

VLAD GENDELMAN, M.D., QME

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CONFIDENTIAL

Barry Hinden, Esq.
4661 West Pico Blvd.
Los Angeles, CA 90019

Patient's Name:	SANTILLAN, Maria del Rosario
Social Security No:	XXX-XX-3894
Date of Birth:	03/26/1967
Employer:	Premier Staffing Management
Occupation:	Warehouse Supervisor
Insurance Carrier:	York Risk Services
Claim #:	TWCS-1588; TWCS-3293
WCAB #:	ADJ9569723; ADJ9569722
Dates of Injury:	CT 01/01/2012 TO 04/08/2014; 02/22/2013
Date of Report:	02/04/2016

We request to be added to the address list for service of all notices 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 6.610, effective February 1, 1996, we request that the defendants, with full authority to resolve our lien, telephone our office and ask to speak with our Workers' Compensation Lien Negotiator.

PRIMARY TREATING PHYSICIAN'S SUPPLEMENTAL MEDICAL-LEGAL REVIEW OF MEDICAL RECORDS [ML106]

TO WHOM IT MAY CONCERN:

I am in receipt of a **Supplemental Orthopedic Panel Qualified Medical Evaluation Report from Scott Goldman, M.D., dated 09/17/15. Date of Injury:** 02/22/13. **Employer:** Premier Staffing Management. **Comment:** The available medical records showed that the patient sought treatment from 02/25/13 until 12/18/14. She was seen by various doctors including Drs. Arnush, Coppelson, and the undersigned. She had a deposition taken on 10/07/14. Furthermore, the medical records revealed that an MRI

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scan of the lumbar spine performed in 08/2013 was unremarkable. Dr. Goldman was of the opinion that the patient would benefit from left knee arthroscopy surgery after taking into consideration the left knee examination and the MRI scan of the left knee, which indicated an abnormal signal in the meniscus consistent with either degenerative change or acute tear. The assessment and plan was updated. Diagnoses: 1) Left knee, medial meniscus tear. 2) Musculoligamentous strain of the lumbar spine with non-verifiable right-sided radiculopathy. Treatment Recommendations: Left knee arthroscopy surgery. Inflammation and pain medications, as well as home exercise program for the low back were recommended.

COMMENTS:

I have reviewed the above medical report and note that Dr. Scott Goldman reviewed the patient's MRI studies on 09/17/15 and other medical records. Upon his review, Dr. Goldman opined that the patient was a candidate for left knee arthroscopy. I find his opinion mirror those of mine and I concur.

I have previously submitted a request for left knee arthroscopy and this was certified. The patient underwent said procedure on 09/25/15 with no complications. Postoperatively, she was prescribed a course of physical therapy, which she is currently attending, with positive results. Due to her persistent neck and back pain, the patient was prescribed acupuncture therapy which she is currently attending with positive results. The patient has not reached maximum medical improvement at this time.

I spent 60 minutes preparing this report.

AFFIDAVIT OF COMPLIANCE
(Labor Code Section 4061.5)

In compliance with Section 10606 of California Code of Regulations, provisions of Labor Code Section 4628 and the Rules of Practice and Procedure of the Appeals Board, the following disclosure is hereby made:

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

RE: **SANTILLAN, Maria del Rosario**

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The medical reports and records that were reviewed in this report were compiled, arranged and excerpted in chronological order for my use by Microtel Global Solutions, Inc./Brandon Le, D.C., CA License Number DC25980. I personally reviewed the medical records and the opinions and conclusions contained in this report are the exclusive opinions of the undersigned relative to the medical and disability issues as well as the analysis of the medical records.

I further certify that I have not violated the provisions of Labor Code Section 139.3 with regards to the evaluation of this patient or the preparation of this report.

The time spent performing this evaluation was in compliance with Labor Code Section 139.2.

The fees charged by this office exceed the Official Medical Fee Schedule. The charges nevertheless are in accordance with Labor Code 5307.1 because: 1) Vlad Gendelman, M.D. has been providing workers' compensation evaluations and treatment to industrially injured workers for many years, having treated hundreds of patients; 2) The fees charged do not exceed our usual customary charges; 3) The fees are within the range of those charged by medical doctors within and around the local community; 4) The economic aspects of a medical practice treating industrially injured workers on a lien basis involves additional overhead expenses which include but are not limited to the employing of qualified personnel who conduct collections and make appearances before the Board. There is a unique overhead expense related to carrying receivables from the time medical services are rendered until the time payment is made. The fees must exceed the Official Medical Fee Schedule in order to render appropriate medical treatment to industrially injured workers and to maintain medical practice.



VLAD GENDELMAN, M.D., Cal.Lic #: A101034

Specialty: Orthopaedic Surgery

Signed in the County of Los Angeles

VG:jb

#7343

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