

JU

Scott Goldman, M.D.
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March 18, 2015

EXAMINER: **SCOTT GOLDMAN, M.D.**
Orthopedic Surgeon

WORKERS' COMPENSATION APPEALS BOARD
Disability Evaluation Unit
4720 Lincoln Boulevard, 2nd Floor
Marina del Rey, California 90292

EMPLOYEE : MARIA SANTILLAN
EMPLOYER : Premier Staffing
OCCUPATION : Packer
CLAIM NO. : TWCS-1588
WCAB NO. : ADJ9569722
PANEL NO. : 1700134
D/BIRTH : March 26, 1967
D/INJURY : February 22, 2013
D/EXAM : March 18, 2015

INITIAL ORTHOPEDIC PANEL QUALIFIED MEDICAL EVALUATION:

Gentlepersons:

This is an **INITIAL ORTHOPEDIC PANEL QUALIFIED MEDICAL EVALUATION** (panel #1700134), performed in the County of Los Angeles, at 7340 Florence Avenue, #117, Downey, California 90240, on March 18, 2015.

HISTORY OF INJURY AS RELATED BY THE EXAMINEE:

The examinee is a 47-year-old, right-hand dominant female, born March 26, 1967, who sustained injury to the low back and left knee while working as a packer for Premier Staffing. On February 22, 2013, the examinee states that she was attempting to lift a box of clothing with the assistance of a coworker, when she felt pain in the low back with radiating pain down the right lower extremity. The weight of the box was not known by the examinee. She did not think much of the pain and continued to work her regular duties. She states that the symptoms gradually began to increase. She reported her injury to her manager and a report of her injury was made. She was sent for medical treatment. She sustained a subsequent injury to her left knee in March 2014, when she twisted her left knee while performing some kneeling and squatting activities. She has since had swelling and instability about the left knee.

INJURIES PRIOR TO OR SUBSEQUENT TO THE INDUSTRIAL INJURY:

She denies any injury to the low back prior to or subsequent to this work-related injury sustained on February 22, 2013, while working as a packer for Premier Staffing.

She denies any injury to the left knee prior to or subsequent to this work-related injury sustained in March 2014, while working as a packer for Premier Staffing.

TREATMENT COURSE:

The examinee was initially evaluated in an industrial medical group. X-rays were obtained and pain medication was prescribed. She was treated with a course of physical therapy, which consisted of massage, and electrical stimulation. She was also treated with chiropractic therapy and acupuncture treatment. She underwent an MRI of the lumbar spine. She was released to work on modified duties, although she indicates she continued to perform regular duties. She was referred to a pain management specialist and received one injection to her lumbar spine noting no benefit. She was released from care and no further treatment was received. She states that her symptoms continued.

The examinee was evaluated by a physician in Los Angeles. She was advised to take Tylenol or Motrin for the pain. X-rays were obtained and she was placed on temporary disability. She sought care with a chiropractor, for which she paid out of pocket. She was treated with six sessions of massage and electrical stimulation. She states she stopped treatment due to financial reasons.

She obtained legal representation and was referred to a physician in Paramount, California. She states she was examined once and was prescribed pain medication.

Thereafter, she came under the care of Dr. Generman. X-rays were obtained and pain medication was prescribed. She underwent an MRI of the left knee and physical therapy, which consisted of hot water therapy treatment, massage and electrical stimulation. She was placed on temporary disability. Currently, the examinee continues under the care of Dr. Generman and was last evaluated on March 12, 2015, at which time an MRI of the lumbar spine was requested.

REVIEW OF MEDICAL RECORDS:

Medical records were not received in time for a comprehensive review.

CURRENT COMPLAINTS:

The examinee complains of pain in the **low back** that is present all the time. The pain radiates down into the right hip. There is numbness and tingling sensation of the right leg. She denies

any bowel or bladder dysfunctions. She does not wear a back brace. The symptoms are increased with prolonged walking and bending.

The examinee complains of pain in the **left knee** that is present all the time. The right and left knees feel weak and unstable. She does not wear a knee brace. There is swelling of the left knee, especially with prolonged walking. The symptoms are increased with prolonged walking and climbing stairs.

JOB DESCRIPTION:

As a packer, she is required to walk, push and pull boxes of merchandise as well as pull boxes to the workers which would weigh up to 50 pounds.

OCCUPATIONAL HISTORY:

The examinee began working for Premier Staffing from January 23, 2012 to April 18, 2014.

Prior to that, she was not employed.

PREVIOUS INJURIES:

INDUSTRIAL: None.

NONINDUSTRIAL: None.

SUBSEQUENT INJURIES:

INDUSTRIAL: None.

NONINDUSTRIAL: None.

PAST MEDICAL HISTORY:

MEDICAL ILLNESSES: None.

SURGERIES: Right inguinal hernia.

ALLERGIES: The examinee has no known allergies.

CURRENT MEDICATIONS: Motrin and antibiotics.

FAMILY HISTORY:

There is a family history of diabetes.

SOCIAL HISTORY:

HABITS:

Cigarettes/Tobacco: None.

Alcohol: None.

MARRIAGE/CHILDREN: The examinee is single and has one child.

REVIEW OF SYSTEMS:

System review is unremarkable.

PHYSICAL EXAMINATION:

The examinee is 5'3" in height and weighs 151 pounds. His blood pressure is 117/51 and pulse is 78.

EXAMINATION OF THE LUMBAR SPINE:

Inspection of the lumbar spine reveals no gross deformity. There is spasm about the right lower back. There is point tenderness upon palpation about the right lower back. The examinee complains of pain with motion. Lasegue's test is positive on the right.

Range of motion:

		<u>Normal</u>
Flexion	60°/60°/60°	60°
Extension	20°/20°/20°	25°
Lateral Bend to the Right	20°/20°/20°	25°
Lateral Bend to the Left	20°/20°/20°	25°

EXAMINATION OF THE LEFT KNEE:

Inspection of the left knee reveals no instability. There is point tenderness upon palpation about the medial joint line. McMurray's test elicits pain to the medial compartment.

Range of motion:

	<u>Left</u>	<u>Normal</u>
Extension	-5°/-5°/-5°	0°
Flexion	125°/120°/120°	135°

Circumferential measurements of the lower extremities reveal:

	<u>Right (cm)</u>	<u>Left (cm)</u>
Thighs:	52.0	52.0
Knees:	39.5	41.5
Calves:	39.0	39.5
Ankles:	23.5	24.0

VASCULAR EXAMINATION:

Lower Limb:

Dorsalis pedis and posterior tibialis artery is 2+.

NEUROLOGIC EXAMINATION:

Lower Limb:

<u>Motor</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
L2 - Hip Flexors (Iliopsoas)	5/5	5/5	5/5
L3 - Knee Extensors (Quadriceps)	5/5	5/5	5/5
L4 - Ankle Invertors (Tibialis Anterior)	5/5	5/5	5/5
L5 - Great Toe Extensors (EHL)	4/5	5/5	5/5
S1 - Ankle Evertors (Peroneus)	5/5	5/5	5/5

Sensory

Normal sensation to all dermatomes.

<u>Deep Tendon Reflexes</u>	<u>Right</u>	<u>Left</u>	<u>Normal</u>
L4 - Patellar Tendon	2+	2+	2+
S1 - Achilles Tendon	2+	2+	2+

DIAGNOSTIC STUDIES:

MRI scan of the left knee demonstrates abnormal signal in the medial meniscus consistent with some degenerative change and some tearing.

DIAGNOSES:

1. Left knee, medial meniscus tear.
2. Lumbar spine, disc bulge with right-sided L5 radiculopathy.

TREATMENT RECOMMENDATIONS:

1. Pain management, epidural steroid injection of the lumbar spine to treat radicular symptoms.
2. Obtain MRI scan report of the lumbar spine.
3. Medications to control inflammation and pain.
4. Left knee arthroscopy surgery.

SUMMARY AND CONCLUSIONS:
MAXIMUM MEDICAL IMPROVEMENT STATUS:

The examinee has not yet reached Maximum Medical Improvement.

DISABILITY STATUS:

Temporary total disability.

ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING:

This is deferred until the examinee has reached Maximum Medical Improvement.

IMPAIRMENT RATING:

This is deferred until the examinee has reached Maximum Medical Improvement.

ABILITY TO RETURN TO USUAL AND CUSTOMARY WORK:

This is deferred until the examinee has reached Maximum Medical Improvement.

WORK STATUS:

Off work.

CAUSATION OF INJURY:

Based on all of the available information, including the examinee's history, physical findings, and objective diagnostic findings, it is with the most reasonable medical probability that the examinee's cause of injury, with respect to her lumbar spine is industrial (work related). The examinee's history indicates a specific industrial injury sustained on February 22, 2013, while working as a packer for Premier Staffing.

Based on all of the available information, including the examinee's history, physical findings, and objective diagnostic findings, it is with the most reasonable medical probability that the examinee's cause of injury, with respect to her left knee is industrial (work related). The examinee's history indicates a specific industrial injury sustained in March 2014, while working as a packer for Premier Staffing.

APPORTIONMENT (CAUSATION OF IMPAIRMENT):

This is deferred until the examinee has reached Maximum Medical Improvement.

FUTURE MEDICAL CARE:

This is deferred until the examinee has reached Maximum Medical Improvement.

DISCUSSION:

I will be more than happy to re-evaluate the examinee once she has completed the recommended treatment outlined above. I anticipate to see her in approximately four months.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was the history given by the examinee and review of the previous examiner's medical reports. I personally interviewed the examinee, performed the physical examination, reviewed the history with the examinee, reviewed the medical records provided, dictated this report and it reflects my professional observations, conclusions and recommendations. Face-to-face time conformed with DWC guidelines. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to the information that I have indicated I received from others. As to this 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. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Veronica Oliver, Historian and Kathryn Corey, Medical Assistant, each of whom was trained by Arrowhead Evaluation Services.

SANTILLAN, Maria
Page 8

Date of Exam: March 18, 2015

This evaluation was done with the assistance of a translator, employed by ProCare.

Date of Report: March 18, 2015. Signed this 15th day of April, 2015 in the City of Upland, of San Bernardino County, California.

Sincerely,

Handwritten signature of Scott Goldman, MD in black ink.

Scott Goldman, M.D.
Board Certified Orthopedic Surgeon
Qualified Medical Evaluator

SG/ml
T: 04/14/15

cc: York Insurance
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Attn: Cynthia Murphy, Claims Adjuster

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