

Scott Goldman, M.D.

1680 Plum Lane
Redlands, California 92374
(888) 888-0098

Incorporated into(s) 2-10-16

September 17, 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

Reviewed

| | | |
|------------|---|-------------------|
| 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 |

SUPPLEMENTAL ORTHOPEDIC PANEL QUALIFIED MEDICAL EVALUATION REPORT:

Gentlepersons:

I am in receipt of medical records, which have been reviewed and commented on below.

REVIEW OF SUPPLEMENTARY MEDICAL RECORDS:

02/25/13 – Marc Arnush, M.D. of U.S. Healthworks. Doctor's First Report of Occupational Injury/Illness. "Levantando una caja para moverla delugar latime la espalda." Subjective: At work three days ago as she was bending over to pick up a heavy box of pants from the floor to put in a different area sustained injury to low back. Pain never went away. Pain is localized. No foot tingling. No prior low back injury. The pain is rated 8/10. On examination there are spasm and tenderness of the paravertebral musculature, restriction of back range of motion. Diagnoses: Sprain/strain lumbar, muscle spasm back, back pain. Treatment Plan: Dispensed medication, heat pack. Referred for chiropractic evaluation and treatment. Work Status: Modified duty including limited stooping and bending, limited lifting, pushing, and pulling up to 10 pounds, must wear back support.

02/27/13– Progress Report/PR-2 by Narin Phuong, P.A./Marc Arnush, M.D. Complaints: Continued dull low back pain, mild and intermittent. Diagnoses: Sprain/strain lumbar, muscle

SW

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Date of Report: September 17, 2015

ANTILLAN, Maria
Page 2

spasm back, back pain. Plan: Medication, back massage dispensed for direct
acupuncture pain relief, chiropractic pending one week. Disability Status: Continue
modified duty.

03/06/13- Progress Report/PR-2 by Narin P.A./Marc Arnush, M.D. Complaints:
Continued dull low back pain, moderately intermittent. Exacerbated by bending
lessened by rest. Diagnoses: Sprain/strain muscle spasm back, back pain. Plan: Not
significantly improved. The patient has not chiropractic therapy. Return in one week.
Disability Status: Continue modified duty.

03/14/13- Progress Report/PR-2 by Narin P.A./Marc Arnush, M.D. Complaints:
Continued dull low back pain, mild and intermittent. Diagnoses: Sprain/strain lumbar, muscle
spasm back, back pain. Plan: Continue medication, heat wrap dispensed, continue
chiropractic. Return in one week. Disability Status: Continue modified duty.

03/21/13- Progress Report/PR-2 by Narin P.A./Marc Arnush, M.D. Complaints:
Continued low back pain, dull pressure. At times down the right thigh. Pain described
as sharp and dull, moderately severe. (Page 1 of 1 report only).

05/03/13- Doctor's First Report of Occupational or Illness by March Arnush, M.D. Date
and Hour of First Examination: 05/03/13. Men of Injury: This section is left blank.
Subjective: Dull moderate severe intermittent back pain. Diagnoses: Same as previously
noted. Plan: With no back pain improvement for 2 months, patient will be referred to the
PMR specialist. Work Status: Modified duty.

05/13/13 - Progress Report/PR-2 by Narin P.A./Marc Arnush, M.D. Complaints:
Continued dull mild low back pain, intermittent. The pain does not radiate. Diagnoses:
Sprain/strain lumbar, muscle spasm back, back pain. Plan: Continue medications including
omeprazole, orphenadrine citrate, Polar Frost gel, Tydol, Etodolac. PMR consult is pending.
Disability Status: Continue modified duty.

05/20/13 - Progress Report/PR-2 by Marc Arnush, M.D. Complaints: Continued dull moderately
severe low back pain, intermittent. Diagnoses: Sprain/strain lumbar. Plan: Refill medications;
continue heat wrap and rolling massager. Continue not significantly improved. PM and R
referral pending. Disability Status: Modified duty.

05/23/13 - Initial Pain Management Consultation by Aaron Coppelson, M.D. History:
Attempted to lift a box when he felt a sudden pain in the low back. Current Complaints:
Burning sensation in the low back, constant in nature Squatting, kneeling, lifting, pushing and
pulling exacerbate the pain, 4 to 8 out of 10. Rest helps partially relieve the pain. Medications:
Acetaminophen and omeprazole. A physical examination is performed. Diagnostic Impression:
Sacroiliac joint inflammation versus radiculitis into the lower extremities. Plan: I would like
care transferred to me. Patient may very well have a radiculitis. Medrol dosepak given.

Sacroiliac joint injection as well as the lumbar trigger points were done as a diagnostic and therapeutic tool. Referred for acupuncture. Submit for Flector patch. Disability Status: Temporarily partially disabled. Work Status: Per primary care until care is transferred.

06/20/13 - Pain Management Progress Report by Aaron Coppelson, M.D. Subjective: The patient complains of right hip pain occasionally radiating with numbness, tingling and weakness into the lower extremities. Diagnoses: 1. Right sacroiliac joint inflammation, recalcitrant in nature. 2. Possible lumbar pathology causing the patient's recalcitrant symptoms. Discussion: Medrol dosepak not received. Submit for MRI scan of the lumbar spine.

07/18/13 - Pain Management Progress Report by Aaron Coppelson, M.D. Subjective: Intermittent dull right hip pain. Diagnosis: 1. Right sacroiliac joint inflammation, recalcitrant in nature. Plan: Refill the Lodine and Tramadol. MRI scan to be done tomorrow.

08/01/13 - Pain Management Progress Report by Aaron Coppelson, M.D. Subjective: Continued dull aching low back pain. Squat, kneel, lift, push, and pull exacerbate the pain from 4 to 7. Rest helps to partially relieve the pain. Today he is having a bad day as a burning 8/10. Standing too long exacerbates the pain. Pain radiating into the buttock from the low back. Diagnosis: (Page 4 missing) Plan: This gentleman has failed physical therapy, acupuncture, Medrol dosepak and chiropractic. MRI scan is essentially negative for significant intraspinal pathology causing a nerve root impingement. Exam is more consistent with sacroiliac joint inflammation, so I would like to move forward with sacroiliac joint injection with Dr. Lipel. Lodine and Ultram refilled. Maintain prophylactic restrictions.

09/20/13 - Operative Report. Surgeon: Vadim Lipel, M.D. Procedure Performed: 1. Lumbar steroid epidural under fluoroscopic guidance. 2. Myelogram contrast dye epidurography and interpretation of epidurogram. 3. Fluoroscopy needle localization.

09/26/13 - Permanent and Stationary Evaluation by Aaron Coppelson, M.D. Current Complaints/Symptoms: Dull and aching pain in the low back, 0 to 4/10. Squat, kneel, lift, push, and pull exacerbates the pain. Rest relieves the pain. Diagnostic Impression: Bilateral sacroiliac joint inflammation, doing tremendously better after sacroiliac joint injection. Causation: Secondary to specific trauma at work on 2/22/13. Apportionment: Not indicated. Disability Status: Maximum Medical Improvement. Impairment: 0% ratable impairment. Work Status: Regular job duty. Future Medical Care: Given the nature of the work and nature of the pathology, I suspect the patient may have exacerbations for which he should be allowed specialist reevaluation, medications refills, therapy, as well as sacroiliac joint injections if necessary.

07/24/14 - Vlad Gendelman, M.D. Orthopedic Surgeon. Doctor's First Report of Occupational Injury/Illness. Date of Injury: CT 01/01/12 - 04/08/14. Mechanism of Injury: Warehouse supervisor responsible for supervising workers, giving workers merchandise to pack, as well as packing and lifting merchandise. As a result she gradually developed pain in her neck, upper

back, and lower back. Reported symptoms to her employer who sent her to a clinic in Compton. She also states that due to constant walking and bending, she began to feel pain in her left knee. She did not report her pain to her employer and sought care on her own at LA Community Hospital where she was evaluated for her knee. Returned to work but the pain in her left knee was unbearable and she was only able to work 3 hours. She has not worked since 04/08/14. Later seen at Chuevas Chiropractic as well as a clinic in the city of Paramount. Symptoms persist and have not improved. Subjective: Neck pain, upper back pain, lower back pain, left knee pain. Diagnoses: 1. Cervical musculoligamentous sprain/strain. 2. Thoracic musculoligamentous sprain/strain. 3. Lumbosacral musculoligamentous sprain/strain with radiculitis. 4. Rule out lumbar spine discogenic disease. 5. Left knee sprain/strain. 6. Rule out internal derangement. Treatment Plan: Medication prescribed, lumbosacral spine brace, IF unit, moist heat pad. Auth requested for MRI scan of the left knee and a functional capacity evaluation. Referred for physical therapy. Work Status: Temporarily totally disabled.

08/28/14 - Progress Report/PR-2 by Vlad Gendelman, M.D. Subjective. Pain in the mid/upper back, lower back, left knee, neck. Comments: MRI scan revealed positive popliteal mass, ultrasound is recommended. Diagnostic Impression: 1. Cervical musculoligamentous sprain/strain. 2. Thoracic musculoligamentous sprain/strain. 3. Lumbosacral musculoligamentous sprain/strain with radiculitis. 4. Rule out lumbar spine discogenic disease. 5. Left knee sprain/strain. 6. Rule out internal derangement. Treatment Plan: Physical therapy, ultrasound of the left knee, transportation required to and from all medical appointments. Return four weeks. Disability Status: Temporarily totally disabled.

10/09/14 - Progress Report/PR-2 by Vlad Gendelman, M.D. Subjective. Pain in the mid/upper back, lower back, left knee. Currently asymptomatic regarding her neck. Diagnoses: 1. Cervical musculoligamentous sprain/strain. 2. Thoracic musculoligamentous sprain/strain. 3. Lumbosacral musculoligamentous sprain/strain with radiculitis. 4. Rule out lumbar spine discogenic disease. 5. Left knee sprain/strain. Treatment: Continue physical therapy, urine toxicology testing is administered for medication monitoring. Return four weeks. Disability Status: Temporarily totally disabled.

11/06/14 - Primary Treating Physician Supplemental Report with Request for Authorization by Vlad Gendelman, M.D. It was discussed with Dr. Mednik on the phone that to further evaluate the mass, the patient needs an MRI scan of the left knee with and without IV contrast. Requesting for authorization for such. Treatment: Patient referred for MRI scan of the left knee with and without contrast.

12/18/14 - Progress Report/PR-2 by Vlad Gendelman, M.D. Subjective. Pain in the neck, mid/upper back, lower back, and left knee. Diagnoses: 1. Headaches. 2. Cervical musculoligamentous sprain/strain. 3. Thoracic musculoligamentous sprain/strain. 4. Lumbosacral musculoligamentous sprain/strain with radiculitis. 5. Rule out lumbar spine discogenic disease. 6. Left knee sprain/strain, rule out derangement. Treatment: Continue physical therapy, naproxen and cyclobenzaprine, refer for EMG and nerve conduction study of bilateral lower

extremities, referred for consultation with a neurologist. Return four weeks. Disability Status: Temporarily totally disabled.

DEPOSITION OF MARIA DEL ROSARIO SANTILLAN TAKEN 10/07/14, 25-PAGES

Page 10: She is not currently employed. She was last employed through Personnel Resources at Thompson Downs. She began working at that location in February 2012.

Page 11: From 2010 to 2012 she did not work, approximately two to three years. Prior to Thompson Downs she worked as a packer at Roller Transportation.

Page 12: She worked through an agency, DDS, from approximately 2003 to 2006. She also worked packing for Frederico Sandoval a clothing warehouse. Prior to that time she was in Mexico. Page 13: She denies prior work related injuries, prior Workers' Compensation claims, or lawsuits. She has never had health insurance. Page 14: She goes to a free clinic on Sunset once a year. Page 15: She has not broken any bones or been involved in any motor vehicle accidents. Page 16: She has never been diagnosed with any diseases. While working for Premier, she was a supervisor in the packing area. Page 17: She continued as a packing supervisor through her last time working. She describes the injury of 02/22/13. She picked up a box of pants when she felt a little pull in her lower back. She continued working and took some pills. She stayed overtime and told her manager she did not feel good. Since it was the end of the day, he told her he would report it to the agency, since they had already left.

Page 18: The agency contacted her and she was sent to a clinic. She continued working. She received treatment including physical therapy, chiropractic, and acupuncture. This did not help much. Page 19: At that time she was experiencing pain in her back. Currently the only pain she has is to her left knee and back. Her left knee began to hurt in January of 2014. At that time she was working a lot, doing a lot of walking, and noticed it was popping and it hurt a little.

Page 20: She was working at Premier. She mentioned it to her manager but through it was because she was tired. She worked up to 12 to 14 hours and sometimes 7 days a week. As the day went by, it started hurting more. She denies pain in her left knee prior to January 2014. She stopped working April of 2014. She is currently seeing Dr. Gendelman once a month. She attends physical therapy twice a week. Page 21: She is attending therapy for her neck and low back. Therapy has not helped much. She denies pain in her back prior to the specific injury of February 22, 2013. She is currently taking naproxen and omeprazole which sometimes helps with pain or discomfort. Page 22: She does not currently drive and takes the bus. She denies pain in her upper back and neck. She sometimes has pain in her middle back, more on the right. She first experienced pain in her middle back beginning in September 2014.

Page 23: Pain in her body she attributes to her employment with Premier includes her knee and low back. Right now her right knee is beginning to hurt because it is carrying all the weight. The right knee began to hurt about the same time as the midback, approximately September of 2014. She does not currently use a cane, crutches, or walker. She sometimes holds on to someone for assistance. Page 24: Her rate of pay was \$9 an hour. She worked the morning shift. She would work six to seven days a week.

Page 25: She would work six to seven days a week.

COMMENT:

The medical records reflect that an MRI scan of the lumbar spine was performed in August 2013, which was unremarkable. Taking into consideration the left knee examination and the MRI scan of the left knee, which indicates an abnormal signal in the meniscus consistent with either degenerative change or acute tear; I believe that she would benefit from left knee arthroscopy.

After reviewing the medical records, I have updated the diagnoses and treatment plan.

DIAGNOSES:

1. Left knee, medial meniscus tear.
2. Musculoligamentous strain of the lumbar spine with non-verifiable right-sided radiculopathy.

TREATMENT RECOMMENDATIONS:

1. Left knee arthroscopy surgery.
2. Medications to control inflammation and pain.
3. Home exercise program for the low back.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was from review of the medical records and my previous medical report. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to the information I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as indicated herein, that I believe it to be true. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Roberta Baltierra, Record Reviewer, who was trained by Arrowhead Evaluation Services.

Under penalty of perjury, I declare that I spent approximately 90 minutes on this supplemental medical/legal report.

Date of Report: September 17, 2015. Signed this 7th day of October, 2015 in the City of Upland, of San Bernardino County, California.

Sincerely,



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

SANTILLAN, Maria
Page 7

Date of Report: September 17, 2015

SG/ml
T: 09/17/15

cc: York Insurance
P.O. Box 619079
Roseville, California 95661
Attn: Cynthia Murphy, Claims Adjuster

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OSC West

Mullen & Filippi
5990 Sepulveda Blvd., Suite 200
Van Nuys, California 91411-2514
Attn: Jesse Wales, Esq.

Hinden & Breslavsky
4661 W. Pico Blvd.
Los Angeles, California 90019

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: MARIA SANTILLAN v Premier Staffing
(employee name) (claims administrator name, or if none employer)

Claim No.: TWCS-1588 EAMS or WCAB Case No. (if any): ADJ9569722

I, SHIRLEY, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LN REDLANDS, CA 92374
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>10/09/15</u> | <u>York Insurance P.O. Box 619079 Roseville, California 95661 Attn: Cynthia Murphy, Claims Adjuster</u> |
| <u>A</u> | <u>10/09/15</u> | <u>Mullen & Pappi 5990 Sepulveda Blvd., Suite 200 Van Nuys, California 91411-2514 Attn: Jesse Walter, Esq.</u> |
| <u>A</u> | <u>10/09/15</u> | <u>Hinden & Breslavsky 4661 W. Pico Blvd. Los Angeles, California 90019</u> |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 10/9/15

Shirley Hensley Gill
(signature of declarant)

Shirley Hensley Gill
(print name)

ju

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spasm back, back pain. Plan: Medications continued, back massager dispensed for direct acupuncture pain relief, chiropractic pending. Return in one week. Disability Status: Continue modified duty.

03/06/13- Progress Report/PR-2 by Narin Phuong, P.A./Marc Arnush, M.D. Complaints: Continued dull low back pain, moderately severe and intermittent. Exacerbated by bending lessened by rest. Diagnoses: Sprain/strain lumbar, muscle spasm back, back pain. Plan: Not significantly improved. The patient has not started chiropractic therapy. Return in one week. Disability Status: Continue modified duty.

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05/03/13- Doctor's First Report of Occupational Injury or Illness by March Arnush, M.D. Date and Hour of First Examination: 05/03/13. Mechanism of Injury: This section is left blank. Subjective: Dull moderately severe intermittent low back pain. Diagnoses: Same as previously noted. Plan: With no back pain improvement for 2-1/2 months, patient will be referred to the PMR specialist. Work Status: Modified duty.

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Sacroiliac joint injection as well as the lumbar trigger points were done as a diagnostic and therapeutic tool. Referred for acupuncture. Submit for Flector patch. Disability Status: Temporarily partially disabled. Work Status: Per primary care until care is transferred.

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07/24/14 – Vlad Gendelman, M.D. Orthopedic Surgeon. Doctor's First Report of Occupational Injury/Illness. Date of Injury: CT 01/01/12 – 04/08/14. Mechanism of Injury: Warehouse supervisor responsible for supervising workers, giving workers merchandise to pack, as well as packing and lifting merchandise. As a result she gradually developed pain in her neck, upper

back, and lower back. Reported symptoms to her employer who sent her to a clinic in Compton. She also states that due to constant walking and bending, she began to feel pain in her left knee. She did not report her pain to her employer and sought care on her own at LA Community Hospital where she was evaluated for her knee. Returned to work but the pain in her left knee was unbearable and she was only able to work 3 hours. She has not worked since 04/08/14. Later seen at Chuevas Chiropractic as well as a clinic in the city of Paramount. Symptoms persist and have not improved. Subjective: Neck pain, upper back pain, lower back pain, left knee pain. Diagnoses: 1. Cervical musculoligamentous sprain/strain. 2. Thoracic musculoligamentous sprain/strain. 3. Lumbosacral musculoligamentous sprain/strain with radiculitis. 4. Rule out lumbar spine discogenic disease. 5. Left knee sprain/strain. 6. Rule out internal derangement. Treatment Plan: Medication prescribed, lumbosacral spine brace, IF unit, moist heat pad. Auth requested for MRI scan of the left knee and a functional capacity evaluation. Referred for physical therapy. Work Status: Temporarily totally disabled.

08/28/14 - Progress Report/PR-2 by Vlad Gendelman, M.D. Subjective. Pain in the mid/upper back, lower back, left knee, neck. Comments: MRI scan revealed positive popliteal mass, ultrasound is recommended. Diagnostic Impression: 1. Cervical musculoligamentous sprain/strain. 2. Thoracic musculoligamentous sprain/strain. 3. Lumbosacral musculoligamentous sprain/strain with radiculitis. 4. Rule out lumbar spine discogenic disease. 5. Left knee sprain/strain. 6. Rule out internal derangement. Treatment Plan: Physical therapy, ultrasound of the left knee, transportation required to and from all medical appointments. Return four weeks. Disability Status: Temporarily totally disabled.

10/09/14 - Progress Report/PR-2 by Vlad Gendelman, M.D. Subjective. Pain in the mid/upper back, lower back, left knee. Currently asymptomatic regarding her neck. Diagnoses: 1. Cervical musculoligamentous sprain/strain. 2. Thoracic musculoligamentous sprain/strain. 3. Lumbosacral musculoligamentous sprain/strain with radiculitis. 4. Rule out lumbar spine discogenic disease. 5. Left knee sprain/strain. Treatment: Continue physical therapy, urine toxicology testing is administered for medication monitoring. Return four weeks. Disability Status: Temporarily totally disabled.

11/06/14 - Primary Treating Physician Supplemental Report with Request for Authorization by Vlad Gendelman, M.D. It was discussed with Dr. Mednik on the phone that to further evaluate the mass, the patient needs an MRI scan of the left knee with and without IV contrast. Requesting for authorization for such. Treatment: Patient referred for MRI scan of the left knee with and without contrast.

12/18/14 - Progress Report/PR-2 by Vlad Gendelman, M.D. Subjective. Pain in the neck, mid/upper back, lower back, and left knee. Diagnoses: 1. Headaches. 2. Cervical musculoligamentous sprain/strain. 3. Thoracic musculoligamentous sprain/strain. 4. Lumbosacral musculoligamentous sprain/strain with radiculitis. 5. Rule out lumbar spine discogenic disease. 6. Left knee sprain/strain, rule out derangement. Treatment: Continue physical therapy, naproxen and cyclobenzaprine, refer for EMG and nerve conduction study of bilateral lower

extremities, referred for consultation with a neurologist. Return four weeks. Disability Status: Temporarily totally disabled.

DEPOSITION OF MARIA DEL ROSARIO SANTILLAN TAKEN 10/07/14, 25-PAGES

Page 10: She is not currently employed. She was last employed through Personnel Resources at Thompson Downs. She began working at that location in February 2012.

Page 11: From 2010 to 2012 she did not work, approximately two to three years. Prior to Thompson Downs she worked as a packer at Roller Transportation.

Page 12: She worked through an agency, DDS, from approximately 2003 to 2006. She also worked packing for Frederico Sandoval a clothing warehouse. Prior to that time she was in Mexico. Page 13: She denies prior work related injuries, prior Workers' Compensation claims, or lawsuits. She has never had health insurance. Page 14: She goes to a free clinic on Sunset once a year. Page 15: She has not broken any bones or been involved in any motor vehicle accidents. Page 16: She has never been diagnosed with any diseases. While working for Premier, she was a supervisor in the packing area. Page 17: She continued as a packing supervisor through her last time working. She describes the injury of 02/22/13. She picked up a box of pants when she felt a little pull in her lower back. She continued working and took some pills. She stayed overtime and told her manager she did not feel good. Since it was the end of the day, he told her he would report it to the agency, since they had already left.

Page 18: The agency contacted her and she was sent to a clinic. She continued working. She received treatment including physical therapy, chiropractic, and acupuncture. This did not help much. Page 19: At that time she was experiencing pain in her back. Currently the only pain she has is to her left knee and back. Her left knee began to hurt in January of 2014. At that time she was working a lot, doing a lot of walking, and noticed it was popping and it hurt a little.

Page 20: She was working at Premier. She mentioned it to her manager but through it was because she was tired. She worked up to 12 to 14 hours and sometimes 7 days a week. As the day went by, it started hurting more. She denies pain in her left knee prior to January 2014. She stopped working April of 2014. She is currently seeing Dr. Gendelman once a month. She attends physical therapy twice a week. Page 21: She is attending therapy for her neck and low back. Therapy has not helped much. She denies pain in her back prior to the specific injury of February 22, 2013. She is currently taking naproxen and omeprazole which sometimes helps with pain or discomfort. Page 22: She does not currently drive and takes the bus. She denies pain in her upper back and neck. She sometimes has pain in her middle back, more on the right. She first experienced pain in her middle back beginning in September 2014.

Page 23: Pain in her body she attributes to her employment with Premier includes her knee and low back. Right now her right knee is beginning to hurt because it is carrying all the weight. The right knee began to hurt about the same time as the midback, approximately September of 2014. She does not currently use a cane, crutches, or walker. She sometimes holds on to someone for assistance. Page 24: Her rate of pay was \$9 an hour. She worked the morning shift. She would work six to seven days a week.

COMMENT:

The medical records reflect that an MRI scan of the lumbar spine was performed in August 2013, which was unremarkable. Taking into consideration the left knee examination and the MRI scan of the left knee, which indicates an abnormal signal in the meniscus consistent with either degenerative change or acute tear; I believe that she would benefit from left knee arthroscopy.

After reviewing the medical records, I have updated the diagnoses and treatment plan.

DIAGNOSES:

1. Left knee, medial meniscus tear.
2. Musculoligamentous strain of the lumbar spine with non-verifiable right-sided radiculopathy.

TREATMENT RECOMMENDATIONS:

1. Left knee arthroscopy surgery.
2. Medications to control inflammation and pain.
3. Home exercise program for the low back.

SOURCE OF ALL FACTS AND DISCLOSURE:

The source of all facts was from review of the medical records and my previous medical report. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to the information I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as indicated herein, that I believe it to be true. Labor Code 139.3 was not violated. Assistance with preparation of this report was provided by Roberta Baltierra, Record Reviewer, who was trained by Arrowhead Evaluation Services.

Under penalty of perjury, I declare that I spent approximately 90 minutes on this supplemental medical/legal report.

Date of Report: September 17, 2015. Signed this 7th day of October, 2015 in the City of Upland, of San Bernardino County, California.

Sincerely,



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

SANTILLAN, Maria
Page 7

Date of Report: September 17, 2015

SG/ml
T: 09/17/15

cc: York Insurance
P.O. Box 619079
Roseville, California 95661
Attn: Cynthia Murphy, Claims Adjuster

Mullen & Filippi
5990 Sepulveda Blvd., Suite 200
Van Nuys, California 91411-2514
Attn: Jesse Wales, Esq.

Hinden & Breslavsky
4661 W. Pico Blvd.
Los Angeles, California 90019

Scott Goldman, M.D.

1680 Plum Lane
Redlands, California 92374
(888) 888-0098

Incorporated into(s) 2-10-16

September 17, 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

Reviewed

| | | |
|------------|---|-------------------|
| 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 |

SUPPLEMENTAL ORTHOPEDIC PANEL QUALIFIED MEDICAL EVALUATION REPORT:

Gentlepersons:

I am in receipt of medical records, which have been reviewed and commented on below.

REVIEW OF SUPPLEMENTARY MEDICAL RECORDS:

02/25/13 - Marc Amush, M.D. of U.S. Healthworks. Doctor's First Report of Occupational Injury/Illness. "Levantando una caja para moverla delugar latime la espalda." Subjective: At work three days ago as she was bending over to pick up a heavy box of pants from the floor to put in a different area sustained injury to low back. Pain never went away. Pain is localized. No foot tingling. No prior low back injury. The pain is rated 8/10. On examination there are spasm and tenderness of the paravertebral musculature, restriction of back range of motion. Diagnoses: Sprain/strain lumbar, muscle spasm back, back pain. Treatment Plan: Dispensed medication, heat pack. Referred for chiropractic evaluation and treatment. Work Status: Modified duty including limited stooping and bending, limited lifting, pushing, and pulling up to 10 pounds, must wear back support.

02/27/13- Progress Report/PR-2 by Narin Phuong, P.A./Marc Amush, M.D. Complaints: Continued dull low back pain, mild and intermittent. Diagnoses: Sprain/strain lumbar, muscle