diagnoses: 1) Bilateral carpal tunnel syndrome (primary encounter diagnosis). 2) Aftercare for musculoskeletal system surgery. Assessment: 6 months postoperative bilateral carpal tunnel release, continues to have slow and steady improvement with pillar pain still. Advised to continue home exercise program, scar massage and use of silicone gel pads. Anticipated with ongoing time she will continue to improve, and advised to continue activities as tolerated.

09/26/2022 Dora Storelli, M.D., Kaiser Permanente, Secondary Treating Physician Report. Patient reports that she was doing somewhat better and started really advancing her activities. She reports lifting heavier weights at the gym. She explains that her palms have been progressively been hurting her more. She describes pain with daily household chores, cooking, lifting weights at the gym. She reports that she experienced some tingling in her fingertips. She is concerned that her condition may have worsened. She reports rest and wearing the wrist splints have been helpful. Bilateral upper extremity examination reveals somewhat tender to palpation to the surgical incision on the left. Diagnoses: 1) Bilateral carpal tunnel syndrome (primary encounter diagnosis). 2) Aftercare for musculoskeletal system surgery. Assessment: 7 months postoperative bilateral carpal tunnel release, with palmar pain. Discussed to rein back some of her activities, that is cut back on lifting weights. Advised topical NSAIDs and follow-up in 6 weeks to assess response to activity modification and topical NSAIDs.

12/29/2022 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient has finished additional physical/hand therapy program post bilateral CTS surgery on 2/17/2022. She is still with residual bilateral wrist pain worsened after typing or activities and improved with rest. Patient also reports increased numbness and tingling bilateral hands mostly middle ring and little fingers areas. Patient noticed recurrence of paresthesia few months ago. She is working her usual job duties with increasing pain symptom with typing keying and heavy lifting. Physical examination reveals tenderness to palpation volar wrists. Durkans test is positive bilaterally. Positive Tinel at both wrists. Phalen test is equivocal complaining of wrist pain. Mild decrease grip strength both hands. Diagnoses: 1) Aftercare for musculoskeletal system surgery. 2) Bilateral carpal tunnel syndrome. Authorization is requested for repeat EMG/NCS of both arms to rule out mononeuropathy worsening CTS, post CTS surgical release with either Dr. Li or Dr. Palvolgyi. E consult is sent. Patient had a follow-up visit with orthopedics Dr. Storelli on 12/12/2022, assessment 9 months postoperative bilateral carpal

tunnel release with interval worsening of nerve symptoms and persistent wrist pain. Recommended repeat EMG nerve conduction study and to consider corticosteroid injection to bilateral carpal tunnel. If EMG test result values have not improved, recommended to consider further work-up for persistent nerve compression. Ordered Ibuprofen 500 mg. Patient had bilateral carpal tunnel cortisone injection under ultrasound with Dr. Shah at MSK clinic on 11/19/2021. Patient has finished with additional physical therapy post operatively. Dispensed new Procare Comfort Form Wrists Braces Small, 2 for both hands today provided by Norcal medical supply. Patient is placed on modified activity at work (if available) and at home through 1/19/2023 with the following restrictions. Lift/carry/push/pull no more than 3 pounds, 20 minutes break from keyboarding every hour, and wear splints occasionally as needed.

01/19/2023 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient reports not much change in symptom. Patient is still having of residual bilateral wrist pain worsened after typing or activities improved with rest. Patient also reported increased numbness and tingling bilateral hands mostly middle ring and little fingers areas. Patient noticed recurrence of paresthesia few months ago. She also complains of problems sleeping at night due to pain. Patient has finished additional physical/hand therapy program post bilateral CTS surgery on 2/17/2022. She is working her usual job duties with increasing pain symptom with typing, keying and heavy lifting. Patient feels that she is doing more than stated duty restriction and she was not given frequent stretch break. Physical examination remains unchanged. Diagnoses: 1) Aftercare for musculoskeletal system surgery. 2) Bilateral carpal tunnel syndrome. Worker's Compensation has approved for repeat EMG/NCS of both arms to rule out mononeuropathy worsening CTS post CTS surgical release with Dr. Li for 60 minutes appointment scheduled for 01/24/2023. Patient was offered neuropathic pain medication such as Gabapentin and Lyrica however at this point, she is still considering medication options. Patient is placed on modified activity at work (if available) and at home through 2/9/2023 with the same previous restrictions.

01/24/2023 Stephanie Li, M.D., Kaiser Permanente, Electrodiagnostic Report. Electrodiagnostic Interpretation: This is an abnormal study. There is electrodiagnostic evidence of: 1) Very mild right side focal median neuropathy at the wrist by virtue of abnormal median-ulnar ring finger comparison and borderline slowed conduction velocity of the sensory component, otherwise normal electrodiagnostic values on the right side. Please correlate clinically for right carpal tunnel syndrome. No electrodiagnostic evidence of median neuropathy on the left side. Compared to previous study done in 2021 values have significantly improved. 2) No electrodiagnostic evidence of ulnar mononeuropathy bilaterally.

02/06/2023 Videoconference Deposition of Melida Margarita Blandon, 37 pages total. Page 8, patient mentioned that she had missed work in order to attend the deposition. Page 9, DOB: 08/31/1972. Page 11, she is right handed. Page 12, she mentioned that she can drive an automatic vehicle. Page 14, she began working at Del Rio and Associates as a case manager on 11/01/2013, and her current position is litigation case manager. Page 15, she frequently works overtime. Her duties included constant typing, writing, e-mailing, faxing, and occasionally going through hard files and records, as well as medical records and bills. Page 16, she spends about 3 or 4 hours a day writing, sending emails all day, and faxing about 2 hours a day. She currently spends an hour per day going through hard files. Page 17, during the accident, she was a pre-lit case manager supervisor. Page 18, she is still employed with Del Rio. Prior to Del Rio, she worked as a customer service representative for Homeq from 2004 to 2010. Page 19, she previously worked as a notary for Keller Williams, a realtor. Her hands became numb while driving to work on 04/22/2021. Page 20, she also felt pain on her way to work, which worsened with typing and gave her a fracture sensation in her wrist. Page 22, she informed employer, Rachel Del Rio about her symptoms. She was then treated by Kaiser through the Hartford. Page 23, she is currently working on modified duties that include 30 minutes away from the keyboard, no writing every hour on the hour at work, and no lifting of more than 3 pounds. She was required to wear wrist braces as needed. She has pain that radiates from her wrist to her forearm to her shoulders about 3 times per week. Page 24, she was suffering from intermittent dull and sharp pain in her shoulder. Typing, writing, and other intense activity and movements with her hands and wrist aggravated her shoulder pain. She felt lightening pain from wrists to forearms. Page 25, she claims that typing and writing aggravate her forearm pain on a daily basis. Her left forearm and shoulders were more painful than her right. Page 26, she is experiencing sore, achy, and bone-cracked wrist pain. She was given topical creams and physical therapy for her wrists. She believed that typing and writing at work aggravated her wrist pain. She had seen Dr. Storelli, a surgeon, and Dr. Wingright, her work comp doctor. Page 27, she had a second EMG a few weeks ago and recommended cortisone shots. She had carpal tunnel surgery in February 2022. Page 28, she also takes Ibuprofen on an as-needed basis. Her arm movements are limited, and she can only lift her arm above her chest. Page 29, her forearm pain was relieved by doing household chores. Cooking fatigues her hands and forearm. She felt pain while pulling heavy doors. She can lift up to 7 to 8 lbs with pain. Page 30, she can lift 3 to 4 lbs without pain. She has difficulty doing her hair because of pain in her wrists, forearms, and shoulders. Page 31, she has been seeing Dr. Zubair, her PCP at Mercy for about 2 to 3 years. She suffers from secondhand smoke asthma. Page 33, she was involved in a car accident in 1992 or 1993. She is unable to bowl, ride roller coasters, or visit amusement parks due to the subject injury. She is also unable to exercise or lift weights. Page 34, she could lift 5 to 20-pound dumbbells before the injury.

02/09/2023 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient reports that for the last few weeks, she is with increasing pain symptoms with more pain bilateral wrists hand forearms regions with some pain radiating to the shoulders. Patient feels that she is doing more than stated duty restriction and she was not given frequent stretch break. She is working her usual job duties with increasing pain symptom with typing keying and heavy lifting. Physical examination remains unchanged. Diagnoses: 1) Aftercare for musculoskeletal system surgery. 2) Bilateral carpal tunnel syndrome. Patient had a repeat EMG/nerve conduction study with Dr. Li on January 24, 2023 results showed very mild right side focal median neuropathy at the wrist by virtue of abnormal median-ulnar ring finger comparison and borderline slowed conduction velocity of the sensory component. No electrodiagnostic evidence of median neuropathy on the left side. Compared to previous study done in 2021 values have significantly improved. No electrodiagnostic evidence of ulnar mononeuropathy bilaterally. Staff messaged orthopedics Dr. Storelli today 2/9/2023 about the results of repeat nerve testing and patient's interest of getting cortisone injection with Dr. Storelli. Dispensed Ergodyne wrist support proflex medium size for both wrists today provided by Norcal medical supply. Patient is placed on modified activity at work (if available) and at home through 3/2/2023 with the same previous restrictions.

03/02/2023 Helen Weinrit, M.D., Kaiser Permanente, Primary Treating Physician's Progress Report. Patient is still complaining of intermittent pain symptoms at the bilateral wrists hand forearms regions with some pain radiating to the shoulders. Patient feels that she is doing more than stated duty restriction and she was not given frequent stretch break. Physical examination remains unchanged. Diagnoses: 1) Aftercare for musculoskeletal system surgery. 2) Bilateral carpal tunnel syndrome. Authorization is requested for consultation with KP MSK clinic. Per specialist her nerve study is markedly improved is excellent. The persistent values describing mild slowing can be attributable to normalization of the nerve post release. Sometimes, values never fully normalize. Specialist advised referral to MSK for US guided injection. Specialist is not sure that she will need any further surgery. Patient is now agreeable after discussion of risks and benefits to be started on the use of neuropathic pain medication such as gabapentin 300 mg. Advised gradual titration of the dose of gabapentin to avoid risk of seizure. Patient denies any past history of seizure. Authorization is requested for Neurontin 300 mg and other consult. Patient is placed on modified activity at work (if available) and at home through 3/23/2023 with the same previous restrictions.

Thank you for the opportunity to evaluate Ms. Blandon. Please contact me if I can be of further assistance.

COMPLIANCE DISCLOSURE STATEMENT:

I personally evaluated this claimant and prepared this report. If others have performed any services in connection to this report, outside of clerical preparation, their names and qualifications are noted herein. Rapid Care categorized and summarized the records. The time spent is within accordance with Division of Workers Compensation (DWC) guidelines. 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 the information 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 have not violated labor code section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury. Physical examination measurements were taken in accordance with the AMA's "guide to the evaluation of permanent impairment."

My current opinions are expressed within reasonable medical probability, and are based on the history presented and the medical records that were sent for review. If additional medical records or subsequent objective medical test results become available, I would be willing to review them and see if my opinions have changed.

This medical exam is for purposes of medical-legal evaluation only, no treating relationship is implied. General medical care and preventive health care services should be provided by a primary health care provider doctor on a non-industrial basis.

Sincerely,

Daniel M. D'Amico, M.D.
Orthopaedic Surgeon
Diplomate, American Board of Orthopaedic Surgery

Date: May 16, 2023
County: Sacramento

Enclosures:
Cover letter/declaration from DA
Cover letter/declaration from AA

Pacific Evaluations
8801 Folsom Boulevard, Suite 105
Sacramento, CA 95826
Phone: (916) 451-9505
Fax: (916) 451-1353

MEDICAL RECORD ATTESTATION

I certify under penalty of perjury that I have reviewed all 146 pages of records that included the letters, documents, medical records, and deposition transcript attested to by Vanessa Rose, Esquire (144) and Dennis S. Zinn, Esquire (2).

Sincerely,

Daniel M. D'Amico, M.D.
Orthopaedic Surgeon
Diplomate, American Board of Orthopaedic Surgery

Date: May 16, 2023
County: Sacramento

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Sacramento, CA 95826
Phone: (916) 451-9505
Fax: (916) 451-1353

PROOF OF SERVICE BY MAIL
1013 A, 2015.5 C.C.P.

I declare under penalty of perjury that: I am a citizen of the United States and am employed in the County of Sacramento; I am over eighteen years and not a party to the party within action; my business address is 8801 Folsom Boulevard, Suite 105, Sacramento, CA 95826.

On 5/23/23 , I served a copy of the attached Medical/Legal report and invoice, by placing a true copy thereof enclosed in a sealed envelope with postage fully prepaid, in the United States mail at Sacramento, California, addressed as follows:

Vanessa Rose, Esquire
Albert & Mackenzie
28216 Dorothy Drive, Suite 200
Agoura Hills, CA 91301

Dennis Zinn Esquire
Law Offices of Walters & Zinn
1024 Iron Point Road, Suite 100
Folsom, CA 95630

Nicolette Volm
The Hartford
P.O. Box 14475
Lexington, KY 40512

Executed on 5/23/23 at Sacramento, California.

Signed: Kathryn Fisher

ALBERT & MACKENZIE
LIMITED LIABILITY PARTNERSHIP

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Kristine Nikoghossian
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Hearing Representative
Tony Lewandowski
Annette Sanders
Victoria Simon
Denise Goldstein

‡ Also Admitted To The New York State Bar
♦ Also Admitted To The Arizona State Bar
† Also Admitted To The Colorado State Bar
Ⅱ Also Admitted To The Illinois State Bar

* Certified Specialist - Workers' Compensation Law
The State Bar Of California
Board Of Legal Specialization

March 15, 2023

Daniel M D'Amico, M.D.
8801 Folsom Blvd., Ste. 105
Sacramento, CA 95826

RE: MELIDA BLANDON VS. DEL RIO AND ASSOCIATES, P.C.

WCAB Case Number	:	**ADJ16899156**
Claim Number	:	**Y2EC58558**
Our File Number	:	**46325**
Date of Injury	:	**CT: 04/22/2020-04/22/2021**
Date of Examination	:	**Tuesday, April 25, 2023**
Time of Examination	:	**1:30 p.m.**
Date of Birth	:	**08/31/1972**

PANEL QUALIFIED MEDICAL EVALUATION ADVOCACY

Dear Dr. D'Amico:

Thank you for agreeing to examine the above-captioned applicant in the capacity of a Panel Qualified Medical Evaluator in the field of Orthopedics. You are scheduled to examine the applicant on Tuesday, April 25, 2023 at 1:30 p.m.

NATURE OF CLAIM:

This matter involves a now 50-year-old Applicant, alleging a cumulative trauma injury for the period of April 22, 2020 through April 22, 2021, to the upper extremities from repetitive motions.

This claim is accepted for the right upper extremity, with nature and extent in dispute.

The applicant's primary care physician is Dr. Zubair at Mercy Medical Group. Dr. Zubair has been her primary care physician for the last three years. Prior to Dr. Zubair, the applicant was a Kaiser member from approximately the mid-1980s to the year 2018.

I am enclosing for your consideration the most current treatment records we have received to date along with applicant's deposition transcript.

At this time, the Defendant requests that you conduct your usual and thorough evaluation of the applicant and review the enclosed medical records. If you believe applicant to have reached MMI status, please produce a comprehensive report to comment on applicant's level of impairment with apportionment if applicable, in addition to necessity of future medical treatment and periods of temporary total disability, if any.

Should you not find Ms. Blandon at Maximum Medical Improvement, please discuss your reasoning and cite specific medical treatment necessary to get him to MMI status.

Defendant disputes the extent of treatment received as well as the disability status as provided by applicant's treating physician.

After you have had an opportunity to complete your evaluation and review the enclosed materials, I would appreciate it if you would issue your report of findings, while addressing the following issues:

1. Your precise diagnosis.

2. Are the medical findings consistent with the original incident(s) of injury or injuries claimed by the applicant?

3. Is the applicant or has the applicant been temporarily totally disabled? (a) What was the duration of the temporary disability? (b) Was it caused by (1) A specific injury? (2) A continuous trauma? (3) Any other factor(s)?

4. If disability exists as a result of the injury or injuries, is it (a) temporary total? (b) temporary partial? (c) permanent and stationary for rating purposes?

5. If disability exists, is it industrially caused or aggravated?

   a. If industrially caused or aggravated disability exists, is it the result of a specific incident or incidents, or is it the result of one or more periods of cumulative trauma, or combination? Please be as specific as possible. If disability is a result, either in whole or in part, of one or more periods of cumulative trauma, please state your opinion as to when each commenced and ended.

   b. If industrially caused or aggravated disability exists, was there a precipitating cause of all or part of the disability?

6. If impairment exists in accordance with the AMA Guidelines, 5th Edition, (a) has the applicant reached Maximum Medical Improvement (MMI status)? (b) Is there whole person impairment?

7. If the applicant's condition is now permanent and stationary and ready for rating, please describe the factors of disability (whether objective, subjective or both) resulting from the industrial causation of aggravation. If you believe the applicant should be restricted in his job duties, please set forth those restrictions with as much specificity as possible.

8. Should there be any apportionment to non-industrial factors? If you believe that there should be apportionment, please provide a discussion and address the following:

   a. Did the applicant have any pre-existing disability prior to the alleged industrial injury or injuries in issue? If so, please set forth with specificity the condition and the degree of disability or impairment in the open labor market which he applicant had independent of the industrial injury which did interfere or would have actually interfered with work activity.

   b. Is any portion of the applicant's present disability solely the result of the natural progression of a non-industrial condition? If so, please identify the level of disability which the applicant would have at this time solely as a result of the natural progression of the non-industrial condition absent the occurrence of the alleged industrial injury or injuries.

   c. Whether there should be apportionment of disability to either non-industrial injury and/or prior or subsequent industrial injuries, the following <u>MUST</u> be considered:

i. Pursuant to Labor Code Section 4663, apportionment of permanent disability shall be based upon causation. Any physician preparing reports on the issue of permanent disability must address the issue of causation. The physician must make an apportionment determination by finding what approximate percentage of the permanent disability was caused as a direct result of the work-related injury, and what portion was caused by other factors.

ii. Pursuant to Labor Code Section 4664, if an injured worker has received a prior award for permanent disability, it shall be conclusively presumed that the prior permanent disability exists at the time of any subsequent industrial injury.

iii. Based on the foregoing, please indicate what the approximate percentage of the applicant's current disability is due to the industrial injuries alleged in this case and which percentage is due to: a) any previous industrial injuries; b) any subsequent industrial injuries; and c) any *non-industrial injuries, illnesses or pathology*. Please provide a basis for any apportionment you give in your report.

9. Will the applicant require treatment in the future to cure or relieve the effect of the industrial injury or injuries? If treatment is necessary, please describe the scope and expected duration of treatment.

10. Please indicate whether or not the applicant can return to his/her pre-injury employment or whether the applicant is a Qualified Injured Worker for purposes of rehabilitation.

Please note the DWC Required Form "Physician's Return-To-Work & Voucher Report" must be reviewed, filled out by you, signed, and returned with your report.

Please determine causation and if any disability is found, please address apportionment to any prior injuries, non-industrial issues, natural aging process and prior claims per Escobedo & Benson decisions. Also, address whether the applicant is permanent and stationary/MMI.

Please note that in accordance with Labor Code Section 4628, as amended September 30, 1992, your report should disclose the following: The date when and location where the evaluation was performed; that the physician or physicians signing the report actually performed the evaluation; whether the evaluation performed and the time spent

performing the evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director; and the name and qualifications of each person who performed any served in connection with the report, including diagnostic studies, other than its clerical preparation. If your report discloses that the evaluation performed or the time spent performing the evaluation was not in compliance with the guidelines established by the Industrial Medical Council, the report should explain in detail any variance and the reason or reasons for the variance(s). Further, any person billing for medical-legal evaluations, diagnostic procedures or services performed by any person other than those employed by you (or a medical corporation owned by you) should specify the amount paid or to be paid to them for the evaluations, procedures or services.

Most importantly, your report should contain the following declaration under penalty of perjury:

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I received from otherwise. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, except as noted herein, that I believe it to be true." (This declaration must be dated, signed by you and must indicate the county wherein it was signed.)
Lastly, there must be an additional declaration pursuant to Labor Code Section 139.3, as follows:

"I declare under penalty of perjury that there has been no violation of Labor Code Section 139.3, in that I have not offered, delivered, received or accepted any rebate, refunds, commission, preference, patronage dividend, discount or other consideration whether in the form of money, or otherwise as compensation or inducement for any referred examination or evaluation."

This letter constitutes your authority to perform all tests which you believe are necessary. However, if hospitalization is necessary, we would require that you first obtain our consent.

When you have completed your report, please send to:

ALBERT AND MACKENZIE
28216 Dorothy Drive, Suite 200
Agoura Hills, CA 91301
Attn: Vanessa Rose, Esq.

LAW OFFICES OF WALTERS & ZINN
1024 Iron Point Road, Suite 100
Folsom, CA 95630
Attn: Dennis Zinn, Esq.

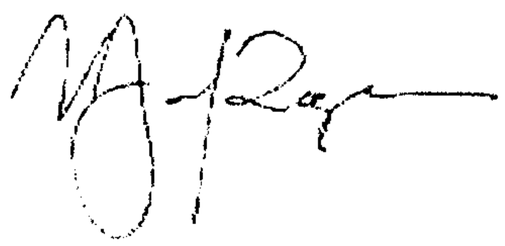
Kindly submit your billing to:

THE HARTFORD
P.O. Box 14475
Lexington, KY 40512
Attn: Nicolette Volm, Claims Representative

Thank you for your assistance in this matter.

Very truly yours,

ALBERT AND MACKENZIE



BY: VANESSA ROSE

VJR:gsm
e-mail: vrose@albmac.com

Enclosure: Schedule of Records & Records

cc: The Hartford/Nicolette Volm
The Hartford - Western Claim Center
Law Offices of Walters & Zinn/Dennis Zinn, Esq.

RE: Melida Blandon vs. Del Rio and Associates, P.C.
WCAB Case No.: ADJ16899156

DECLARATION PURSUANT TO CAL. CODE REGS., TITLE 8, § 9793(n)

I, Vanessa Rose, do declare as follows:

I am an attorney-at-law, duly licensed to practice before the Courts of the State of California. I am the attorney of record for the defendant herein. I have personal knowledge of the foregoing, and if called upon to testify, I could and would competently testify to its contents.

Pursuant to Cal. Code Regs., Title 8, § 9793(n), I declare that the provider of the documents has complied with the provision of Labor Code § 4062.3 before providing the documents to the physician.

I declare that the total page count of the documents provided to the physician is 144 pgs.

I declare under penalty of perjury under the law of the State of California that the foregoing statements are true and correct and this Declaration was executed this 16 th day of March 2023.

ALBERT AND MACKENZIE

BY: _____
VANESSA ROSE, ESQ.

WALTERS
ZINN
ATTORNEYS AT LAW

Michael S. Walters
Dennis S. Zinn

Matthew C. Popish
Christian A. Gutierrez

PY STC

April 4, 2023

Daniel D'Amico MD
Pacific Evaluations Medical Group
8801 Folsom Boulevard, Suite 105
Sacramento, CA 95826

RE:

Our Client/Injured Worker:	**Melida Blandon**
Walters and Zinn File No:	43716
Employer:	Delrio & Caraway
WCAB Case Number:	ADJ16899156
Defendant's Claim Number:	Y2EC58558

Dear Doctor:

Thank you for agreeing to examine, evaluate and report on applicant Melida Blandon on 4/25/2023 at 1:30:00PM in the capacity of a(n) QME. The applicant was a litigation case manager for Delrio & Caraway when she sustained an injury to her bilateral carpal tunnels due to a cumulative injury through 4/22/21 as a result of performing her job duties. Liability for the claim has been accepted

Applicant has had surgery on both of her wrists but remains symptomatic. She notes that she returned to work 6 weeks after the surgery, but learned later that she may have returned to work too soon. Early medical reports noted some issues with her neck and shoulders as well as the wrists, please address those and advise if you think there may be additional industrial injuries due to her job duties that were not fully appreciated by her PTPs due to the focus on the wrist complaints.

Please take a thorough history, review all medical reports and records, and issue a medical-legal report addressing the industrial causation of the injury, periods of temporary disability and, if you find the Applicant to be at Maximum Medical Improvement (MMI), permanent disability. Please avoid inadvertent findings of a retroactive MMI date unless it is clearly warranted by the medical or other evidence, and please provide your reasoning for same.

Please list both objective and subjective factors of disability and describe any work preclusions or restrictions you would impose on the applicant, whether actual or prophylactic. If this injury involves multiple body parts, please determine if the reasoning described in the *Kite* case applies. Do the separate body parts act in a synergistic fashion as to give rise to adding the disabilities instead of using the combined values chart? If so, please discuss how the synergistic effect of the injuries means that adding the disabilities rather than using the combined values chart is a more accurate reflection of the applicant's disability.

Please discuss the AMA rating(s). Please be sure to include with your report all raw data used for rating purposes. Also, inquire about any other possible sequala injuries that the applicant may have suffered as a result of the industrial injury or as a result of the medical care required to treat the industrial injury. If the Applicant needs to be seen by another expert to evaluate any claimed injury or condition, please so indicate. Also consider the *Almaraz/Guzman* line of cases which allows you more discretion in assigning the appropriate level of impairment if the strict rating under the AMA Guidelines is not accurate considering Applicant's overall disability. Rebuttal of the employee's Whole Person Impairment under the AMA guides may be done by establishing that another chapter, table, or method within the four corners of the Guides more accurately reflects the injured employee's impairment through the exercise of your medical judgment, training and experience. Discuss the impact that the injury has on the Applicant's ability to engage in their Activities of Daily Living (ADL).

Please include a discussion regarding apportionment of permanent disability. Incorporate into that discussion your determination of the approximate percentage of permanent disability directly caused by the applicant's industrial injury, and what percentage is attributable to other factors. Use actual percentages that total 100%. Please specifically describe the role of each of the factors found to support non-industrial apportionment of the present disability. Apportion only with clear reasonable medical probability and not with speculation or surmise.

Please discuss the need for current and future medical care to cure or relieve the applicant from the effects of the industrial injury. If appropriate, specifically describe any treatment required BEFORE the applicant can be declared MMI.

Lastly, please comment on whether the applicant is a qualified injured worker (QIW) and therefore entitled to a Supplemental Job Displacement Voucher (SJDV). If the applicant is QIW, please be sure to complete the Physician's Return-to-Work & Voucher Report (DWC AD Form 10133.36) as required by law.

To avoid confusion, and per Cal Code of Regs §35(a), demand is made on Defendant to forward you a complete copy of the medical file.

Please do not hesitate to contact the parties in writing if you have any questions or would like to discuss this matter further.

Very truly yours,
LAW OFFICES OF
WALTERS & ZINN

DENNIS S. ZINN
Attorney at Law
dzinn@walters-zinn.com
(916) 610-4717 Direct
cc: Albert Mackenzie Roseville Ms. Vanessa Rose