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Date of Examination: August 20, 2025

Disability Evaluation Unit  
Office of Benefit Determination  
2550 Mariposa Mall, Room 2005  
Fresno, CA 93721

*We request to be added to the Address List for Services of all Notices of Conferences, Mandatory Settlement Conferences and Hearings before the Workers' Compensation Appeals Board. We are advising the Workers' Compensation Appeals Board that we may not appear at hearings or Mandatory Settlement Conferences for the Case-in-Chief. Therefore, in accordance with Procedures set forth in Policy and Procedural Manual Index No. 6.610, effective February 1, 1995, we request that defendants, with full authority to resolve our lien, telephone our office and ask to speak with our "Workers' Compensation Lien Negotiator".*

REGARDING: FERGUSON, Paul  
D/BIRTH: September 23, 1971  
S.S.N.: \*\*\*-\*\*-1443  
EMPLOYER: Penske Logistics  
D/INJURY: June 6, 2023  
CLAIM NO: 010683-150879WC01  
PANEL #: AME

## **AGREED MEDICAL EVALUATION** **ML-201**

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**This report will be billed out as an ML-201. I spent 57 minutes of face-to-face time with the patient. I verify under penalty of perjury that, pursuant to Labor Code section 4628 and Title 8, California Code of Regulations section 9793(n), I have personally reviewed 613 pages of 8 ½ by 11 single-sided document, chart or paper whether in physical or electronic form records in connection with my examination of this patient**

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Ladies and Gentlemen:

I evaluated Paul Ferguson in my Fresno office for an Agreed Medical Evaluation, referencing his specific industrial injury of June 6, 2023. I took a detailed history, carried out a medical examination, reviewed the medical records provided, and prepared the report.

**PRESENTING COMPLAINTS:**

1. Neck pain with referred pain into the bilateral trapezial/shoulder regions and both arms.
2. Bilateral shoulder pain, right greater than left.
3. Mid and low back pain, contended. The patient reports pain from the neck travels at times down into the mid-back and into the low back.
4. Psyche, contended. This is deferred as it is outside of my area of specialty. The parties should obtain a QME or AME in Psychiatry for evaluation of this part of the claim.

**HISTORY OF THE PRESENT INJURY:**

Mr. Paul Ferguson is a 53-year-old right-hand dominant male who presents for evaluation of a specific industrial injury dated June 6, 2023, involving the above body parts, while working as a Delivery Driver for Penske Logistics.

At the time of injury, he was driving a semi-truck on Blackstone Avenue at about 1 a.m. when he was T-boned by a car going about 45 mph. The car hit him on the driver's side of the truck, and the force threw him to the passenger side of the truck. He passed out and when he came to after the accident, he was on the other side of the truck and hurting all over. He was not seat-belted. He was taken by ambulance to Saint Agnes Emergency Department, where he underwent a series of diagnostic tests.

He then followed up at Concentra Occupational Medicine following that, with an initial evaluation on June 6, 2023. The patient had diagnostic testing, including a CT scan of the cervical spine on June 6, 2023, which showed mild degenerative disease, but no acute abnormality. He underwent a CT scan of the head as well, but there was no evidence of hemorrhage. He was diagnosed at Concentra with a motor vehicle accident, left and right shoulder strain, as well as trapezius strain. He was placed on modified work at that time.

The patient underwent a course of physical therapy for the shoulders, which really did not help. He continued to follow up, but had ongoing shoulder symptoms.

An MRI scan of the left shoulder was performed on July 18, 2023, which showed a full-thickness rotator cuff tear with retraction, superior subluxation of the humeral head with atrophy and edema of the infraspinatus and supraspinatus muscles. An MRI scan of the right shoulder on the same date showed a full-thickness rotator cuff tear with retraction (per Dr. Simonian's initial evaluation report).

He was referred to Dr. Castonguay for an orthopaedic surgery consultation on August 31, 2023, who noted cervical spondylosis and internal derangement of the shoulders. He recommended an MRI scan of the cervical spine.

He followed up with Dr. Castonguay on October 3, 2023, who noted that he was having pain in the neck radiating into the arms bilaterally, past the elbows. He diagnosed bilateral shoulder rotator cuff full-thickness tears with probable cervical radiculopathy. He recommended an MRI scan of the cervical spine.

An MRI of the cervical spine was performed on November 3, 2023, which showed multi-level degenerative changes, most prominent at C4-5 where there was a 5 mm disc osteophyte complex with moderate to severe central canal stenosis, moderate to severe right and mild left neural foraminal narrowing. There was also a 3 mm disc osteophyte complex at C5-6 with mild to moderate central canal stenosis with bilateral neural foraminal stenosis as well.

The patient was then referred for pain management, as well as a spine surgery consultation for the neck. In the meantime, the patient underwent a second orthopaedic surgery consultation for the shoulders with Dr. Simonian on February 19, 2024. X-rays at that time showed scattered bilateral degenerative changes, but no fracture.

Dr. Simonian diagnosed bilateral shoulder massive rotator cuff tears, impingement and AC joint arthritis. He recommended proceeding with rotator cuff repair on the right shoulder and then follow-up with potential surgery on the left shoulder.

The patient underwent a PM&R evaluation at Concentra on February 21, 2024, and he received trigger point injections.

On March 7, 2024, Dr. Simonian performed right shoulder arthroscopy, partial repair of a massive rotator cuff tear, debridement of superior labral tears and synovitis and chondromalacia of the glenoid, as well as subacromial decompression. After surgery, the patient was managed in a shoulder immobilizer and then completed eighteen to twenty-four sessions of physical therapy. Overall, the patient has not noted distinct improvement from the surgery. He had additional trigger point injections by Dr. Abdala from pain management on April 3, 2024.

There is a note from Dr. Wresch on May 16, 2024, indicating that the rotator cuff tears were chronic in nature and unlikely due to the injury. The patient denies any prior injuries or problems involving either of the shoulders. He states he used to load and unload his trucks, including auto parts, without any trouble in the shoulders predating this industrial injury.

On June 28, 2024, Dr. Simonian performed left shoulder arthroscopy, partial repair of a massive rotator cuff tear, biceps tenotomy, debridement of anterior and superior labral

tears, synovitis and chondromalacia; and subacromial decompression. After surgery, the patient was managed in a shoulder immobilizer and received additional physical therapy. Overall, the patient reports no real change following the surgery on the left shoulder.

The patient was released from active care by Dr. Simonian, but the patient reports that the doctor said that at some point in the future, he would be a candidate for reverse total shoulder arthroplasty; but in the meantime to just live with the symptoms.

The patient underwent an EMG/nerve conduction study of the bilateral upper extremities on January 27, 2025, which showed diffuse motor and sensory peripheral neuropathy, but no evidence of cervical radiculopathy. He underwent a repeat EMG/nerve conduction study of both upper extremities on February 5, 2025, which showed evidence of bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral ulnar sensory neuropathy at the Guyon's canal region and bilateral upper extremity sensory poly neuropathy.

The patient saw Dr. Kasturi from Pain Management on February 27, 2025, who recommended an emergency MRI scan, as he was having significant pain, numbness and tingling with weakness in the neck and arms. He underwent an updated MRI scan of the cervical spine on March 25, 2025, with similar findings as the initial one.

The patient was referred to Dr. Aryan for a neurosurgical consultation on April 3, 2025. Dr. Aryan recommended surgical treatment.

On April 29, 2025, Dr. Aryan performed anterior cervical discectomy, plating and interbody fusion at the C4-5 and C5-6 levels. He wore a collar after surgery for eight weeks. He also completed eighteen sessions of physical therapy. His last session was earlier this morning. The patient states he has an appointment with Dr. Aryan next week, at which time he expects to be declared permanent and stationary.

The last note I have in the medical records is June 25, 2025, from Dr. Rios. Overall, his symptoms remain unchanged in the neck.

The patient reports that he last saw the doctors at Concentra two weeks ago. They were waiting for him to be released by Dr. Aryan before releasing him. He will be returning to Concentra on September 20, 2025 for re-evaluation.

**CURRENT SYMPTOMS:**

1. **Neck:** The patient describes frequent to constant neck pain, which is aching, throbbing and pressure-like in character. The pain is a Grade 5-9/10 in intensity. The patient's pain is at the posterior neck and comes into the base of the skull and can travel distally into the mid and lower back regions. It also travels into the

trapezial muscles and into the arms intermittently. The patient reports intermittent numbness and tingling starting over the dorsal forearm near the elbow and down into the hands and fingers, including all digits of both hands symmetrically. He also describes weakness in the upper extremities. There is no walking imbalance, nor are there any bowel or bladder control problems.

2. Right Shoulder: He describes constant right shoulder pain, which is aching, sharp, burning and throbbing in character. The pain is a Grade 7-10/10 in intensity. The pain involves the whole shoulder. He experiences residual stiffness, weakness, popping, catching and instability of the shoulder.
3. Left Shoulder: He describes frequent left shoulder pain, which is sharp, throbbing, pressure-like, aching and burning in character. The pain is a Grade 6-10/10 in intensity. The pain is located over the top of the left shoulder and over the lateral aspect. The patient describes residual stiffness, weakness, popping, catching and instability of the left shoulder.
4. Back: Contended. These symptoms are deemed to be referred from the cervical spine condition all the way down the back.

#### **PAST MEDICAL HISTORY:**

##### Medical Illnesses:

None.

##### Surgical History:

1. Hernia repair; 2002.
2. Hernia repair; 2009.
3. Cholecystectomy; 2013.
4. Gastric bypass; 2011.
5. Hand surgery; 2017, due to crush injury in his left hand. He states things went back to normal pretty much.
6. Right shoulder arthroscopy; March 7, 2024, Dr. Simonian.
7. Left shoulder arthroscopy; June 28, 2024, Dr. Simonian.
8. Anterior cervical discectomy and fusion, C4-5 and C5-6; April 29, 2025, Dr. Aryan.

##### Current Medications:

None.

FERGUSON, Paul

August 20, 2025

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Allergies:

1. Keflex, results in a rash.

Prior Occupational Injuries/Awards:

In 2017, he crushed his left hand on a trailer hitch and had surgical repair.

He also had hernia repair in 2002 and 2008, related to an industrial injury.

He also indicates that he cut his hand and had to have stitches placed in the palm of his left hand. He also cut his hand and had to have staples at some point.

The patient denies any prior injuries involving his neck, back or his bilateral shoulders.

Motor Vehicle Accidents:

The patient was involved in fender-benders in the past, but there was never any injury associated and no need for treatment.

**SOCIAL AND PERSONAL HISTORY:**

Marital Status:

Divorced, with four adult children.

Education:

He completed high school and trade school to drive trucks and buses.

Age:

53 years old.

Place of Birth:

Fresno, California.

Military Service:

None.

Habits:

The patient does not smoke cigarettes or drink alcohol.

Hobbies:

He takes care of his chickens, and enjoys beach trips with his grandson and listening to live music.

Activities of Daily Living:

1. Self-Care and Personal Hygiene: Severely affected. It hurts to wash his head or shoulders or dry off with towel. It hurts to hold his arms up to brush his teeth. It is tiring to make any movement related to his jacket due to the shoulders.
2. Communication: Severely affected. His arms go numb when holding the phone to his ear. When writing-his arm/hand get tingly and numb, and he drops things regularly.
3. Physical Activities: Moderately affected. Sitting for long periods of time hurts his neck/back. His arms also go numb and fall asleep. His tingly back gets sore after walking for extended periods.
4. Sensory Function: Moderately affected. He drops things and loses feeling in his hands.
5. Non-Specialized Hand Activities: Severely affected. He has limited hand strength, loses grip often, and experiences numbness and tingling.
6. Travel: Severely affected. Gripping a steering wheel causes pain and numbness. Sitting causes discomfort after driving for long periods of time because of the neck and shoulders.
7. Sleep: Severely affected. Cannot sleep with weight on his shoulders because they hurt throughout the night. His neck starts hurting and wakes him up every hour. He has to make position adjustments throughout the night.
8. Sexual Function: Slightly affected.

**FAMILY MEDICAL HISTORY:**

His mother is alive and had back surgery but is otherwise healthy. His father is deceased and had a history of lung cancer.

**JOB DESCRIPTION AT THE TIME OF INJURY:**

He normally worked ten to eleven hours per day, five days per week, with no overtime. He delivers auto parts to car dealerships. He drives a semi-truck between dealerships

and is sitting six to seven hours per day and has up to one hour per day of walking, standing, bending, squatting and kneeling. He is twisting for up to thirty minutes per day.

His job requires the use of both hands for simple and power grasping, as well as pushing and pulling activities. He has to work above shoulder level. He has to lift and carry items weighing up to sixty pounds. He unloads trailers and has to make six to eight stops per day. He delivers freight by hand.

### **OCCUPATIONAL HISTORY:**

The patient started working at Penske Truck Leasing three years and five months prior to the current industrial injury. He has not worked since the current industrial injury.

The patient reports that he is currently on work restrictions of no lifting, pushing or pulling over ten pounds for each shoulder, per Dr. Rios.

Prior to that, he worked as a Mid Valley Disposal from May 2021 to March 2022.

Prior to that, he worked as a School Bus Driver for Southwest Transportation from October 2018 to May 2021.

Prior to that, he worked in Customer Service in Death Valley from October 2017 to June 2018.

Prior to that, he worked as a Line Driver for Romero and Sons Trucking from June 2012 to October 2017.

Prior to that, he worked as a Delivery Driver for JD Food Service from August 2004 to July 2011.

### **REVIEW OF SYSTEMS:**

He describes headaches, insomnia and depression.

### **PHYSICAL EXAMINATION:**

#### **VITAL SIGNS:**

Height	6 feet 1 inch
Weight	220 pounds

The patient is right-hand dominant.

GENERAL APPEARANCE:

The patient is a well-developed, well-nourished male in no acute distress. He is alert and oriented x3, and very cooperative.

GAIT:

There is a normal gait pattern. No ataxia or limp is noted. The patient is able to heel walk, toe walk, and tandem walk normally.

Trendelenburg and Romberg are negative.

He is not using a cane or other assistive device, nor is he wearing a brace on his neck, back, or either of the upper or lower extremities.

CERVICAL AND UPPER DORSAL SPINE:

Normal head position and cervical curvature is noted. He has a transverse scar over the right anterior neck from the cervical spine surgery. There are no posterior surgical scars.

There is no tenderness over the midline cervical spine or paracervical musculature. There is some tenderness along the trapezial muscles as they get closer to the shoulders, symmetrically. No spasm is noted.

THORACOLUMBAR SPINE:

The shoulders and pelvis are level. There is no scoliosis, list, or other deformity noted.

There are no surgical scars or abnormal skin markings noted over the thoracolumbar spine. Sagittal contours of the thoracolumbar spine are normal. He has a birthmark over the right side of his proximal buttock region/lumbar region.

There is no tenderness to palpation over the midline of the thoracolumbar spine, paravertebral musculature, sciatic notches, or trochanteric regions. No spasm is noted.

CERVICAL AND LUMBAR SPINE RANGE OF MOTION:

Range of motion of the spine in degrees, measured utilizing the dual inclinometer method outlined in the *AMA Guides*, 5<sup>th</sup> Edition, including appropriate warm-ups and at least three repetitions.

<u>Cervical Spine:</u>	1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt	3 <sup>rd</sup> attempt
Flexion:	34°	34°	34°

Extension:	28°	30°	30°
Right lateral bend:	26°	28°	26°
Left lateral bend:	22°	22°	24°
Right rotation:	50°	50°	45°
Left rotation:	45°	45°	45°

There is no muscle guarding or asymmetric loss of motion with the cervical spine testing.

The patient reports no neck pain with the cervical spine testing.

#### Thoracic Spine:

Flexion:	100°
Right rotation:	40°
Left rotation:	40°

There is no muscle guarding or asymmetric loss of motion with the thoracic spine testing.

There is no pain reported with the thoracic spine testing.

#### Lumbar Spine:

Flexion:	80°
Extension:	25°
Right lateral bend:	26°
Left lateral bend:	20°

There is no muscle guarding or asymmetric loss of motion with the lumbar spine testing.

There is no pain reported with the lumbar spine testing.

#### SHOULDERS:

There are arthroscopic portal scars over both shoulders, which are well-healed with no sign of infection. Overall alignment of the shoulders looks good without obvious atrophy or deformity.

The patient describes mild tenderness over the top and lateral aspect of the right acromion, but no tenderness over the left shoulder.

Neer impingement testing is negative bilaterally. Hawkins' impingement testing results in increased shoulder pain bilaterally.

O'Brien's test and cross-arm adduction tests result in some increased pressure and discomfort in both shoulders.

Sulcus sign is negative bilaterally. There is no instability noted of either shoulder.

Rotator cuff testing shows mild give-away weakness at a Grade 4/5 with external rotation symmetrically. Otherwise, Grade 5/5 in all other planes of the shoulders symmetrically.

#### ELBOWS:

There are normal contours and carrying angles of both elbows. There is no surgical scar, swelling, effusion, or deformity of either elbow.

There is no tenderness over any of the bony landmarks of either elbow or over the bilateral proximal forearm musculature.

Both elbows are stable to valgus and varus stress testing. Tinel's sign is negative over both elbows.

#### WRISTS, HANDS, AND FINGERS:

There are normal contours without swelling, effusion or deformity over either wrist or hand. He has a faint transverse scar over the palm of his left hand from a previous laceration in the past. He appears to have some thenar atrophy on the right side, but no atrophy on the left side. There is no tenderness over either wrist or hand.

The patient is able to fully open and close both hands and fingers symmetrically without any evidence of active triggering or loss of digit motion.

Grip strength and opposition strength is intact at Grade 5/5 to manual testing bilaterally. Tinel's testing at the wrist is negative bilaterally.

#### UPPER EXTREMITY RANGES OF MOTION: Measured in degrees with a goniometer.

<u>Shoulders:</u>	Right	Left
Flexion	135°	130°
Extension	40°	30°
Abduction	110°	110°
Adduction	30°	30°
Internal rotation	40°	40°
External rotation	40°	65°

<u>Elbows:</u>	Right	Left
Flexion	140°	140°
Extension	0°	0°
Pronation	80°	80°
Supination	70°	70°

<u>Wrists:</u>	Right	Left
Dorsiflexion	60°	60°
Palmar flexion	65°	65°
Radial deviation	20°	20°
Ulnar deviation	35°	35°

### NEUROLOGICAL:

Reflexes: Reflexes are 1+ and symmetric at the biceps, triceps, brachioradialis, patella and Achilles bilaterally.

There is a normal plantar response bilaterally. There is no ankle clonus noted. Hoffmann's sign is negative bilaterally.

Motor Strength: Grade 5/5 motor strength in all muscle groups of the upper and lower extremities symmetrically.

Sensation: Intact sensation to soft touch and pinprick throughout all dermatomes of the upper and lower extremities symmetrically.

Straight leg raise is negative bilaterally.

### REVIEW OF MEDICAL RECORDS:

**06/06/2023:** **American Ambulance Notes. PAGE 1.** Mr. Ferguson was standing outside of the vehicle when the ambulance arrived. He had been the unrestrained driver in a semi-truck and was involved in a motor vehicle accident. He noted pain to the right side of his chest, right arm and right side of his back.

He was transported to the emergency department via ambulance.

**06/06/2023:** **Andres Anaya, M.D. Emergency Department Visit Notes. PAGE 8.** Mr. Ferguson was an unrestrained driver in a semi-truck. States that he got T-boned on the driver's side of his car by a smaller vehicle traveling at an unknown speed. Airbags did not deploy.

There was LOC. Unsure if he had head trauma but denies headache or neck pain.

He is having bilateral arm pain, chest pain, and back pain. States that his R arm pain is worse than the left. Describes his pain in his back as a sharp, burning sensation. There is pain with inspiration, worse on the right side of his chest than left. Rates his pain a 10/10. Able to extricate himself from the vehicle and ambulate. Denies any lower extremity pain or abdominal pain.

Lab work was done and Mr. Ferguson underwent diagnostic studies. It was noted that CT imaging to evaluate trauma was negative for any acute abnormalities in the head, neck, chest, abdomen or pelvis. Labs were also WNL. He was given Dilaudid for pain and Norco at discharge.

He was examined and diagnosed with musculoskeletal pain, muscle strain of right forearm and muscle strain of left shoulder.

He was prescribed Tylenol. He was to follow up with his primary care physician.

**06/06/2023:**

**Ani Bznouni, NP. Doctor's First Report of Occupational Injury or Illness. PAGE 2.** Mr. Ferguson was seen prior to this visit in the emergency department. He noted he had been involved in a motor vehicle accident and noted bilateral shoulder/upper back pain that was 10/10. He noted that the vehicle he was driving was t-boned by a smaller vehicle. He noted he blacked out for a few seconds. He was treated with a CT scan and lab work was done.

NP Bznouni examined him and noted motor vehicle accident, left and right shoulder strain, and trapezius strain, left and right.

Records were requested from St. Agnes. He will return in two days for record review and PT referral if appropriate. Meds were prescribed.

He was to return in 2-10 days and was able to work but refrain from lifting, pushing and pulling over 5 pounds occasionally, bend, stand and walk frequently. He was not to drive any company vehicles.

- **Work Status Report.**

**06/06/2023: Roy Vaid, M.D. Cervical Spine CT Scan Report. PAGE 19.**

**FINDINGS:**

- **ALIGNMENT:** Bony alignment is anatomic.
- **DEGENERATIVE CHANGES:** There is mild degenerative disease of the cervical spine.
- **SOFT TISSUES:** The prevertebral soft tissues are within normal limits.
- **BONES:** No acute fracture or aggressive appearing osseous lesion.

**IMPRESSION:**

1. No acute cervical spine abnormality.
2. There is mild degenerative disease of the cervical spine.

**06/06/2023: Chest X-ray Report. PAGE 22.**

**FINDINGS:**

- **LUNGS:** No pulmonary mass. The lungs appear essentially clear.
- **PLEURAL SPACES:** No evidence of pneumothorax. No pleural effusion.
- **HEART:** No cardiomegaly. No significant pericardial effusion.
- **LYMPH NODES:** No lymphadenopathy is evident.
- **LIVER:** Unremarkable. No focal lesions.
- **GALLBLADDER AND BILE DUCTS:** The patient is status post cholecystectomy.
- **PANCREAS:** Unremarkable.
- **SPLEEN:** Unremarkable.

- ADRENAL GLANDS: Unremarkable.
- KIDNEYS, URETERS, AND BLADDER: Small left renal cyst. No hydronephrosis.
- STOMACH AND BOWEL: The patient is status post gastric surgery.
- APPENDIX: No evidence of acute appendicitis on CT examination.
- PERITONEUM: No free fluid. No free air.
- REPRODUCTIVE: Unremarkable.
- LYMPH NODES: No lymphadenopathy is evident.
- VASCULATURE: No evidence of abdominal aortic aneurysm.
- BONES: No acute osseous abnormality.

**IMPRESSION:**

- No acute intra-thoracic, intra-abdominal, or intra-pelvic abnormality.

**06/06/2023:**

**Rajesh Vaid, M.D. Head CT Scan Report. PAGE 24.**

**FINDINGS:**

- BRAIN: No evidence of acute hemorrhage. No mass lesion. No CT evidence for acute territorial infarct. No midline shift or extra-axial collections.
- VENTRICLES: No hydrocephalus.
- ORBITS: The orbits are unremarkable.
- SINUSES AND MASTOIDS: The paranasal sinuses and mastoid air cells are clear.
- BONES: No fracture.

- SOFT TISSUES: Unremarkable.

**IMPRESSION:**

- No acute intracranial abnormality.

**06/09/2023:** **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 27/30.** Mr. Ferguson presented for follow up for pain to bilateral shoulders and upper back. He noted his pain was not controlled with Tylenol.

Dr. Wresch noted that physical therapy would be ordered to restore range of motion, decrease muscular spasm and improve function. He was also prescribed Flexeril and Lidoderm patches.

He was to continue with modified work duty.

He was diagnosed with left shoulder strain, right shoulder strain and left and right trapezius strain.

He was provided with a heating pad, pain relief gel and roll on. He was referred for physical therapy.

**06/12/2023:** **Concentra Physical Therapy Visit Notes. PAGE 35.** Mr. Ferguson presented for therapy for bilateral upper extremities.

He tolerated therapy well.

**06/14/2023:** **Concentra Physical Therapy Visit Notes. PAGE 39.** Mr. Ferguson noted his upper back and front of his right shoulder were more painful and he felt very stiff in the morning.

**06/15/2023:** **Concentra Physical Therapy Visit Notes. PAGE 41.** Mr. Ferguson reported feeling better at this visit.

He continued to have pain in his shoulders, right more than left with numbness in his right fingers after doing pulley exercises.

**06/19/2023:** **Concentra Physical Therapy Visit Notes. PAGE 43.** Mr. Ferguson noted early morning stiffness and decreased range of motion.

**06/20/2023:** **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 48.** Mr. Ferguson presented for follow up. He had

been attending physical therapy with some benefit but noted slow improvement. He continued to have pain in the scapular area of the upper arms. He noted having difficulty lifting a 2 lb. weight.

Dr. Wresch examined him and noted trapezius strain, right and left, right and left shoulder strain and motor vehicle accident.

He was to continue with work modifications of may lift, push and pull up to 5 lbs. constantly. May stand frequently, walk constantly, engage in activities requiring trunk rotation occasionally. May not drive company vehicle due to functional limitations – grip strength. No reaching above shoulder level with affected extremity. He was to return in three weeks.

Continue physical therapy.

**06/21/2023:**       **Concentra Physical Therapy Visit Notes. PAGE 50.** Mr. Ferguson presented for therapy, which he tolerated well.

**06/23/2023:**       **Concentra Physical Therapy Visit Notes. PAGE 52.** Mr. Ferguson reported increased pain in his shoulders at this visit.

**07/11/2023:**       **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 59.** Mr. Ferguson reported his right ribs had improved. He continued to have bilateral shoulder pain. Mr. Ferguson had been attending physical therapy.

Dr. Wresch examined him and noted right and left trapezius and shoulder strain and motor vehicle accident.

Right and left shoulder MRIs were ordered. Mr. Ferguson was prescribed Cyclobenzaprine.

Modified duty continued.

**07/18/2023:**       **Felix Wang, M.D. Left Shoulder MRI Report. PAGE 527.**

**Findings:**

- The proximal humerus is intact, shows normal marrow signal, and shows superior subluxation in the glenoid fossa. The scanned parts of the scapula are intact and show normal marrow signal. Acromioclavicular joint shows minimal arthrosis. Distal clavicle is intact and shows normal marrow signal. The

acromion is horizontal in orientation, and concave on its undersurface. No marrow edema or bony destructive lesion is seen. The supraspinatus tendon shows a full-thickness partial width tear of the posterior fibers, with traction of approximately 28 mm on coronal image 10, at a posterior depth is at least 16 mm on sagittal image 10. The proximal portion of the supraspinatus tendon shows heterogeneous signal indicating tendinopathy, as shown on coronal image 8. The infraspinatus tendon shows extension of the full-thickness full width tear, shown on coronal image 13 is approximately 36 mm of retraction. Underlying infraspinatus tendinopathy is shown on coronal image 15. The subscapularis tendon appears within normal limits. Long head biceps tendon is intact and normally attaches to the labrum. Effusion is seen in the gleno humeral joint, communicating freely with the subacromial subdeltoid bursa through the supraspinatus and infraspinatus tears. Trace fluid in subcoracoid bursa is nonspecific. Glenoid labrum shows a Buford complex. No tear is identified, no paralabral cyst is seen. The muscles around the shoulder show atrophy of the supraspinatus and infraspinatus, with fluid tracking back around the infraspinatus fibers as seen on sagittal image 18. Subcutaneous tissues are WNL.

**Impression:**

1. Infraspinatus tendon shows a full-thickness partial width tear in the mid and distal thirds. The infraspinatus tendon shows a full-thickness partial width tear of the mid to distal fibers. Fluid was seen in the subacromial-subdeltoid bursa, superior subluxation of the humeral head is noted atrophy and edema of both the infraspinatus and supraspinatus muscles is identified.

**08/14/2023:**

**Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 62/66.** Mr. Ferguson presented for follow up for bilateral shoulders. He noted he had not been working as modifications were not available. He noted continued bilateral shoulder pain, very limited range of motion and decreased strength.

Dr. Parvez examined him and noted left and right shoulder strain, internal derangement of right and left shoulders and motor vehicle accident.

He was referred to orthopedics for consultation and possible treatment.

Modified duty was continued.

- **Work Status Report.**

**08/31/2023:** **Ronald Castonguay, M.D. Primary Treating Physician's Progress Report. PAGED 71.** Subjective complaints were no included in the report.

Dr. Castonguay examined him and noted cervical spondylosis and internal derangement of shoulders.

A cervical spine MRI was ordered.

He was able to work with lifting, pushing and pulling up to 5 pounds, frequently standing and walking with occasional truck rotation, no reaching above shoulders and no driving company vehicles.

**10/03/2023:** **Ronald Castonguay, M.D. Physician Progress Report. PAGE 74.** Mr. Ferguson noted bilateral shoulder pain with numbness that started at the trapezius muscle area and radiated down the posterior lateral arm bilaterally just past the elbow. He noted some achiness that radiated.

Dr. Castonguay examined him and noted bilateral shoulder rotator cuff full-thickness tears with associated muscle atrophy and probable cervical radiculopathy.

Dr. Castonguay again requested a cervical spine MRI. Mr. Ferguson was able to take Ibuprofen and Tylenol as needed and was to return once the study was completed.

**10/23/2023:** **Zafar Parvez, M.D. Concentra Patient Visit Notes. PAGE 78/83.** Mr. Ferguson presented for follow up. He confirmed he was doing his home exercises and did not need to return to physical therapy treatment. He was to have cervical spine MRI done.

Dr. Parvez examined him and noted internal derangement of shoulder, left and right shoulder strain and motor vehicle accident.

He was to continue with home exercises.

He was to return in four weeks and was to continue with modifications

- **Work Status Report.**

**11/03/2023: Joshua Rosenbaum, M.D. Cervical Spine MRI Report. PAGE 87.**

**FINDINGS:**

- Vertebral bodies: No acute fracture. Vertebral body heights are maintained. Mixed fibrofatty and edematous endplate changes at C4-C5.
- Alignment: Degenerative retrolisthesis C4 on C5 of 2 mm. Relative straightening of the cervical lordosis.
- Craniocervical Junction: Cerebellar tonsils are normally positioned. The visualized portions of the posterior fossa are unremarkable. The craniocervical junction has a normal anatomical relationship.
- Cord: No abnormal cord signal. Disc levels as detailed below:
- Disc desiccation C2-C6. Moderate C4-C5 and C5-C6 disc height loss.
- C2-C3: No significant disc bulge, central canal stenosis or foraminal stenosis.
- C3-C4: 2 mm osteophytic ridging and ligamentous thickening. Mild central canal narrowing. Mild to moderate right and no significant left foraminal stenosis.
- C4-C5: 5 mm disc osteophyte complex and mild dorsal ligamentous thickening. Moderate to severe central canal stenosis. AP thecal sac dimension measures 6 mm prior mild ventral cord indentation. Moderate to severe right and mild left foraminal narrowing secondary to facet and uncovertebral arthropathy.
- C5-C6: 3 mm disc osteophyte complex and mild dorsal ligamentous thickening. Mild to moderate central canal narrowing. Moderate foraminal stenoses secondary to facet and uncovertebral arthropathy.

- C6-C7: No significant disc bulge or central canal stenosis. Mild left foraminal narrowing from left uncovertebral arthropathy.
- C7-T1: No significant disc bulge, central canal stenosis or foraminal stenosis. Soft tissues: The paraspinous soft tissues are unremarkable. Vertebral artery flow voids are maintained.

**IMPRESSION:**

1. Degenerative changes of the cervical spine detailed above are most significant for:
2. C4-C5 degenerative retrolisthesis with disc height loss and reactive endplate changes with marrow edema that can be a source of axial spine pain.
3. C4-C5 moderate to severe central canal stenosis with slight ventral cord indentation. Mild to moderate central canal narrowing at C5-C6.
4. Foraminal stenoses are worst at C4-C5 where it is moderate to severe in the right. Additional mild to moderate foraminal narrowing at right C3-C4, left C4-C5 and bilateral C5-C6

**11/14/2023:** **Ronald Castonguay, M.D. Physician Progress Report. PAGE 89.** Mr. Ferguson complained of pain that radiated down both arms to the level of the elbows. He had been seen and noted to have extensive rotator cuff tearing with a proximal migration of the humeral head.

Dr. Castonguay sent Mr. Ferguson back to his primary treating physician and recommended a referral to neuro/spine surgeon for assessment and treatment. This did not appear to be an issue with his shoulders.

**11/21/2023:** **Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 90.** Mr. Ferguson had a cervical spine MRI recently done. He noted his orthopedic surgeon recommended a cervical spine evaluation prior to proceeding with a rotator cuff repair because the pain in the shoulder is coming from his cervical spine.

Mr. Ferguson wanted a second opinion about waiting for the rotator cuff repair to happen.

Dr. Parvez examined him and noted right and left shoulder strain and right and left shoulder internal derangement.

He was to continue with modifications. He was referred to an orthopedic specialist.

**12/28/2023:** **Sean Gao, D.O. Primary Treating Physician's Progress Report. PAGE 95.** The report did not include subjective complaints or objective findings.

Mr. Ferguson was diagnosed with bilateral shoulder strain, bilateral shoulder internal derangement, and bilateral trapezius strain.

He was referred to orthopedics and was to continue with modifications. Dr. Gao found it difficult to determine whether the injury was caused by the car accident to his rotator cuffs.

**01/03/2024:** **Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 96.** Mr. Ferguson presented for follow up. He was not able to lift with both arms, even struggling to lift a gallon of milk.

Dr. Parvez reviewed medical records and examined Mr. Ferguson.

He was diagnosed with internal derangement of left and right shoulders and cervical spondylosis.

He was referred back to Dr. Castonguay for continued care. He was referred to pain management.

He was to continue with modifications.

**01/27/2024:** **Advanced Physical Therapy Visit Notes. PAGED 99.** Although Mr. Ferguson continued to have pain, he noted feeling better.

**02/01/2024:** **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 100.** Mr. Ferguson presented for follow up. He was scheduled to see Dr. Simonian for a second opinion. He had full range of motion and strength of the shoulders with pain. He had limited range of motion with the neck.

Dr. Wresch examined him and noted internal derangement of bilateral shoulders and cervical spondylosis.

He was to continue with modifications.

**02/19/2024:**      **Peter Simonian, M.D. Patient Visit Notes. PAGE 103.** Mr. Ferguson presented for evaluation of bilateral shoulder pain. He had been in a motor vehicle accident while at work on June 6, 2023, when he was holding the steering wheel, injuring both shoulders. He had attended physical therapy without benefit. Both shoulders are very symptomatic and bothered him more on the right than left.

Dr. Simonian reviewed medical records and examined him. He was diagnosed with bilateral shoulder massive rotator cuff tears, impingement and AC joints arthritis.

He was to proceed with attempt at rotator cuff repair on the right shoulder. If the procedure is successful on the right he would consider a similar procedure on the left.

Authorization for surgery was requested.

**02/19/2024:**      **Right Shoulder X-ray Report. PAGE 105.**

**FINDINGS:**

- Scattered degenerative changes are seen. No acute fracture or dislocation is seen. Soft tissues demonstrate no gas or radiopaque foreign body.

**IMPRESSION:**

- Mild degenerative change. No acute findings.

**02/19/2024:**      **Left Shoulder X-ray Report. PAGE 106.**

**FINDINGS:**

- Scattered degenerative changes are seen. No acute fracture or dislocation is seen. Soft tissues demonstrate no gas or radiopaque foreign body.

**IMPRESSION:**

- Degenerative change. No acute findings.

**02/21/2024:**      **Concentra Initial Physical Medicine and Rehabilitation Evaluation. PAGE 107.** Mr. Ferguson presented for evaluation. He reported he had sustained industrial injury on June 6, 2023, and suffered from neck pain. His vehicle was t-boned by another vehicle causing the injury. He noted his pain was 5/10 and his pain was mostly on the left side of the cervical spine and left shoulder area. He had been attending physical therapy and doing home exercises without benefit.

Mr. Ferguson was examined and diagnosed with neck pain, cervical spondylosis, cervical spinal stenosis, myofascial pain syndrome and mechanical neck and upper back pain.

He was to continue with his current medications and home exercise program. Trigger point injections were recommended and administered at this visit, which he tolerated well.

He was to return in four weeks.

**02/29/2024:**      **Keith Wresch, M.D Primary Treating Physician's Progress Report. PAGE 114.** Mr. Ferguson presented for follow up. He continued to have symptoms to bilateral shoulders.

Dr. Wresch examined him and noted bilateral shoulder internal derangement and cervical spondylosis.

He was able to continue with his modifications.

**03/05/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 266.** Mr. Ferguson presented for therapy for his left shoulder.

He tolerated treatment well.

**03/07/2024:**      **Peter Simonian, M.D. Operative Report. PAGE 200.** Mr. Ferguson presented with preoperative and postoperative diagnoses of right shoulder massive tearing of the rotator cuff with anterior superior labral tears, synovitis and chondromalacia of the glenoid.

Operation Performed:

1. Small partial repair of massive tear of the rotator cuff involving about the posterior 10-20% of the tear, the anterior 90-80% of the tear was irreparable with a series of 4 minitape sutures limbs and Smith and Nephew Healicoil Knotless Anchor with moderate to poor tissue quality, moderate bone quality and moderate tension.
2. Arthroscopic debridement and superior labral tears, synovitis and grade 2 chondromalacia of the glenoid.
3. Arthroscopic subacromial decompression, primarily of soft tissues.

He tolerated the procedures well and was taken to the recovery room in stable condition.

**03/07/2024:**      **Physical Therapy Report. PAGE 193.** Mr. Ferguson was provided with a sling and instructions for sling usage and therapeutic exercises for home.

**04/01/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 268.** Mr. Ferguson noted pain at 45 degrees. He noted feeling better.

**04/03/2024:**      **Sherif Abdalla, M.D. Primary Treating Physician's Progress Report. PAGE 270.** Mr. Ferguson noted neck and right shoulder pain that was 5/10. Mr. Ferguson noted the same 2 trigger points that had been treated previously with injection, with benefit.

Dr. Abdalla noted a decision would wait about his neck interlaminar epidural steroid injection for him to complete recovery from his right shoulder.

Dr. Abdalla examined him and noted neck pain, cervical spondylosis, cervical spinal stenosis, myofascial pain syndrome and mechanical neck and upper back pain.

Trigger point injections were recommended and administered at this visit to the C7-T1 interlaminar. He was to continue with his medications, home exercises and using the gel pack. He was to return in two months.

Work Status: Deferred to PTP.

- 04/03/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 269.** Mr. Ferguson was provided with therapy, which he tolerated well.
- 04/10/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 274.** Mr. Ferguson reported he felt good and had no pain with range of motion.
- 04/11/2024:**      **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 276.** Mr. Ferguson was status post right shoulder surgery and had been attending physical therapy. Once he had recovered, he was to undergo surgery for the left shoulder.
- Mr. Ferguson had recent injection to his neck with benefit, He had full range of motion without any reported pain or discomfort.
- He was diagnosed with bilateral shoulder internal derangement and cervical spondylosis.
- Work modifications were unchanged.
- 04/15/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 278.** Mr. Ferguson presented for therapy, which he tolerated well.
- 04/17/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 279.** Mr. Ferguson reported his pain levels were improving as well as overall function.
- 04/22/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 280.** Mr. Ferguson presented for therapy, which he tolerated well.
- He noted he was doing well.
- 04/24/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 281.** Mr. Ferguson reported his pain had decreased and he was feeling better.
- 04/29/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 282.** Mr. Ferguson presented for therapy.
- He noted his pain had decreased.
- 05/01/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 283.** Mr. Ferguson presented for therapy.

He noted he was doing better.

**05/06/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 284.** Mr. Ferguson presented for therapy.

He was doing well but felt weak.

**05/08/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 288.** Mr. Ferguson reported he was sleeping better and was able to reach up and to the side for things.

He tolerated therapy well.

**05/13/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 289.** Mr. Ferguson presented for therapy.

He continued to make progress.

**05/15/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 290.** Mr. Ferguson reported he was having a difficult time reaching up and maintain strength to get objects that were overhead.

**05/16/2024:**      **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 291.** Dr. Wresch noted that Dr. Castonguay felt that the rotator cuff tendon tears were chronic in nature and unlikely due to his injury.

Mr. Ferguson presented for follow up and requested additional pain gel. He noted no changes to his complaints.

Dr. Wresch examined him and noted internal derangement of left shoulder and cervical spondylosis.

He was to continue with therapy.

His work modifications were unchanged.

**05/20/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 294.** Mr. Ferguson noted pain to his neck and shoulders at this visit.

He tolerated therapy well.

**05/22/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 295.** Mr. Ferguson noted his neck and shoulder felt better when he got home after cervical mobilizations.

**05/28/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 296.** Mr. Ferguson noted he was feeling better but continued to have soreness.

**05/30/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 297.** Mr. Ferguson noted continued trouble reaching over head and feeling weak.

**06/05/2024:**        **Sherif Abdalla, M.D. Physician's Progress Report. PAGE 300.** Mr. Ferguson presented with complaints of neck and upper back pain. His pain was 6/10 and was mostly localized on the right shoulder and shoulder blade area. He was status post right shoulder surgery and there was a plan to do the left shoulder.

He was provided with trigger points at his previous visit. He had completed 21 sessions of physical therapy with some benefits. He wished to undergo trigger point injections but Dr. Abdalla noted it was a short term solution.

He was examined and diagnosed with neck pain, cervical spondylosis, cervical spinal stenosis, myofascial pain syndrome and mechanical neck and upper back pain.

He was to continue with his medications and was referred for acupuncture treatment to address myofascial pain on the right shoulder and right shoulder blade. He was to return in two months.

**06/10/2024:**        **Peter Simonian, M.D. Physician's Progress Report. PAGE 304.** Mr. Ferguson presented for follow up on his right shoulder. He was a little more than three months out from his right shoulder partial repair of his massive tear of the rotator cuff, debridement and decompression. He was doing well and noted significant pain improvement.

He wanted to proceed with a similar procedure on the left.

Treatment options were discussed and Mr. Ferguson wished to proceed with surgical intervention.

**06/27/2024:**        **Keith Wresch, M.D. Primary Treating Physician's Progress Report. PAGE 311.** Mr. Ferguson presented unscheduled with a condition which required immediate attention.

Mr. Ferguson reported he had received a call that he was to have left shoulder surgery the following day and noted neck soreness. He requested pain management.

He was diagnosed with internal derangement of shoulder, cervical spondylosis and internal derangement of right shoulder.

He was provided with Stopain gel.

**06/28/2024:**        **Peter Simonian, M.D. Operative Report. PAGE 305.** Mr. Ferguson presented with a preoperative and post operative diagnoses of left shoulder massive tearing of the rotator cuff with near full-thickness tear of the massively torn and dislocated biceps tendon with chondromalacia, labral tearing, synovitis and impingement.

Operation Performed:

1. Partial repair of massive tear of the rotator cuff involving about 25% of the tendon anterior and 75% was irreparable. Fixed with 4 Minitape suture limbs and a Smith and Nephew Healicoil BioKnotless anchor with moderate to poor tissue quality, moderate to poor bone quality and moderate tension.
2. Arthroscopic biceps tenotomy and near full-thickness tear of the biceps tendon.
3. Arthroscopic debridement of anterior and superior labral tears, synovitis and chondromalacia of the glenoid.
4. Arthroscopic subacromial decompression, primarily of soft tissue.

He tolerated the procedures well and was taken to the recovery room in stable condition.

**07/15/2024:**        **Acupuncture Visit Notes. PAGE 357.** Mr. Ferguson was provided with acupuncture treatment for bilateral shoulders. He tolerated treatment well.

**07/22/2024:**        **Acupuncture Visit Notes. PAGE 360.** Mr. Ferguson presented for treatment for bilateral shoulders. He tolerated treatment well.

**07/24/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 363.** Mr. Ferguson had been referred for treatment for his bilateral shoulders.

He had undergone left arthroscopic rotator cuff repair, labral repair, biceps tenotomy and AC decompression.

He tolerated therapy well.

**07/29/2024:**        **Acupuncture Visit Notes. PAGE 365.** Mr. Ferguson was provided with acupuncture treatment. He tolerated treatment well.

**07/29/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 368.** Mr. Ferguson noted he was not having any pain. He was provided with therapy which he tolerated well.

**07/31/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 369.** Mr. Ferguson presented for treatment, which he tolerated well.

**08/05/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 370.** Mr. Ferguson continued using a sling. He reported a decrease in symptoms and was having no pain.

**08/05/2024:**        **Acupuncture Visit Notes. PAGE 371.** Mr. Ferguson presented for acupuncture, which he tolerated well.

**08/07/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 374.** Mr. Ferguson continued using the sling. He tolerated therapy well.

**08/08/2024:**        **Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 375/379.** Mr. Ferguson presented for follow up for bilateral shoulders. He had not been working.

Dr. Parvez examined him and noted history of arthroscopic procedure on shoulder, and internal derangement of bilateral shoulders.

He as to continue with his medications and was to follow up with his treating physicians.

He was to remain off work.

- **Work Status Report.**

**08/12/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 384.** Mr. Ferguson presented for therapy for his shoulder. He tolerated treatment well.

His range of motion was getting better.

**08/14/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 385.** Mr. Ferguson continued to note his symptoms were decreasing. He was provided with therapy.

**08/19/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 386.** Mr. Ferguson presented for therapy. He tolerated treatment well.

**08/21/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 388.** Mr. Ferguson presented for therapy. He noted he had no pain and was asking when he could stop using the sling.

He was to continue wearing the sling. He tolerated therapy well.

**08/21/2024:**      **Peter Simonian, M.D. Physician's Progress Report. PAGE 387.** Mr. Ferguson presented for follow up for his right shoulder.

He had near full range of motion and strength was 4/5.

He was to attend physical therapy two times a week for eight weeks. He was to return in two to three months.

**08/26/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 389.** Mr. Ferguson noted a decrease in his symptoms since his last visit.

He continued wearing a sling. He tolerated therapy well.

**08/28/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 390.** Mr. Ferguson noted he did not have pain. He was provided with therapy which he tolerated well.

**09/04/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 391.** Mr. Ferguson presented wearing a sling on his left shoulder. He was provided with therapy.

**09/09/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 393.** Mr. Ferguson presented for therapy, which he tolerated well.

**09/11/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 394.** Mr. Ferguson noted he had some soreness in his shoulder.

He took pain medication for his back the previous day. He tolerated therapy well.

**09/16/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 395.** Mr. Ferguson noted he had been swimming over the weekend which felt good on his shoulder.

He had been doing his home exercises.

**09/18/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 396.** Mr. Ferguson noted his shoulder was a little sore at this visit.

He had done a lot of driving over the previous few days which he attributed his soreness to.

**09/19/2024:**        **Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 397.** Mr. Ferguson presented for follow up.

He was status post-surgery of the right shoulder and had been attending physical therapy. Once he was recovered from surgery, he was to undergo surgery for the left shoulder.

He was to continue with physical therapy, home exercises and pain medication.

He was diagnosed with internal derangement of bilateral shoulders and history of arthroscopic procedure on the shoulder.

He was to remain off work.

**09/23/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 400.** Mr. Ferguson noted right shoulder weakness overall but specifically when reaching overhead.

**09/25/2024:**        **Advanced Physical Therapy Visit Notes. PAGE 401.** Mr. Ferguson noted his left shoulder was doing pretty good.

He continued doing his home exercises which were challenging but his range of motion was doing pretty well.

- 09/30/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 402.** Mr. Ferguson noted minimal left shoulder soreness.
- He also confirmed he had been doing his home exercises.
- 10/02/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 403.** Mr. Ferguson reported more pain today as he had to haul some cages yesterday with puppies in them.
- 10/07/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 404.** Mr. Ferguson reported his symptoms were unchanged from his previous visit.
- 10/09/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 405.** Mr. Ferguson presented for therapy. He noted his symptoms were unchanged.
- 10/04/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 406.** Mr. Ferguson was provided with therapy.
- He noted no soreness since his previous visit.
- 10/16/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 410.** Mr. Ferguson noted he had been doing his exercises and felt he was improving.
- 10/16/2024:**      **Sherif Abdalla, M.D. Primary Treating Physician's Progress Report. PAGE 407.** Mr. Ferguson was diagnosed with cervical spondylosis and cervical facet syndrome.
- He was referred for an interlaminar subarachnoid or epidural cervical/thoracic without imaging.
- He was to remain off work.
- 10/21/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 411.** Mr. Ferguson noted no soreness after his last session with an improvement in tolerance to activities and household chores below the chest level.
- He tolerated therapy well.
- 10/23/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 412.** Mr. Ferguson noted increase in pain free range of motion.

He was provided with therapy.

**10/28/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 413.** Mr. Ferguson presented for therapy.

He noted unchanged symptoms since his previous visit.

**11/04/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 414.** Mr. Ferguson reported he was able to sleep through the night without waking due to pain.

He tolerated therapy well.

**11/06/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 415.** Mr. Ferguson presented for therapy.

He noted no changes to his symptoms.

**11/08/2024:**      **David Rios, M.D. Primary Treating Physician's Progress Report. PAGE 416/419.** Mr. Ferguson presented for follow up for bilateral shoulders. He needed medication refill and wanted heat application.

Dr. Rios examined him and noted internal derangement of bilateral shoulders and cervical spondylosis.

He was provided a Thermacare Wrap.

**11/11/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 423.** Mr. Ferguson noted increased soreness. He tolerated therapy well.

**11/13/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 431.** Mr. Ferguson presented for therapy. He noted improvement with his symptoms.

**11/13/2024:**      **Sherif Abdalla, M.D. Physician's Progress Report. PAGE 424.** Mr. Ferguson presented with neck pain related to an industrial injury. He noted pain with neck flexion and extension and rotation.

A request for authorization for C7-T1 interlaminar epidural steroid injection for diagnostic and therapeutic purposes had been denied. He had been attending therapy with benefit but he continued to have severe pain in the neck and upper extremities.

Dr. Abdalla examined him and noted cervical spondylosis, spinal stenosis and radiculopathy, myofascial pain syndrome and mechanical back and upper back pain.

He was to continue with his medications, home exercises and treating with his physicians. He was to return in four weeks.

**11/18/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 436.** Mr. Ferguson reported he was able to reach to his back pocket on his paints with control and no prolonged return of symptoms.

He was provided with therapy.

**11/20/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 437.** Mr. Ferguson noted his symptoms were unchanged since his previous visit.

He tolerated therapy well.

**12/02/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 438.** Mr. Ferguson noted his symptoms had improved after his previous visit.

He continued doing his home exercises.

**12/04/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 439.** Mr. Ferguson reported improvements with symptoms along with increased in pain free range of motion.

**12/11/2024:**      **Advanced Physical Therapy Visit Notes. PAGE 440.** Mr. Ferguson noted he had increased right shoulder soreness after his previous visit; however, it resolved the following day.

**12/13/2024:**      **Roger Talob, PAC. Physician's Progress Report. PAGE 441.** Mr. Ferguson presented for follow up for bilateral shoulders.

He was diagnosed with bilateral shoulder status post rotator cuff repair, labral debridement and subacromial decompression.

He was deemed permanent and stationary.

He was a candidate for reverse arthroplasty of the bilateral shoulders in the future. He was to continue to follow up with his primary treating physician for continued management of his work status.

At this point, the patient may be referred to a QME for his final work disposition.

**12/20/2024:**        **Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 445.** Dr. Parvez reviewed treatment to date.

Mr. Ferguson was status post-surgery of the right shoulder and was attending physical therapy. He was to undergo left shoulder surgery once he had recovered from right shoulder surgery. He was treating with Dr. Abdalla for his neck and upper back. He had been released from Dr. Simonian and was able to do sedentary work.

He was examined and diagnosed with cervical facet syndrome, spondylosis, internal derangement of bilateral shoulders and myofascial pain syndrome.

A request for steroid injections was submitted.

**01/15/2025:**        **Sherif Abdalla, M.D. Primary Treating Physician's Progress Report. PAGE 453.** Mr. Ferguson presented for reevaluation related to his neck pain caused by industrial injury dated June 6, 2023. He noted neck pain that was 5/10. He also noted bilateral radicular pain, tingling and numbness that were affecting his activities and sleep.

He had failed conservative treatment and Dr. Abdalla wanted to proceed with the C7-T1 interlaminar epidural steroid injection but the request was denied two times.

Dr. Abdalla examined him and noted cervical spondylosis, spinal stenosis, and radiculopathy, myofascial pain syndrome and mechanical neck and upper back pain.

He was to continue with medications and home exercises. An EMG/NCS was ordered.

Work modifications were deferred to PCP.

**01/27/2025:**        **Kai-Lieh Chen, M.D. NCV/EMG Report. PAGE 457/461.** Mr. Ferguson reported neck pain, bilateral shoulder, wrist and hand pain with weakness and numbness for over a year.

Impression:

- Evidence of diffuse motor and sensory peripheral neuropathy on the upper extremities.
- No evidence of cervical radiculopathy on either side was seen.
- Bilateral hand weakness and numbness and neck pain.

**01/31/2025:**

**Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 466.** Mr. Ferguson presented for follow up for bilateral shoulders and spine complaints.

Dr. Parvez examined him and noted cervical facet syndrome, cervical radiculopathy, acute and cervical spondylosis as well as internal derangement of bilateral shoulders.

He was to continue with his home exercises and follow up with his treating physicians. Once the treatment is finished with Dr. Abdalla, they would submit for MMI and possibly get an official QME status to close the case and make sure we have the opinion of FMC in the notes.

Dr. Parvez noted that he has completed treatment with the ortho surgeon, Dr. Simonian and has been deemed MMI with possible FMC need for surgery. He has recommended no lifting, carrying, pulling, pushing more than 10 lbs. and no working at or above shoulder height with no repetitive power grasping vibratory work with the right and left arm. The patient is still seeing Dr. Abdalla for his cervical injuries. Two attempts to get authorization for injections have been denied and they were currently waiting for an EMG/NCV of the BUE. He will see the physiatrist again on 02/25/2025 and at that time, if indicated RFA will be submitted again for neck injections.

Dr. Parvez recommended work restrictions consistent with that note above.

**02/05/2025:**

**Andrew Bullock, D.O. Initial Physical Medicine and Rehabilitation Evaluation and EMG Report. PAGE 471.** Mr. Ferguson presented with a history of neck and bilateral arm pain with extremity numbness.

EMG/NCV studies were performed today with the following conclusions:

- Abnormal. There is electrodiagnostic evidence of bilateral (severe, right greater than left) wrist median sensory neuropathy at the carpal tunnel region.
- There is electrodiagnostic evidence of bilateral (severe, right greater than left) elbow ulnar motor neuropathy at the cubital tunnel region.
- There is evidence of bilateral (mild, right greater than left) wrist ulnar sensory neuropathy at the Guyon's canal region.
- There is evidence of bilateral (mild, right greater than left) thumb radial sensory neuropathy.
- There is evidence of bilateral upper extremity polyneuropathy.
- There is no electrodiagnostic evidence of bilateral C1-T1 cervical axonal motor radiculopathy or bilateral C5-T1 brachial plexopathy.

**02/26/2025:**

**Zafar Parvez, M.D. Primary Treating Physician's Progress Report. PAGE 492.** Mr. Ferguson reported neck pain that was 7/10. He continued to have bilateral radicular pain, tingling and numbness affecting both arms and hands.

Dr. Parvez examined him and noted cervical spondylosis, cervical spinal stenosis, bilateral cervical radiculopathy, myofascial pain syndrome and mechanical neck and upper back pain.

Dr. Parvez recommended continued medication use, gel pack use and home exercise program. Dr. Parvez requested authorization for C7-T1 interlaminar epidural steroid injection for bother diagnostic and therapeutic purposes.

He was to return in four weeks and continue with work modifications.

- **Work Status Report.**

**02/27/2025:**

**Gopi Kasturi, M.D. Sierra Pacific Orthopedic Visit Notes. PAGE 497.** Mr. Ferguson reported severe pain, numbness, tingling and weakness in his neck radiating down his bilateral upper extremities. He also noted severe headaches and dizziness.

Dr. Kasturi examined him and noted myalgia, radiculopathy of cervical region, spinal stenosis of cervical region and myelopathy.

An emergency MRI of the cervical spine was recommended and a surgical referral was submitted. Mr. Ferguson was informed if he worsened he needed to go to the emergency room.

**03/14/2025:**      **David Rios, M.D. Primary Treating Physician's Progress Report. PAGE 501.** Mr. Ferguson had completed treatment with Dr. Simonian and had been deemed permanent and stationary with maximum medical improvement with possible future care for reverse total arthroplasty of both shoulders. He was still treating with Dr. Abdalla for his cervical spine.

He noted neck pain and right shoulder pain with bilateral radicular pain, sensory changes down his upper extremities and hand.

He was examined and diagnosed with cervical facet syndrome, acute radiculopathy and spondylosis, and internal derangement of left shoulder.

He was to continue with work modifications.

C7-T1 interlaminar epidural steroid injections with Dr. Abdalla were still pending auth. He was also evaluated by SPOC and an MRI was recommended.

**03/25/2025:**      **Tara Hagopian, D.O. Cervical Spine MRI Report. PAGE 511.**

**Findings:**

- Motion limited exam.
- Craniocervical junction and skull base posterior fossa unremarkable.
- Spinal cord normal in size and signal, no masses, no syrinx.
- Alignment normal lordosis, mild retrolisthesis C4 on C5. Vertebrae no compression fractures. Bone marrow no aggressive osseous lesions or bone marrow replacing process. Mild degenerative endplate edema C4-5 and C5-6.

- C1-C2: no significant degenerative changes at the atlanto-axial articulation. The canal was widely patent at that level.
- C2-C3: the disc was normal in configuration. No spinal canal stenosis. No facet arthropathy. No uncovertebral joint disease. No foraminal stenosis.
- C3-C4: the disc was normal in configuration. No spinal canal stenosis. No facet arthropathy. No uncovertebral joint disease. No foraminal stenosis.
- C4-C5 moderate disc space narrowing with degenerative endplate irregularities and a posterior disc protrusion that flattened the ventral cord. Moderate spinal canal stenosis. No facet arthropathy. Bilateral uncovertebral joint disease. Moderate right, mild left foraminal stenosis.
- C5-C6: mild disc space narrowing with degenerative endplate irregularities and a posterior disc protrusion. Mild spinal canal stenosis. No facet arthropathy. Bilateral uncovertebral joint disease. Moderate bilateral foraminal stenosis.
- C6-C7: the disc was normal in configuration. No spinal canal stenosis. No facet arthropathy. No uncovertebral joint disease. No foraminal stenosis.
- C7-T1: the disc was normal in configuration. No spinal canal stenosis. No facet arthropathy. No foraminal stenosis.
- Soft tissues no significant abnormalities in the limited views of the neck. Vertebral arteries. Normal signal voids. Impression: Multilevel degenerative changes. Endplate edema C4-5, C5-6.

**03/27/2025:**

**Gopi Kasturi, M.D. Sierra Pacific Orthopedic Visit Notes. PAGE 508.** Mr. Ferguson continued to have severe neck pain and upper back pain.

Dr. Kasturi examined him and reviewed the recent MRI scan. The patient received information that he was authorized to see Dr. Aryan for surgical evaluation. Dr. Kasturi encouraged him to make that appointment expeditiously.

**04/03/2025:**

**Henry Aryan, M.D. Sierra Pacific Orthopedic Visit Notes. PAGE 504.** Mr. Ferguson presented for surgical evaluation.

His MRI showed severe stenosis with spinal cord compression.

From a surgical standpoint, he would need C4-6 anterior cervical discectomy and fusion.

Mr. Ferguson wished to proceed.

**04/24/2025:** **Henry Aryan, M.D. Sierra Pacific Orthopedic Visit Notes. PAGE 568.** Mr. Ferguson presented for preoperative clearance and discussion regarding surgery.

He was diagnosed with cervicalgia, other cervical disc displacement, spinal stenosis, cervical region, and spondylolisthesis of cervical region.

He was examined and medically cleared to proceed with surgery.

**04/25/2025:** **Jonathan Slone, M.D. Primary Treating Physician's Progress Report. PAGE 564.** DOI: 06/06/2023. Mr. Ferguson presented with a history of cholecystectomy and history of umbilical hernia repair. He was scheduled to undergo cervical spine surgery.

Dr. Slone examined him and noted cervical spondylosis, cervical radiculopathy, cervical facet syndrome, and internal derangement of bilateral shoulders.

RX for Stopain Roll on was given. He was to proceed with the cervical spine procedure next week. RTC 1 month.

He would continue modified duty at this time.

**04/29/2025:** **Henry Aryan, M.D. Operative Report. PAGE 575.** Mr. Ferguson presented with a preoperative and postoperative diagnoses of cervical stenosis, cervical spinal cord compression, cervical kyphosis, partial swan neck curvature of the neck, cervical radiculomyelopathy, mechanical neck pain, cervical instability and failed medical/conservative management.

He underwent the following procedures:

1. C4-5, C5-6 anterior cervical discectomy/osteophylectomy and fusion.
2. Anterior cervical instrumentation from C4-C6.

3. C6 anterior cervical osteotomy to help facilitate decompression of neural elements and correct spinal alignment including focal kyphosis and partial swan curvature of the neck.
4. Use of synthetic intervertebral cages for arthrodesis C4-5 and C5-6.
5. Pin/screw distraction for correction of spinal alignment.
6. Intraoperative fluoroscopy for localization of levels as well as placement of spinal instrumentation.
7. Use of autograft harvested through same and separate fascial incision, morselized, for intervertebral fusion.

He tolerated the procedures well and was taken to the recovery room in stable condition.

**05/15/2025:** **Sierra Pacific Orthopedic Visit Notes. PAGE 583.** Mr. Ferguson presented for post operative evaluation. He was doing well with no gross complications. He noted minimal neck discomfort but was doing well.

He was to wear off the collar over the next week. He was to return in four weeks.

**05/23/2025:** **Jonathan Slone, M.D. Primary Treating Physician's Progress Report. PAGE 586.** Mr. Ferguson presented for follow up. He was to start physical therapy in three weeks. He noted right shoulder pain.

Dr. Slone examined him and noted cervical spondylosis, facet syndrome, and radiculopathy.

He was to return in one month and was to follow up with his surgeon.

**05/28/2025:** **Saurabh Joneja, M.D. Primary Treating Physician's Progress Report. PAGE 597.** Mr. Ferguson presented due to excruciating right shoulder pain. He had been struggling with a chronic musculoskeletal pain related to a motor vehicle accident. He noted his pain was sharp and intense and aggravated by the slightest of movements.

Dr. Joneja examined him and noted cervical facet syndrome, cervical spondylosis, history of arthroscopic procedure on shoulder, internal derangement of right and left shoulder and mechanical pain.

He was referred to pain management. He was also provided with a Ketorolac Tromethamine injection. X-rays were ordered of the right shoulder.

He was to return in one month and was to continue with modifications.

**06/12/2025:** **Sierra Pacific Orthopedic Visit Notes. PAGE 605.** The report was missing every page after page 1. Mr. Ferguson presented for follow up and was status post C4-6 ACDF/ACI. Surgery went well. There was severe stenosis with spinal cord compression.

He noted he was feeling better and swallowing was improving.

**06/25/2025:** **David Rios, M.D. Primary Treating Physician's Progress Report. PAGE 526.** Mr. Ferguson noted moderate dull pain in the neck and shoulders with pain levels at 5-7/10. His pain was exacerbated by lifting.

Dr. Rios examined him and noted cervical facet syndrome.

He was provided with a Thermacare wrap, Stopain roll on and Acetaminophen.

He was able to lift, push and pull up to 10 pounds. He was to wear a cervical collar.

**Additional Records Reviewed but not Summarized:**

- Also included in the records were anesthesia notes, orders, lab results, hospital notes, lab results and duplicate records.

This concludes my review of medical records available at this time.

**DIAGNOSTIC STUDIES:**

There are no imaging studies available for review today. No diagnostic tests are ordered today.

**DIAGNOSES:**

1. Neck sprain/strain with bilateral cervical radiculitis/radiculopathy. EMG/NCV studies dated January 27, 2025 and February 5, 2025 were negative for cervical radiculopathy.
2. MRI scan of the cervical spine dated November 3, 2023 showed multi-level degenerative changes, most prominent at C4-5 where there was a 5 mm disc osteophyte complex with moderate to severe central canal stenosis, moderate to severe right and mild left neural foraminal narrowing; and a 3 mm disc osteophyte complex at C5-6 with mild to moderate central canal stenosis with bilateral neural foraminal stenosis. Updated MRI scan dated March 25, 2025 showed similar findings.
3. Status post anterior cervical discectomy, plating and interbody fusion at the C4-5 and C5-6 levels; April 29, 2025, Dr. Aryan.
4. Bilateral shoulder sprain/strain, with impingement. X-rays dated February 19, 2024 showed scattered bilateral degenerative changes.
5. MRI scan of the right shoulder dated July 18, 2023 showed a full-thickness rotator cuff tear with retraction.
6. MRI scan of the left shoulder dated July 18, 2023 showed a full-thickness rotator cuff tear with retraction, superior subluxation of the humeral head with atrophy and edema of the infraspinatus and supraspinatus muscles.
7. Status post right shoulder arthroscopy, partial repair of a massive rotator cuff tear, debridement of superior labral tears, synovitis and chondromalacia of the glenoid, as well as subacromial decompression; March 7, 2024, Dr. Simonian.
8. Status post left shoulder arthroscopy, partial repair of a massive rotator cuff tear, biceps tenotomy, debridement of anterior and superior labral tears, synovitis and chondromalacia, and subacromial decompression; June 28, 2024, Dr. Simonian.
9. Mid and low back, contended. These symptoms are deemed to be referred from the cervical spine condition above. The examination is unremarkable.
4. Psyche, deferred.

**DISCUSSION:**

Mr. Paul Ferguson presents for evaluation of a specific industrial injury dated June 6,

2023, involving the above body parts, while working as a Delivery Driver for Penske Truck Leasing.

At the time of injury, he was driving his truck at 1 a.m. along Blackstone Avenue, when he was T-boned by a car travelling about 45 mph. He was thrown inside the cab of the truck and passed out for a short period of time. He was taken to Saint Agnes Medical Center Emergency Department, where he underwent a series of tests. He followed up at Concentra. He has had an involved course of diagnostic testing and treatment, as noted in the medical records above.

In summary, the patient had conservative treatment and had MRI scans of both shoulders, which showed massive rotator cuff tears with retraction, degenerative disease and rotator cuff atrophy. He failed conservative treatment and Dr. Simonian performed partial rotator cuff repairs of both shoulders but was unable to perform full rotator cuff repair of the massive tears. After surgery, he was managed in a shoulder immobilizer on each side and underwent a course of physical therapy. Overall, he states the symptoms are really not much different.

As far as the neck goes, he has had persistent symptoms in the neck radiating into the bilateral shoulders and arms with numbness and tingling. He had an MRI scan which showed significant spondylosis with spinal stenosis at the C4-5 and C5-6 levels. Dr. Aryan performed anterior cervical discectomy, plating and fusion at the C4-5 and C5-6 levels, after which he wore a collar and completed physical therapy. Overall, he states he is really no better since then.

On examination, the patient has a normal gait pattern. No ataxia or limp is noted. Examination of the cervical spine shows excellent alignment of the neck. He has a surgical scar over the anterior right neck, which is well-healed. There is no tenderness over the cervical spine or spasm. Range of motion of the cervical spine is decreased in multiple planes, but there is no muscle guarding or asymmetric loss of motion.

Examination of the thoracolumbar spine shows no tenderness, excellent alignment and excellent range of motion without muscle guarding or asymmetric loss of motion or any pain.

Examination of the shoulders shows healed surgical scars symmetrically without infection. There is tenderness over the right shoulder, but not the left. Impingement testing is positive bilaterally. The patient has mild weakness in external rotation in both shoulders. Range of motion of the shoulders is limited symmetrically on both sides in multiple planes.

Neurological examination of the upper and lower extremities is intact.

Overall, the objective findings are consistent with his subjective complaints.

**CAUSATION:**

Based on the history as related by the patient, review of the available medical records, as well as today's evaluation, it is my opinion that the mechanism of injury is consistent with an acute injury to his cervical spine with referred back symptoms; and bilateral shoulders.

The medical findings are consistent with the alleged injury.

As such, it is my opinion with reasonable medical probability, that the patient's case meets the threshold for AOE/COE for a specific industrial injury involving his cervical spine with referred back symptoms; and bilateral shoulders that occurred on June 6, 2023, as claimed.

Based on the available information, I do not find industrial causation with regard to the mid and low back.

**DISABILITY STATUS:**

I believe he is at MMI for his bilateral shoulders; however, his neck is still recovering.

At this point in time, the patient is just over three and a half months following his anterior cervical fusion at two levels. He reports that he has an appointment to see Dr. Aryan later in the week and expects to be released.

However, in my opinion, it is a little early to reach MMI status following a cervical fusion procedure. Normally, it takes up to nine to twelve months to do so.

I will withhold decision on his disability status this until I receive Dr. Aryan's upcoming neurosurgical progress report. If Dr. Aryan releases the patient from active care and his primary treating physician at Concentra concurs, then I am prepared to submit a final supplemental rating report in this case.

Otherwise, I will wait until after the patient completes final healing, at which point I will submit a final supplemental rating report.

**IMPAIRMENT:**

Permanent impairment is premature to determine, as the patient is not at maximum medical improvement. This will be determined when the patient becomes permanent and stationary.

**APPORTIONMENT:**

The patient denies any prior injury or prior permanent impairment involving the cervical spine or bilateral shoulders.

There is radiographic evidence of multi-level degenerative disease of the cervical spine and spinal stenosis.

There is also radiographic evidence of underlying degenerative disease of the bilateral shoulders with rotator cuff atrophy and thinning.

All of these factors will be fully considered when final apportionment is determined when the patient becomes permanent and stationary.

**WORK STATUS:**

He should continue his current modified work status, per his primary treating physician. Currently, he is on no lifting, pushing or pulling over ten pounds.

**VOCATIONAL REHABILITATION:**

This will be determined when the patient becomes permanent and stationary.

**RECOMMENDED MEDICAL TREATMENT:**

The patient should follow up with Dr. Aryan, his neurosurgeon, at the end of the week.

He should also continue following up with his primary treating physician at Concentra Occupational Medicine.

The patient may require additional physical therapy for the neck, at the discretion of Dr. Aryan. Otherwise, a home exercise program should be continued.

With regards to the shoulders, he has reached MMI. He should continue to perform a home exercise program. As mentioned by Dr. Simonian, he may require reverse total shoulder arthroplasties in the future.

**ADDITIONAL COMMENTS:**

All known diagnostic testing and treatment to date in this case has been reasonable and necessary.

All known periods of temporary disability in this case have been reasonable.

There was a period of TPD from the date of injury until March 7, 2024, the date of his right shoulder surgery.

There was a subsequent period of TTD from that date until April 11, 2024, when the patient was placed on modified duty.

There was a subsequent period of TPD from that date until June 28, 2024, the date of his left shoulder surgery.

There was a subsequent period of TTD from that date until December 20, 2024, when he was placed on modified duty.

There was a subsequent period of TPD from that date until the present time.

### **BASIS FOR OPINION:**

The opinions expressed in this report are based upon the patient's history, the physical examination; the medical records reviewed in this case, the general orthopaedic knowledge of this examiner, and the experience in seeing patients with similar conditions. All opinions were expressed within a reasonable degree of medical probability. I reserve the right to alter or amend my opinions in this case if further information is received.

### **AFFIDAVITS AND DISCLOSURES**

In accordance with the WCAB Rule 10606, please be informed that the history of the injury obtained in this report, the physical examination, the interpretations of special studies and the review of medical records were performed by myself, with the assistance of Cheryl Andrews with the medical records.

Per Labor Code Section 4628, "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 have read and understand Senate Bill 899 and Labor Codes Section 4663 and 4664, and understand that apportionment shall be based on causation. In reporting any permanent disability pertaining to the industrial injury sustained, the cause of the said industrial injury has been considered for reasons of apportionment. I have reviewed any preexisting conditions, whether industrially related and/or non-industrial and any other previous disabilities or physical impairments. I understand that the employer is only liable for the percentage of permanent disability directly caused by the injury arising out

of and occurring in the course of employment. I am also aware that if the injured worker did have a prior award of permanent disability, this is presumed to exist at the time of any subsequent industrial injury. In consideration of all of the above reference factors, I have assessed the patient's permanent disability.

Per Labor Code Section 5703, I declare under penalty of perjury that the attached bills are true and correct to the best of my knowledge as the examining and/or treating physician.

Per Labor Code Section 139.3, I have not offered nor been offered or delivered and/or received and/or accepted any consideration in any form for the referral of this patient. I declare under penalty of perjury under the laws of the State of California that the above is true and correct to the best of my knowledge and belief.

The foregoing declaration is executed as dated below and signed by myself in the County of San Francisco.

If I can be of any further assistance regarding this patient's medical condition, please feel free to call on me personally.

Sincerely,



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Theodore Georgis, Jr., M.D.  
Diplomate, American Board of Orthopaedic Surgery  
Fellow, American Academy of Orthopaedic Surgery  
Qualified Medical Examiner

09/19/2025  
Date

TG: mt/pr

Cc: Gallagher Bassett  
Attn: Diana Gregory  
PO Box 2934  
Clinton, IA 52733

Quinlan Kershaw  
2125 Merced Street  
Fresno, CA 93721

MacDonald, Ebbing & Lloyd  
999 Corporate Drive, Suite 100  
Ladera Ranch, CA 92694

## **DECLARATION PURSUANT TO LABOR CODE 4062.3**

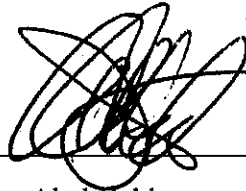
Pursuant to Labor Code Section 4062.3, I declare under penalty of perjury that I have provided the documents listed on the attached Exhibit List / Medical Index to the physician for record review by way of CD / hard copies / electronic copies.

The attached Advocacy letter and information described therein were served on the opposing party at least 20 days before being furnished to the evaluator. I further declare based upon information and belief that no ex parte communication has taken place between defense counsel and the evaluator.

Attestation of Page Count furnished to Evaluator: I am informed and belief and thereby attest that the following number of pages were furnished to Dr. Theordore Georgis, MD in connection with the upcoming AME evaluation:

The total number of pages provided is: 613

Date: 8/13/2025

A handwritten signature in black ink, appearing to read 'Abel Calderon', is written over a horizontal line.

Abel Calderon

Attorney at Law



State of

California

## Qualified or Agreed Medical Evaluator's Findings Summary Form

Employee	1. Employee Name (First, Middle, Last) Paul Ferguson	2. Social Sec No.(Optional) 567-27-1443	3. Date of Injury (Mo/ Dy /Yr) 06/06/2023
	4. Street Address 4979 North Holt Ave. #204	City Fresno	Zip 93705
			5. Telephone (559) 352-5876
Claims Administrator/ Employer	6. Name: Gallagher Bassett	City Clinton	Zip 52733
	7. Street Address PO Box 2934		8. Telephone
Exam Referral Schedule	9. Date of Appointment Call	10. Date of Initial Examination 08/20/2025	11. Date of Referral for Medical Testing/Consultation
	12. Date AME/QME's Report Served on all Parties 09/19/2025		
13. The following medical issues will be used to determine the patient's eligibility for workers' compensation.			

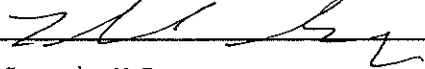
Disputed  
Medical  
Issues  
And Conclusion

Check the appropriate box and reference the corresponding page(s) or section of the med-legal report for details.

	Report page(s) or section	Yes	No	Pending or Info. Not Sent
a. Is there permanent disability?	46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the medical condition stable and not likely to improve with active medical or surgical treatment (i.e., is the condition permanent and stationary)?	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Did work cause or contribute to the injury or illness?	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If permanent disability exists, is apportionment warranted?	47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Is there a need for current or future medical care?	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Can this employee now return to his/her usual job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes:				
i. Without restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, Date: _____
ii. With restrictions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If YES, Date: 08/20/2025

If restricted work is recommended, reference page(s)/section in report for details: 47

Basis for Conclusions	Check box and refer to page(s) or section in report.	Report page(s) or section	Yes	No	Pending or Info. Not Sent
14. Are there subjective complaints?		4-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there any abnormal physical or psychological examination findings?		8-12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are there any relevant diagnostic test results (x-ray/laboratory)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. What are the diagnoses? (List)	see pages 44 of the report				
18. Were treating physician's reports reviewed?		12-43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Were other physicians consulted?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

QME 20. Signature  Date: 09/19/2025

21. Name Theodore Georgis M.D. Specialty orthopedic

22. Street Address 41124 Round Hill Court City Cherry Valley Zip 92223

23. Telephone (951) 797-3649 Cal. # G49234

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:** Paul Ferguson v Penske Logistics  
(employee name) (claims administrator name, or if none employer)

**Claim No.:** 010683-150879-WC-01 **EAMS or WCAB Case No. (if any):** \_\_\_\_\_

I, Virginia McMillin, declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 41124 Round Hill Court Cherry Valley, CA. 92223
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.

<u>Means of service:</u> <small>(For each addressee, enter A – E as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address Shown on Envelope:</u>
<u>A</u>	<u>09/19/25</u>	<u>Gallagher Bassett PO Box 2934 Clinton, IA. 52733</u>
<u>A</u>	<u>09/19/25</u>	<u>Quinlan Kershaw 2125 Merced Street Fresno, CA. 93721</u>
<u>A</u>	<u>09/19/25</u>	<u>MacDonald Ebbing &amp; Lloyd 999 Corporate Drive Suite 100 Ladera Ranch, CA. 92694</u>
_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 9.19.25

Virginia McMillin  
(signature of declarant)

Virginia McMillin  
(print name)