

## REVIEW OF RECORDS

**DATE REVIEWED:** 03/17/22  
**PATIENT NAME:** NAVARRO, MARGARITA  
**PAGES REVIEWED:** 62

### REVIEW OF MEDICAL RECORDS:

#### Billing for Medical Record Review:

<b>Time spent for prolonged non face-to-face time (medical record review)</b>	<b>120 Min.</b>
<b>Total 99358 Units (first 31 to 60 minutes per day = 1 unit)</b>	<b>1 UNIT</b>
<b>Total 99359 Units (61+ minutes, 30 minute increments = 1 unit, (total 120 or 2 units per day)</b>	<b>2 UNITS</b>
<b>TOTAL UNITS</b>	<b>3 UNITS</b>

I reviewed the following records, which augmented my understanding of this case.

### MEDICAL RECORDS:

William Mouradian, MD

**11/09/21. Medical Evaluation. DOI: CT 09/16/19.**

**History of Injury:** The patient worked as a member's service specialist. She had gradually developed pain in her bilateral hand due to the repetitive nature of her job. She stated that she repetitively filled in written forms and did data entry and DMV transactions, which required typing for the eight-hour shift. She started feeling pain around May 2018. She also noticed discomfort with numbness and tingling sensation in her right hand after prolonged writing. She woke up at night due to a tingling sensation in her hands. Whenever reaching for things at home and work, she would sometimes feel the sensation of touching the glass. Gradually, the pain in her hands worsened. She had difficulty controlling her hands and frequently dropped what she was holding. She elaborated that once, in March 2019, while driving, another vehicle came close to colliding with her vehicle. She tried to maneuver out of the way, but she felt the weakness in her hands, and she could not steer her car properly. She honked and felt stabbing pain in her palm.

**Examiner's Excerpt Interview:** The patient started with Auto club on 01/03/17. She had held various part-time jobs while her children were growing up. Her job was in member services, so she handled things like notary, vehicle transfer, and things of that sort. She was in a desk position with a computer, telephone, data input, and writing. She started to notice tingling when she got off work six to eight months before the specific incident of 03/07/19. She had started to notice tingling when she went off at work. She wished not to work again because she could not use her hand properly due to symptoms and felt that people would joke about that. She tried elevation and icing. She tried shaking, too. She started reading up to figure out the matter, and she started wondering if she had diabetes with tingling. She described the incident in March 2019, stating that the car came into her right of way although they did not collide. She had to pull over. She honked the horn. She had pain in her hands because she had held onto the steering wheel so tightly, trying to grasp it. She was nervous. She had pulled over and gotten

out of the car. She then got back into the car and went to work. She went to Kaiser urgent care because she was nervous, and the doctor told her that she had carpal tunnel syndrome. It was unlikely that she got carpal tunnel from the accident, but the symptoms that came on after the accident were symptoms of carpal tunnel. She went to urgent care, and they gave her a brace for her right hand and restricted her work until she had further doctor visits and evaluations. She saw a Kaiser orthopedic who limited her work and raised her restrictions. She was given restrictions that precluded her from using her right hand. She started struggling to use her left hand. Her left hand started giving out, it was shaking, and she was dropping things. She was given a second cast. She had carpal tunnel surgery on her right hand in October 2019 and on her left hand in February 2020. She was off work for several months. She had pain on both sides, more on the right. She constantly felt swollen. She had pain in the ulnar aspect of the hand. She felt something like a ganglion cyst. When she started writing, she had a lot of pain. She went back to work; she thought it was about six hours to try to ease her into it. She had limitations. She was feeling pressure at work in 08/2020. She stated that her supervisor made disparaging comments about her condition in front of others. She missed work. She tried to be there as much as she could. She worked for four hours a day and did not think she could work six hours a day. She had gotten over the issue with her supervisor. She was off work with stress for a month in August 2021. She stated that she was very frustrated. She stated that her elbow was locked at the time of the evaluation. She had to sleep on a couch for four or five nights per week because she could get more comfortable with pillows. She wanted to return to work. She stated that when she typed, she felt something pop in the volar surface near the index ray of the right hand. That caused extreme pain. She was constantly dropping things and had several burns because of that. She showed a burn on her right wrist dorsally by the first ray, which was healing but saw a second-degree component to it. She had tremendous frustration about a year ago when her mother was in hospice before passing away, and she could not help her. She had used up her vacation time and almost did not care she would be fired because she wanted to be with her mother. She had never had a second nerve conduction study at Kaiser, and they were talking about the second surgery. She felt like her left hand was catching up to the right hand. She requested a second opinion, and the first surgeon restricted her to four hours. She had a second opinion visit to a surgeon the day of the evaluation. She experienced pain with numbness, mainly in the <sup>third and fourth</sup> digits. She complained that there was pain in the palm on both sides.

**Treatment:** The patient started seeking treatment in March 2019. She went to urgent care after work, where she was diagnosed with carpal tunnel syndrome on the right hand. She was provided the brace. She was also placed on restricted duty with restrictions of limited use of her right hand. She was off work to seek treatment for her hand. She was provided restrictions with limited use of the right hand. She started favoring her left hand while performing her work duties. She developed the same symptoms in her left hand. She had filed for a worker's compensation claim. She started having spasms in her left hand. She underwent surgery on her right hand. Her right hand constantly felt numbness and swelling. She underwent surgery on her left hand, and it was better at the time of the evaluation. She had an MRI scan of her hands, showing two cysts in the right hand. She was unable to attend occupational therapy due to COVID-19 restrictions. She attempted occupational therapy exercises at home. She stated that the pain in her hands occasionally radiated to her arms and elbows. She also felt muscle weakness in her arm.

**Work history:** The patient was employed as a member service specialist for an Auto Club of Southern California since 01/03/17. She worked for four hours per day, five days per week. She was placed on modified duty in March 2019, with restrictions on the limited use of her right hand. She was placed off work by her doctor in May 2019, with restrictions of no use of her right hand. She was working on modified duties with restrictions of limited use of both hands after 20 minutes of work.

**Present Complaints:** The patient had constant pain in the right hand, which she characterized at 0-4/10 with associated swelling, tingling sensation, numbness, weakness, spasms, and twitching. She stated that the pain radiated to the right wrist, arm, and elbow. She tried ibuprofen, Tylenol, Meloxicam, warm packs, and elevation to help alleviate the pain. She complained of constant pain in the left hand, which she characterized as 3-10/10 on bad days with associated swelling, tingling, numbness, weakness, spasms, and twitching. She stated that the pain radiated to the right wrist, arm, and elbow. Repetitive motion aggravated the pain. She reported having stress and anxiety. She felt stressed due to her injury limiting her activities at work and home. She also felt anxious that her condition would not get better but worsen instead. She felt helpless and frustrated. She wanted to get better.

**Activities of daily living:** The patient could take care of her personal hygiene with some difficulty. She was able to do physical activity, communicate, hand activities, sensory function, travel, sexual function and was able to sleep with some difficulty.

**Past Medical History:** The patient's past medical history included nose surgery.

**Physical Exam:** The patient's vitals were reviewed. Her blood pressure was 137/89, pulse was 83, respiratory rate was 16, oxygen saturation was 98%, and weight was 190 pounds. She was in mild distress with an upset mood. She complained of cervical spine region tingling. She remained at greater than 10 mm for the first three digits and eventually thinned that she came to 5-7 mm in the fourth and fifth digits.

**Impression:** The patient's depositions dealt primarily with the complexities of the medical record, which includes seemingly contradictory reports. Her file did not support any appointment for the steering incident. Her carpal tunnel syndrome symptoms came up sometime later, but they were attributed to an antecedent prodrome. She had been off work on stress, and she stated that all of that had resolved itself. The medical file identified stress as early as 2013. She did not feel able to work for more than four hours a day. She was recommended a second opinion from the Kaiser hand surgeon for revision surgery of the hand.

**Dx:** 1) Carpal tunnel syndrome bilaterally, right greater than left. 2) Status post right carpal tunnel release, performed in October 2019. 3) Bilateral residual right greater than left. 4) Late-onset dorsal right wrist ganglion. 5) Status post left carpal tunnel release, February 2020. 6) Triggering left thumb, index late-onset. 7) Hypothyroidism. 8) Exogenous/endogenous thyroid problem, BMI problem.

**Disability Status:** The patient was off work for multiple periods. Her employer records were necessary to sort out any possible upper extremity total temporary disability. She was temporary permanent disabled while at work for her upper extremity problems following her first surgery. She had recently been off work with stress. She was restricted to four hours per day of work. She was advised to continue the current restriction and if accommodations could be made.

**Causation:** The patient was seen for each carpal tunnel and subsequent conditions, such as the ganglion cyst and trigger finger. She attributed the onset of the driving incident; the file supported a more recent albeit chronic onset. There was known carpal causation from high BMI and hypothyroidism. That would be discussed when she returned for the MMI report.

**PATIENT NAME:**

**NAVARRO, MARGARITA**

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**Apportionment:** The patient's apportionment was primarily to cumulative trauma but also to hypothyroidism and high BMI.

**Continuing Treatment:** The patient's vagaries of revision carpal tunnel surgery were discussed. She was advised to be on non-invasive measures, although Dr. Herness could elect to request/perform additional procedures.

# P · L · B · S · H

PERONA LANGER BECK SERBIN HARRISON

Consumer Litigation Attorneys

Refer to File No. 192550

May 17, 2021

CCMSI  
P.O. Box 53550  
Irvine, CA 92619

Gatti Foz  
4952 Warner Avenue Suite 253  
Huntington Beach, CA 92649

Re: *Margarita Navarro vs. Auto Club Of Southern Californ*  
Claim No.: 19G44J114310  
Date of Injury: CT:09/16/18-09/16/19  
WCAB No.: ADJ12612911

Dear Sir Or Madam

Pursuant to Labor Code Section 4600, applicant hereby designates the following physician as primary treating physician:

Injured Workers Medical Group  
1125 E 17Th St E-208  
Santa Ana, CA 92701  
P: 949-769-6071

This PTP is being designated to treat applicant for the injuries/body parts that defendant has denied in this claim.

Very truly yours

Dictated but not read

ROBERT SKRINYAZ

RS/mb

EAMS NAME: PERONA LANGER LONG BEACH  
EAMS No.: 5013696  
EAMS Administrator: Joanna Schwartz  
Phone Number: (562)426-6155

**PROOF OF SERVICE**

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

I am employed in the county of Los Angeles, State of California in the offices of a member of the Bar of this Court. I am over the age of 18 and not a party to the within action; my business address is 300 San Antonio Drive, Long Beach, California 90807-0948.

On the date given, I served the following documents: **4600 LETTER DATED MAY 17, 2021** on the interested parties Long Beach, CA 90802

☒ by placing a true copy thereof enclosed in sealed envelopes addressed as follows:

CCMSI  
P.O. Box 53550  
Irvine, CA 92619

Injured Workers Medical Group  
1125 E 17<sup>th</sup> St E-208  
Santa Ana, CA 92701

Gatti Foz  
4952 Warner Avenue Suite 253  
Huntington Beach, CA 92649

☒ **BY FIRST CLASS MAIL (C.C.P. SECTIONS 1013a, et seq.):** I caused said document(s) to be deposited in the United States Mail in a sealed envelope with postage fully prepaid at Long Beach, California, following the ordinary practice at my place of business of collection and processing of mail on the same day as shown on this declaration.

I declare under penalty of perjury under the laws of the State of California and of the United States of America that the above is true and correct.

I declare that I am employed in the office of a member of the bar of this Court at whose direction the service is made.

DATED: May 17, 2021

  
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