

**JAN W. DUNCAN, M.D.**

A MEDICAL CORPORATION

ORTHOPAEDIC SURGERY

COMPREHENSIVE TREATMENT OF THE CERVICAL, THORACIC & LUMBAR SPINE

RECEIVED**FEB 02 2021****ROCKLIN 0608**

REGARDING:	MARIA DOLORES DE LEON
DATE OF INJURY:	CT: 06/20/2019-06/20/2020
DATE OF BIRTH:	03/20/1964
OCCUPATION:	PACKING
SOCIAL SECURITY #:	511-99-0357
INSURANCE CARRIER:	LIBERTY MUTUAL
	P.O. BOX 779008
	ROCKLIN, CA 95677
CLAIM #:	WC604-A97029-00
WCAB#:	ADJ13365093
EMPLOYER:	KVP INTERNATIONAL
DATE OF EXAMINATION:	12/17/2020

**COMPLEX MEDICAL-LEGAL EVALUATION
AS A PANEL QUALIFIED MEDICAL EXAMINER**

Dear Gentlepersons:

The above-captioned patient is a 56-year-old right-handed female who is seen for examination of her chest, shoulders, foot, multiple body parts, and nervous system. The following is a presentation of this initial evaluation, clinical findings and treatment recommendations. The medical history was obtained by Taide Garcia and then reviewed in detail with the patient.

JOB DESCRIPTION

NATURE OF BUSINESS:

The above mentioned patient began working for KVP International on or about 2005 (exact date could not be recalled) in the capacity of Packing. The patient was a full-time employee at the time of the injury. She worked 8 hours per day, 5 days per week. Her job duties entailed but were not limited to sewing and packing plastic dog cones. Physically the patient

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was responsible for standing, kneeling, reaching, squatting, pulling, bending, sitting, walking, stooping, twisting, pushing, lifting up to 40+ pounds at a time, carrying for distances up to 6+ feet at a time, and detailed hand work.

JOBS HELD IN THE PAST:

N/A

CURRENT WORK STATUS:

The patient is currently unemployed and she is not receiving any Workers Compensation and/or State Disability benefits.

HISTORY OF INJURY:

According to the above mentioned patient over the course of employment she suffered injury to her chest, shoulders, foot, multiple body parts, and nervous system cumulatively from June 20, 2019 through June 20, 2020. She states that she suffered continuous trauma due to repetitive work. She began experiencing pain in both hands, and the left heel from repetitively using the foot pedal to stamp the plastic. She saw her primary care physician and was referred to physical therapy. The pain continued and she complained to her employer but she never filed a formal complaint. She then consulted an attorney for further medical treatment. She was then approached by Human Resources and was sent to the company doctor who placed her on modified duty. Eventually, the company closed down but she continued treating through her attorney's office.

CURRENT COMPLAINTS:

LOWER EXTREMITIES, SHOULDERS, HANDS, NECK, BACK

The patient complains of intermittent pain in the left heel that radiates to the knee. She also complains of pain in the left shoulder and right shoulder from overcompensating due to pain on the left. Lastly, she complains of constant pain in the neck, back, and both hands. The pain is aggravated when stepping on the left foot, carrying, lifting, walking, and turning the neck. The pain level varies throughout the day but gives it a level of 8-10, 1 being the lowest level of pain and 10 being the maximum level of pain. The patient states that pain medication helps to relieve the pain temporarily. The patient states experiencing bladder and bowel problems.

PSYCH

Psychological reaction to work injury does not apply.

ACTIVITIES OF DAILY LIVING:

Self-Care, Personal Hygiene: The patient states that as a result of the industrial injury, it is difficult to brush teeth, comb hair, shower, dress, and eat.

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Communication: The patient denies that as a result of the industrial injury, it is difficult to write, type, see, hear, and speak.

Physical Activity: The patient states that as a result of the industrial injury, it is difficult to stand, sit, recline, walk, and climb stairs for prolonged periods of time.

Sensory Function: The patient denies that as a result of the industrial injury, it is difficult to hear, see, feel, taste, and smell.

Non-Specialized Hand Activities: The patient states that as a result of the industrial injury, it is difficult to use hands for strong gripping, grasping, and lifting.

Travel: The patient states that as a result of the industrial injury, it is difficult to ride or drive a vehicle for prolonged periods of time.

Sexual Function: The patient denies being sexually active.

Sleep: The patient states that as a result of the industrial injury, it is difficult to fall asleep, remain sleeping, or maintain one position.

PAST MEDICAL/SOCIAL HISTORY:

Medical: The patient denies any history of stroke, seizure, arthritis, heart disease, ulcers, psychiatric, hepatitis, diabetes mellitus, infectious disease, lung disease, epilepsy, tuberculosis, collagen disease or cancer. The patient denies any other serious illness.

Current Medications: The patient is currently taking over the counter Tylenol and Advil for pain relief as needed.

Surgeries: The patient underwent a hysterectomy about 12-13 years ago without complications. She also had surgery to the right breast to remove a cancerous mass about 3 years ago without complications.

Fractures: The patient denies any fractures in the past.

Hospitalization: The patient denies being hospitalized as a result of the injury.

Prior Pain and/or Other Accidents or Injuries: The patient denies prior pain and/or injuries with regards to her chest, shoulders, foot, multiple body parts, and nervous system.

Allergies: The patient has no known allergies.

Alcohol: The patient does not drink.

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Tobacco: The patient does not smoke.

Family and Social History: The patient lives in Baldwin Park, CA. She spends her time at home with her family. She is widowed and has 3 children. Her parents are deceased.

There is no known family history of any serious illnesses and/or medical conditions.

Hobbies and Sports: The patient used to enjoy walking prior to her injury.

Military Service: The patient denies serving in the Military.

PAST TREATMENT FOR THIS INJURY:

The patient had some physical therapy and acupuncture but she has not seen any significant improvement to her symptoms. She denies any further treatment for this injury.

PHYSICAL EXAMINATION:

On examination of the neck, the shoulders are level. The neck is straight.

Motion of the neck is as follows:

Flexion	60 degrees
Extension	60 degrees
Right Rotation	55 degrees
Left Rotation	55 degrees
Right Lateral Bending	50 degrees
Left Lateral Bending	50 degrees

The patient is 5 feet 7 inches tall, 190 pounds, and right handed.

On examination of the left shoulder, there is no tenderness or deformity of the shoulder.

Motion of the shoulder is as follows:

	Left
Abduction	180 degrees
Forward Flexion	180 degrees
Internal Rotation	45 degrees
External Rotation	30 degrees

On examination of the left knee, there is no effusion in the knee joint. The patella rides in the midline. The ligaments are intact.

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Motion of the knee is 0 to 130 degrees.

DIAGNOSTIC STUDIES:

X-RAYS: X-ray of the left knee shows some slight pointing of the patella. Otherwise, the joint line is well maintained. There is no acute or chronic injury. There is a small fleck of bone just proximal to the proximal fibula indicating a possible old injury to the fibular collateral ligament.

The left shoulder x-ray is within normal limits. There is no fracture, no acute or chronic changes.

X-ray of the neck shows normal cervical spine with no fracture and no acute or chronic changes.

IMPRESSION:

1. Normal examination of the neck.
2. Normal examination of the left shoulder and upper extremity.
3. Normal examination of the left knee.

DISCUSSION:

At this point in time, I am unable to identify any work injury in this patient that occurred when she was employed at KVP International Company. However, before I write a final report, I will have to review the medical records.

If you have any further questions regarding this patient, please do not hesitate to contact my office.

DECLARATION:

I spent 45 minutes face to face with the patient for examination, 45 minutes on the review of the available medical records and one hour on preparation, dictation and correction of this 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 information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately described the information provided to me and, except as noted herein, that I believe it to be true.

I further declare under penalty of perjury that I personally performed the evaluation of the patient; or, in the case of a supplemental report I personally performed the cognitive services necessary to produce the report on 12/17/2020 at my office located at 2200 West 3rd Street Ste. 100 Los Angeles, CA 90057 and that, except otherwise stated herein, the evaluation was in compliance with the guidelines established by the Industrial Medical Council or the administrative director pursuant to Paragraph (5) of the subdivision (j), Section 139.2 or Section 5307.6 of the California Labor Code.

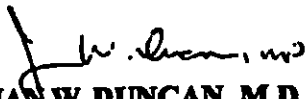
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I further declare under penalty of perjury that I have not violated the provisions of the California Labor Code Section 139.3 with regard to the evaluation of the patient or preparation of this report."

If the claimant injury is denied AOE/COE and later will be found that the claimed injury was in fact industrial in nature, then this office will be entitled to the usual and customary charges according to C.N.A. vs. WCAB (Valdez) plus any penalties and interest applicable according to the California Labor Code and Regulations.

The foregoing declaration was signed in Los Angeles, County, California on 1-6-21

Sincerely,



JAN W. DUNCAN, M.D.
Diplomate, American Board of Orthopaedic Surgeons
Qualified Medical Evaluator
Agreed Medical Examiner

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PROOF OF SERVICE BY MAIL

I declare that I am employed in the county of Los Angeles, in the state of California. I am over the age of eighteen years and not a party to the entitled cause.

My business address is 2200 W. 3rd Street, Suite 100 Los Angeles
In the state of California, zip code 90057.

On 1/14/2021 the attached document(s) on the parties in said cause by placing a true copy thereof enclosed in a sealed envelope with proper postage affixed thereto and deposited for collection with the United States Mail at California addressed as follows:

LIBERTY MUTUAL ROCKLIN	P.O. BOX 779008 ROCKLIN, CA 95677
Name	Address
Kirk Myers	707 Wilshire Blvd. Suite 1500 Los Angeles, CA 90017
Name	Address
William Green	3419 Via Lido Suite 607 Newport Beach, CA 92663
Name	Address

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DOI: CT: 06/20/2019-06/20/2020

DOCUMENT (S):

DATE:

<u>1. PQME Report</u>	<u>12/17/2020</u>
<u>3. Proof of service by mail</u>	<u>1/14/2021</u>

I declare under penalty of perjury that the foregoing is true and correct and this declaration executed on 01/14/2021.

Month Day Year

Signature:

Printed Name:

Tulde Garcia