

**File No:** Xmet, Olivia JF IME Civil supp #273799

**Pages Reviewed:** 20

**Medical Record Excerpt**

Patient Name : Olivia Xmet  
WCAB # : ewq  
Social Security No. : 232-13-2134  
Date of Birth : 05/15/2020  
Employer : sanadry  
Records of : Walker Physical Therapy and Sports Injury Center, A  
Medical Corporation, Quality Pain Management, A Dermatology Surgical and Medical Group  
Date of Injury : 05/13/2020

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NOTE: Remainder of the record includethose previously reviewed,Sleep Study, Nursing Discharge Documentation visits for CT scan, surgery,gyno,chemo therapy,gyno,ENT, Reports of surgery.

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October 17, 2016, then I was sent home ' Thereafter claimed she did not return to work

Apropos any concurrent jobs with other employers, she admitted, "No I did not," and concerning what she did when off work during the evenings and weekends responded, "I stayed in my home by myself," performed all of her domestic activities. Concerning any sports, she admitted "Only walked, I did some running 7 miles a day

### HISTORY OF INJURY.

Apropos when she initially began to experience symptoms or sustain an injury that she believes arose out of her employment (AOE) at SPVUSD she hesitated then stated "Repeat the question again," she apparently did not comprehend. After three times repeating this question, she responded, "I was driving the bus, the first time was in 2010." Prior to that time, claimed that did not experience or sustain any symptoms or injuries. Regarding the event in 2010, she claimed, "I was kicked in my head by a student," and concerning the location of the impact, pointed with her right upper extremity to the occipital region. As to her initial symptoms, she recalled, "I had a headache." reported this to her employer, was provided and completed Workers' Compensation injury papers and stated, "They sent me to a doctor." As to any testing, she replied "I don't think so," and regarding treatment. Recalled, "They only gave me Tylenol," was not provided with any restrictions and returned to work. Concerning her subsequent condition responded, "Later on the headaches went away." Denied any residuals from this event and continued working.

Regarding any subsequent injuries AOE, she stated, "Yes, April 22, 2016," and prior to that time she did not experience or sustain any symptoms or injuries and was able to continue working without restrictions.

Concerning the event on 04/22/16, she replied, "The door on the bus was stuck, with my left hand I pulled the door to close it, but had to park the bus then I got up and tried to close the door with my left hand from the inside of the bus and I was pulling the door." Regarding the position of her body and arms she quickly arose without support, abducted, flexed and elevated the left shoulder to approximately 130 degrees and stated "I did that four times, I tried to pull the door and it closed on my hand." As to the location, she pointed with her right hand to the circumference of the left wrist area. Regarding her subsequent activities she replied "I kept on holding my left arm like this," maintained the left shoulder elevated to approximately 130 degrees and stated "My left wrist was grabbed by the door." Concerning the initial

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symptoms she recalled, "Burning and tingling in my left hand, I tried to get the hand unstuck but I was hanging from the door for one hour, I was alone in the bus." As to her continuing symptoms, she claimed, "Felt burning sensation and tingling from my fingertips," and pointed with her right hand to the mid forearm and that, "It was burning and tingling and one hour later I was able to get it unstuck by using my feet and the door opened a little bit and released my hand." She again admitted there were no witnesses to this event. Regarding subsequent symptoms, she claimed, "Clicking in the back of my left wrist, and as to the duration, recalled, "Only for about two minutes." Concerning the appearance of her left hand, she replied, "I had cuts, right over here," and pointed to the dorsum of the left forearm that revealed two oblique approximately 3 cm scars just proximal to the wrist. Regarding the appearance of the rest of her left arm, she claimed, "It was bleeding and my thumb was moving by itself, it was twitching and I had a burning sensation. It went from my arm to the shoulder." She did not recall any additional initial complaints but then spontaneously admitted, "I went backwards, landed on my buttocks, sitting down position." She did not recall any additional symptoms.

Concerning her subsequent activities, she stated "I went up to the stairs inside the bus, I called the base asking for help, but before that I called to report the door was not working properly." Admitted this was prior to the event. As to her subsequent activities claimed, "I reported the injury but no one came to help me so I had to drive back to the bus yard and get my own car that was about 6 meters away, my car was parked in the bus parking lot, then I called the mechanic, told him about the injury and I was bleeding they sent me to the company clinic and I drove my car." Apropos her symptoms by that time, she replied, "I felt pain, burning, numbness in my middle, ring and little fingers, total numbness into my wrist all around." If she experienced any pain, she admitted, "Yes," and concerning the initial level on a scale of 0-10, 10 being the maximum pain that a human can endure replied "It went up to a 5." Regarding any testing or treatment, she responded, "Yes, took x-rays, gave me Motrin and told me to go back to work on Monday." If she received any specific treatment to her left arm, she recalled, "Yes, they washed and cleaned it up, put some dressings then sent me to therapy one week later."

As to any restrictions, she replied, "Yes, light duty so I went back to work in the supply. I did inventory 8 hours a day then I was sent back to the doctor on Monday." Concerning the duration that she attended this apparent company or Workers' Compensation physician, she recalled, "For about 2-3 months, I continued working for one week, then they sent me back to full duty my same job driving the bus just before my injury." If she was able to perform all of her described pre injury job tasks,

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she admitted, "I did it because I was told to do it but I wasn't feeling good, I could not do my full job, I could not drive the bus and carry the heavy boxes "

Apropos her subsequent activities, she claimed, "I told my boss but I kept on driving, but I told him I had difficulty doing the work but I could not drive the bus and just did the cleaning because when driving the bus I had pain. I could not hold onto the steering wheel because of severe pain, so I had to stop driving the bus and I told the doctor I could not drive the bus due to pain in my left wrist, numbness in my fingers and was getting worse ' If she stopped working replied "no, but yes in October 17, 2016 from the date of injury I was doing light duty, cleaning 38 bathrooms in three different schools "

If she subsequently was referred or attended a physician, she recalled, 'Yes the company doctor until about November " Regarding any increase, decrease or change in her condition by that time, she claimed, "No, the same, my left arm was painful and uncomfortable " Concerning specific treatment, she responded, "Yes, I got therapy, wax, hot towels, and ice " If her job required her to work 12 months/year, she initially replied "No only 11 months but I was off in July for two weeks " Apropos the number of weeks that she was regularly off work, she stated, "July, half of August about six weeks " If she returned to work in August of that year, she responded, "Yes, I was doing the cleaning and I continued working until October 17, 2016 " Concerning her condition during that interval, she claimed, "I was getting worse, I started feeling weakness in my hand when I tried to work the switch using my left hand turning my wrist to use the switch to open the door ' Admitted she received treatment through October of that year and recalled, "Also got nine acupuncture treatments, and I was better ' "

Apropos any change in her condition thereafter and through the time of this QME, she admitted, 'I'm the same,' and concerning the duration, only responded, "Three weeks then I stopped going to acupuncture then the pain came back " Upon further questioning as to any change in her condition, she responded, "I'm bad, I'm worse," and apropos when her symptoms increased, claimed, "Three weeks ago when I stopped therapy, I got worse "

(Noteworthy that she provided me with contradictory information as to when or any change in her condition through the time of this QME )

Upon further questioning concerning any change in her condition through the time of this QME, she replied, "Got worse since October 2016," yet denied sustaining any interval injuries Regarding her interval activities by that time she recalled, "Yes I

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while seated during which time she was not moving her left upper extremity, claimed, "It is also a 4." Regarding left wrist motion, she claimed, "I'm not able to move it," and while seated and when requested to perform maximum left wrist motion, appeared markedly restricted and pointed to the volar left forearm through the elbow and claimed, "The pain is going here." If she was aware of any additional left wrist symptoms, she admitted, "Nothing else," and apropos swelling, replied, "Yes," and concerning the location she pointed with her right hand to the dorsum of the left distal forearm. Regarding left wrist motion she admitted, "Yes, sometimes when I move it the pain goes all the way behind my left shoulder," apparently was unable to perform any effective left wrist motion. As to any additional left upper extremity complaints, she initially admitted, "Not anymore," and concerning numbness admitted, "Sometimes," and regarding the location she pointed with her right hand through the circumference of the entire left upper extremity from the fingertips to the shoulder regions. If she experienced any specific finger numbness, she replied, "Yes," and as to the location, she pointed with her right hand to the palmar aspect of the middle, ring and little fingers. Regarding the frequency and duration, she admitted, "Sometimes two hours, goes then comes back." As to the current location of numbness she claimed, "The tips of my fingers," and concerning the duration, responded "For about one-half an hour." Apropos the frequency stated, "2-3 times during the day." She again did not recall any additional left hand symptoms whereas concerning motion, she responded, "So-so," and if the motion is identical to her asymptomatic right hand, claimed "No it is not." If she has full range of finger motion, she responded, "No I cannot," and when requested to flex and extend the thumb and fingers immediately complained of pain radiating into the forearm but eventually was able to demonstrate normal symmetric thumb and finger motion. Regarding strength in her left arm, she claimed, "Not very much, I cannot hold onto my purse." Concerning the onset of this specific condition recalled, "In December." Apropos any additional left arm complaints, she admitted, "None," and regarding her shoulder, only stated, "Just the pain." If she is aware of any symptoms in her elbow replied, "I cannot move it but nothing else." Regarding her neck, she stated, "Sometimes I feel pain," then pointed to the left side of her neck, and as to motion or pain claimed, "Yes, it hurts to move." She was unaware of any additional left upper extremity symptoms.

As to any complaints in her right dominant arm, back or legs, she responded "Nothing there, doesn't bother me."

If she is concerned about the scars over the dorsum of her left forearm, she admitted "Not very much."

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SYSTEMIC REVIEW

Apropos her health, she admitted, "I'm good," and was unaware of any illnesses or disease conditions. Regarding her mood, she claimed, "I get sad, but sometimes I'm happy." Concerning her sleep she replied, "It's good, sometimes I sleep 9 hours a day."

DISABILITY

If she is currently able to return and perform all of her described pre-injury job tasks she claimed, "No I cannot. I feel I cannot drive four hours on the bus because the pain and the strength I'm not able to move my left wrist up and down." If she is able to perform her accessory cleaning job she responded "No, only using my right hand."

Concerning any impairments in her activities of daily living (ADLs) she claimed, "I cannot cut my plants at home or use the scissors, I used to do a lot of planting, my whole life, I did it once or twice a week, planting for about one hour." Admitted she is able to dress, bathe, shop and cook and perform all of her other domestic activities.

PAST MEDICAL HISTORY

If she ever experienced any of the above left upper extremity symptoms prior to their onset especially before she started working for her recent employer she claimed, "None," and did not recall any previous injuries, accidents or disease conditions.

OCCUPATIONAL HISTORY

Apropos the work that she did before she started working for SPVUSD she responded, "School District of El Centro since 2001." Regarding the name of her occupation and specific physical activities and duration she only replied, "Yard duty, part time, 4 5 years, for 3 years full time but it was seasonal during the school year. I took care of the kids in the yard, mostly I watched the kids, I was a custodian. If she had to lift or carry the children, she admitted, "Yes, 50-60 pounds, 3-4 times a day" and concerning additional tasks stated "Cleaning and vacuuming." She denied sustaining or experiencing any injuries or symptoms respectively with this job.

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Regarding any previous occupations, she claims, "None I was married, I had two children." Admitted she was able to attend to all domestic activities, and did not recall any additional injuries. Concerning any avocations, she replied, "Yes, I was running several hours a day." Admitted, "At this time I'm not married."

#### PERSONAL/FAMILY HISTORY.

As to her education, she stated, "Yes, I have three years of college in Mexico," and did not recall any similar symptoms in immediate family members.

#### PHYSICAL EXAMINATION

During the above history, she remained constantly seated for approximately 1-1/2 hours, did not appear to be in any acute or chronic distress, maintained her left upper extremity toward the side of her body, was able to elevate the left shoulder to approximately 130 degrees, normally extend the elbow and wrist. demonstrated the position at the time of the injury without hesitation or complaints.

Height 5' 3" Weight 135 pounds

The following examination was performed STANDING

#### CERVICAL SPINE.

Alignment Normal in the sagittal and coronal planes

Tenderness Upon repetitive palpation complained of pain in the left lateral neck area and also upon light touch and vertex compression throughout this region. I did not detect any tender points over specific anatomic structures even when standing only upon one leg and flexing the opposite hip and knee, without any muscle spasm on the opposite side of the weight bearing leg.

When requested to perform active range of motion (AROM) the values were consistent with the normals in flexion and extension, lateral bending and rotation, inconsistently complained of pain in the left lateral neck area.

Upon simultaneous neck extension, lateral bending and rotation, did not refer any symptoms into the left upper extremity especially tingling or numbness. I did not detect any diminished or altered pulses (negative provocative tests for cervical or brachial neurovascular impingement).



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UPPER EXTREMITIES

Admitted that she is right dominant

RIGHT UPPER EXTREMITY, Normal

I did not detect any orthopaedic (musculoskeletal, peripheral, neurological) impairments

The AROM's of the right shoulder, elbow, forearm, wrist, hand and fingers were consistent the normals in the Upper Extremity Chapter 16 of the AMA Guides, Fifth Ed, without complaints, without any joint swelling, tender points, instability and negative provocative tests for tendinosis and especially shoulder impingement, medial and lateral elbow epicondylitis or any pain radiating from these areas upon resisted wrist flexion or extension, respectively. I did not detect any tender points along the course of the forearm, wrist or finger extensor or flexor tendons or pulleys respectively

The neurological examination was entirely normal as she did not describe nor did I detect any sensibility deficits along the course of specific peripheral nerves or dermatomes, with symmetric and +2 reflexes, negative provocative tests for peripheral nerve compression and intact circulation

It was, therefore, appropriate to consider her right upper extremity as "normal." and compare that with her claimed symptomatic left upper extremity

LEFT UPPER EXTREMITYSkin

Over the dorsum of the forearm, two oblique approximately 3 cm healed scars and a healed abrasion, otherwise intact. I did not visualize any swelling notwithstanding her complaints as noted below of "swelling right here," and pointed with her right index finger to the volar wrist region

SHOULDER

When requested to perform AROM, with the goniometer method of motion testing repeated x 3 and compared with the right, the values were consistent as they were within 10% of their mean and complained of widespread pain through the entire left shoulder girdle area



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L/R ABD 130/170, F 180/170, ER 35/60, IR 110/110, EXT 45/45, ADD 20/40  
Complained of pain initially in the left axillary area that radiated to the left medial arm regions

Impingement tests Simultaneous IR, ADD at 90 degree F and ER from 0-45, complained of pain throughout the entire left arm, was not localized in the subacromial bursal area Even upon resisted motion during these ranges, I did not detect any positive Hawkins, Neer or Jobe signs of impingement Reported pain in the posterior arm area

Upon repetitive manual muscle testing, the values 3/5, complained of discomfort in the forearm area

I did not detect any laxity, instability or sulcus signs

When requested to maintain left shoulder elevated to 90/90, upon resisted motion, negative 'drop arm sign' With the shoulder maximally internally rotated and the elbow extended at various ranges of flexion abduction and adduction, inconsistently complained of pain in a widespread area that was not localized to the subacromial region (Negative empty can sign)

Upon repetitive palpation complained of pain throughout the circumference of her left arm and could not localize this to a specific anatomic area, specifically the subacromial bursa, or AC joint

#### ELBOW

AROM, L/R E -20/0 F 160/160, complained of pain in the posterior forearm region

I did not detect any tender points over specific anatomic structures as she reported discomfort throughout the entire elbow area and inconsistently over the medial or lateral epicondylar regions, any laxity upon A-P medial or lateral stress testing

#### FOREARM

AROM L/R symmetric and normal S 80 P 90, upon rotation inconsistently complained of pain radiation throughout the forearm, wrist and hand

Upon repetitive palpation, she could not identify a tender point over a specific anatomic structure, inconsistently throughout the circumference into the wrist, hand and fingers

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Resisted wrist flexion or extension, although markedly impaired, complained of generalized pain that was not localized to the medial or lateral elbow epicondylar areas, respectively. I did not detect any tender points along the course of the forearm, wrist or finger extensor or flexor tendons or pulley, respectively.

### WRIST

Skin, intact

I did not visualize any swelling.

Upon repetitive palpation, although she claimed, "a lump," and pointed to the volar radial distal forearm. Upon palpation over this specific anatomical area revealed a normal radial pulse and a subcutaneous cystic type of swelling approximately 1.5 cm. Upon firm compression localized pain to this region and admitted "sometimes it swells." With repetitive palpation I could not identify any tender point over other specific anatomic structures especially the distal dorsal radioulnar, radial or ulnar carpal, intercarpal, metacarpophalangeal joint regions or along the course of the extensor tendons through the first dorsal compartment.

AROM L/R F 20/60 E 50/60 UD 20/30 RD 10/30 and complained of pain radiating through the radioulnar wrist region. I did not detect any crepitus.

When requested to perform active maximum wrist rotation apparently decreased to approximately 50% when compared with the right but again I did not detect any crepitus. Upon passive simultaneous wrist compression or rotation, although she voluntarily guarded and resisted. I similarly did not detect any crepitus or laxity.

Watson sign for scapholunate laxity negative. She complained of generalized wrist pain. I did not detect any tender points at the radial- scaphoid, lunate or other intercarpal joint regions. Compression at the dorsal or volar area of the ulnar carpal region of the TFCC did not evoke a consistent pain response. Upon simultaneous wrist rotation and ulnar deviation complained of generalized wrist and forearm pain.

Even upon resisted wrist rotation, I did not detect any crepitus or laxity.

### FINGERS

When requested to perform maximum motion of the thumb and all fingers slowly eventually revealed symmetric and normal motion but complained of pain at the end ranges radiating throughout the wrist and forearm regions.

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Thumb.

## AROM L/R

ABD, EXT, ADD the motion values were symmetric and normal, was able to place the tip of the thumb to the base of the little finger MPJ and complained of generalized wrist and finger pain

I did not detect any tender points over specific anatomic structures especially the basal thumb CMPJ or the IP joints, swelling or laxity. Upon simultaneous thumb compression and rotation maintained these joints in 0 degree extension, did not reveal any crepitus or laxity.

Finkelstein's sign for DeQuervain's tendinosis negative, as she only complained of generalized wrist and hand pain. I again did not detect any tender points over the first dorsal compartment or any crepitus upon repetitive and symmetric thumb motion.

The AROM of the index, middle, ring and little fingers were eventually symmetric and normal although she complained of pain radiating into the wrist, forearm and arm areas.

Flexion, fingertips to the distal palmar crease, normal motion at the MP and IP joints while maintaining the fingers in maximum extension symmetrically abducted and adducted at the MP joints.

I did not detect any joint swelling, tender points or instability.

NEUROLOGICAL EXAMINATION LEFT UPPER EXTREMITY

Sensation. Upon light touch reported diminished from the wrist distally and circumferentially through all the fingers. She could not identify two points even beyond 1-cm, throughout the finger tips and hand. I did not detect any sensibility deficits along the course of specific peripheral nerves or dermatomes.

Motor

Intrinsic muscle atrophy absent

Manual testing of major muscle groups revealed 3/5 give-away weakness throughout the entire left upper extremity.

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**Grasping**

Jamar dynamometer method as described in the Upper Extremity Chapter 16 of the Guides Requested that she perform maximal effort

L/R kg 3, 6, 2, 3, 4, 4 / 24, 24, 20, 23, 22, without complaints

Was not performing maximal effort based upon the absence of any skin blanching over the dorsum of the left knuckles, bilaterally, and the mean values in the left hand exceeded 10% variation

Pinch (chuck) L/R kg 4, 5, 1 / 5, 4, 5 I did not visualize any contraction of the thenar or intrinsic muscles

Circumferential cm L/R Arm 25/24, forearm 21/21, wrist 13/13

Conspicuous was the absence of any complaints as I applied considerable tension to the tape measure

Intrinsic muscle atrophy, absent

Reflex DTR Biceps, triceps, BR +2/+2 without any complaints

Circulation intact Radial ulnar pulse +2/+2 and conspicuous was the absence of any complaints as I applied considerable pressure over the volar radial artery in the region of the apparent swelling

Allen sign, negative and normal skin blanching revascularization color and temperature and texture

When requested to arise and place both hands flat on the wall, maintaining shoulder elevation, forward flexion to 90 degrees, and with repetitive elbow flexion and extension (wall push-ups) extended the wrists to approximately 70 degrees, only complained of pain through the circumference of the left arm and forearm regions I did not detect any scapular thoracic laxity

I did not perform an examination of her back or legs as she denied any symptoms and I did not detect any obvious impairments in these areas

I requested that she respond to the issues in the DEU Form 100, and her responses were noted by the Spanish interpreter

She described her job duties at the time of the injury, 'driving a school bus, delivering cleaning supplies for the school district loading and unloading supplies, lifting and carrying up to 60 pounds, cleaning 38 schools and bathrooms, washing toilets sweeping and mopping the floors "

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Indicated that her disability from the injury is "pain, numbness and tingling, weakness in my left hand, wrist, fingers and forearm, upper arm, left shoulder, there's a cyst in my left wrist and swelling "

As to how this injury affected her in her work, she claimed 'Unable to perform daily work duties due to pain, weakness, numbness, tingling in my left hand, wrist, arm and fingers ' She denied a disability from another injury or illness (Copy enclosed )

At this time I advised her that I have approximately 1/2" thick medical records and she admitted that she did not review them Concerning any change in her condition from November 2016 and through this OME, she admitted, "I'm the same." Apropos any nerve tests she replied, ' Yes, I think it was November or December 2016 " Concerning her last physician evaluation, admitted, "It was August 2016 " As to the duration that she smoked because the records indicated that was since age 18 she claimed "I quit in August 2016 "

She then approved my assistant to obtain photographs especially of her forearm, wrist and hands, copy enclosed

At the completion of the examination she did not appear to be in any acute or chronic distress exited the examining room and walked with a normal tandem unrestricted reciprocal heel-and toe gait

### TESTING

I Requested the following tests

- 1) Electrodiagnostic (EMG/NCV) of the paracervicals and both upper extremities
- 2) X-rays, right and left wrists AP with radial and ulnar deviation, lateral flexion and extension, oblique x 2
- 3) MRI left distal forearm/wrist

Evidence to support these requests was based upon the paucity of clinical findings from my detailed review of the currently available medical records, suggestion of a swelling even a fracture over the volar left wrist area, my thorough orthopaedic examination revealed some swelling over the left radial artery at the volar radial wrist, apparent painful wrist motion unpairment widespread pain numbness and tingling throughout the entire left upper extremity attributed apparently to a prolonged initially acute and continuing compression and compaction

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circumferentially through the left distal forearm and wrist, healed minimal abrasions and lacerations over the dorsal forearm, persisting symptoms albeit discordant with the findings from my thorough orthopaedic examination, nevertheless are consistent with the evidence-based and peer-reviewed diagnostic and especially therapeutic protocol and guidelines from the Instructional Course Lectures, journals and articles and texts of the AAOS, the JB and JS, information from Clinical Orthopaedics and Related Research, from the annual meetings of the AAOS, COA, even the outdated information from the ODG, ACOEM or the AMA Guides, Fifth Ed, supplemented by my 40 years of knowledge and experience in the evaluation and treatment of similar conditions and also from my Orthopaedic Medical and Extremity Surgical Peers

On 03/24/17 I submitted a fax to One Call Care Management requesting these tests. As I had not received a response by 04/15/17 I sent a request to the DWC and all the above parties for a QME Time Frame Extension of an additional 30 days to serve this report by 05/21/17, that was approved.

On 03/24/17 I received fax's from One Call indicating that the left wrist MRI was scheduled for 03/29/17 and the bilateral EMG and NCV's for 04/20/17.

I did not receive the x-rays or left wrist and forearm MRI.

### RECORD REVIEW

The following 1/2 in thick medical records that I received prior to this QME required sorting chronologically, were reviewed, summarized and relied upon in the preparation of this report.

As noted above, on 04/18/17, I received an additional 1/2 in of records, from Law Office of H Lopez, and responded by fax that I required an extension until 05/21/17 and I did receive approval from the DWC to my request for a 30-day timeframe extension and therefore, as noted below I did review the additional medical records, indicated by an asterisk, therefore, included a total of 43 separate reports.

I initially received approximately 34 separate reports.

- 1) 04/22/16 WC Claim Form, Illegible signature on this DOI injury at Berry Farms occurred "dropped off last student, bus door got stuck, did not close, parked bus,

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manually closed door, left forearm got caught, opened skin," provided and received by S P V U S D on 04/22/16 and 04/25/16 respectively

- 2) 04/22/16 First Report by J A B , MD DOI on this date "bus closed on my arm " PC smash injury, L forearm, pain, swelling, tingling, numbness after hand caught on bus door with skin abrasion, burning sensation Referred by employer, eval L arm injury, bus driver, afternoon, door would not close, attempted manually, arm smashed, reported pain FA, wrist abrasion denies numbness, tingling, weakness, pain with motion No past serious illnesses, smoker Systemic review - N Anxiety does not interfere with work, unexpected increase with complaints, no skin rash  
Ex Uncomfortable but NAD Neck nontender or painful motion Hand, bilateral no swelling or tenderness or painful motion Wrist, tenderness, pain motion without any swelling, wrist full painless motion no weakness, tender radial aspect, painful motion FA tender motion without swelling or weakness but tenderness palpation dorsal middle painful motion Elbow painless ROM nontender Arm nontender or weakness CSP FROM Strength 5/5 bilaterally hand and fingers, otherwise skin and circulation intact X-ray L FA, wrist "possible abnormality, distal radial head pending radiological evaluation but report of 04/25/16 negative for acute findings Dx L FA crush injury, abrasion Rx Elevation rest, padded aluminum wrist brace, elastic wrap, cold pack over painful area p r n Tylenol, reeval one week, notify employer light duty  
No repetitive grasping, wear brace, no driving until follow up by M L FNP
- 3) 05/02/16 B K , FNP F/U L wrist, forearm, less pain Replicated hx of injury, still c/o p motion L wrist, hand without pain or paresthesia, helped with Tylenol on 04/25/16 and currently states fully recovered, denies pain, desires discharge Systemic review - N X-ray negative acute findings Dx L FA crush injury, abrasion Rx Lace-up Velcro wrist brace, use support no indicated at present, notify employer full duty instruction without work restrictions referred to Dr Scott, occupational medicine
- 4) 05/11/16 N B Carter, MD, F/U contusion L wrist, forearm, replicated injury p FA wrist abrasion, denies numbness, tingling or weakness, pain with arm motion Hand no pain or numbness, helped with Tylenol on 04/25/16 and again on 05/02/16 fully recovered denied pain On 05/11/16, returned clinic reopened case L forearm claim, fine with driving school bus but has to carry boxes of supplies, developed at times small bump L FA radial approximately 3 5 cm, thumb/wrist Systemic review - N Ex wrist no swelling or tenderness, FROM painful without weakness tenderness palpation radial aspect with motion Forearm painful motion



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without weakness or tenderness, similarly with L elbow Arm nontender without weakness Shoulder FROM including cervical and lowers with intact neurological and strength 5/5 both hands L wrist radial aspect mild tender point 3.5 cm area Request authorization for R S Scott, MD physiatrist to take over case Dx Contusion L wrist, forearm

- 5) 05/20/16 Approved request authorization for care by R S M D , physiatrist
- 6) 05/27/16 R S , MD, Certified PM&R eval Report to claims adjuster Replicated Hx of injury on 04/22/16 symptoms persist several weeks injury x-ray - N Has not began therapy, not using any meds, only wrist splint Past hx negative No current meds Systemic review - N  
Ex NAD Normal mood, affect CSP normal ROM, painless Uppers Normal ROM passively L wrist F&E painful volar, tenderness some soft tissue swelling adjacent to FCR but intact tendon Minimally nearly healed superficial abrasion dorsum L distal FA, intact pulses skin neurological Dx L wrist contusion strain Injury arose out of accident L wrist contusion Rx Reviewed x-rays, continue pr n wrist splint physical therapy Voltaren Full duty Do not anticipate any PD AOE, follow up one month \*
- 7) 06/15/16 Approved PT x 3 weeks x 3 weeks
- 8) 06/24/16 PT Initial Eval Referred by R S , MD Described mechanism of injury, complaint decreased weakness, gripping painful, splint/1 month L distal radius 2/10, dull aching, increased with gripping Goal use arm without pain Grp R/L 35/20 pounds Requires skilled PT, restore L hand grip full function, good rehab potential Problem limited carrying, moving, handling, and long-term goal increase grip beyond 35 pounds and pain free gripping Therapeutic activity manual therapy, massage, splinting, taping, education home exercise program to decrease pain and inflammation with electric stim US, cryotherapy, hot pack  
  
PT with the above modalities and goals Has decreased weakness gripping pain splint/one month L distal radius, maximum 4/10, least 2/10, dull, aching, increased with gripping Rx US therapeutic exercise, manual therapy To restore L hand grip and full function, has limited carrying, moving, handling, progressing with hand rehab Wean from splint
- 9) 06/27/16 PT pain wrist tender with gripping functional limitations, moving and handling all gripping motion Rx US therapeutic exercise, hot and cold pack. Decreased motion wrist pain during flexion and gripping

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- 10) 06/29/16 PT, Dx L wrist p with gripping, tender medial epicondyle, minimal radiating Functional limitations with all gripping motion Rx Manual therapy, fanning fingers, thenar side pain relief, gentle wrist F&E stretching, joint mobilization with hot and cold, paraffin Objective Decreased ROM wrist pain F&E grip R/L 60/50, mild tender grip, medial, radial, thenar, pain decreased with US  
Dx Pain palmar wrist radial motion diminishes neutral pain infrequent, irritating gripping ability Good rehab potential, problem with limited carrying motion, handling
- 11) 07/01/16 PT, wrist p grip tender medial epi, small nodule did not resolve Functional limitation during motion, handling aggravated by gripping Rx US phonophoresis, therapeutic exercise, therapy fanning fingers, stretching, hot and cold, paraffin Objective Decreased motion, wrist painful, flexing, gripping L/R 50/60 pound, pain decreased with US
- 12) 07/08/16 PT referred by RS MD Dx L wrist p Sx decreased tenderness, wrist, pleased with PT, functional limitation carrying motion, handling, gripping Rx diminish p 4/10 with US exercise, hot and cold pack, paraffin bath Objective findings Decreased motion wrist pain flexion gripping, L/R 50/60 pound mild tender with resistance diminished p with US, stretching has limited carrying, motion, handling Goal increase grip pain free
- 13) 07/22/16 RS, MD, Board Certified PM&R Report to Claims Adjuster PTP Progress report Continued p L wrist between first and second dorsal compartment, unable to work, concerned with pain as a bus driver, off for the summer Systemic review - N Ex NAD Uppers intact pulses skin temperature normal, no palpable visible swelling, tendons wrist including first and dorsal carpal fully functional, painless with active resistance, no swelling, focal tenderness proximal to radial styloid. Previous x-ray - N Dx Wrist contusion Rx Active treatment pain bony contusion might take some time to resolve concern she cannot return to work until after the summer season Unsure if she can tolerate pain at work If tolerates, full duty Return to bus driving in six weeks
- 14) 07/29/16 B King FNP, PC F/U contusion L wrist, forearm, referred by employer, eval LUE, bus driver afternoon door would not close, attempted manually arm smashed in door reported wrist abrasion over FA, denies numbness, tingling or weakness pain with motion On 04/25/16 F/U C/O p motion L wrist/hand without pain or paresthesia helped with Tylenol and on

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05/02/16 states fully recovered, denies pain, wishes discharge \* On 05/11/16 returned to clinic, reopened claim states fine driving school bus but also has to carry boxes containing supplies into school building and doing this developed at times small bump in her left FA radial aspect 3 5 cm from wrist, and on 07/29/16 follow up seen by Dr Scott, had PT, still c/o p L wrist Systemic review, negative for myalgia, arthralgia and no diffuse bone pain, neurological, psychological intact. No current meds Negative past medical, surgical Hx, smoker, Spanish native language, interpreter present Family Hx Diabetes

Ex BP 130/80, BMI 23, p 8/10 NAD Neck nontender, no pain on motion Hands, no swelling or tenderness or pain on motion, wrist similarly and without weakness FROM, L wrist tender radial aspect painful motion Forearm, elbow, arm, shoulder, no swelling or tenderness or weakness or painful motion, FROM including cervical spine Motor symmetric 5/5, hand and fingers no bruising upper arms Radial aspect L wrist small 3 5 cm area mild tender point, intact circulation and motion, x-rays negative for acute findings Dx L FA crush injury, abrasion Rx Meds F/U with Scott, MD, may change after obtain MRI L wrist, forearm, requires evaluation Rx by R S, MD, physiatrist referral, Rx Meloxicam, Robaxin signed by B King FNP

- 15) 08/01/16 Request authorization by S W /B King MRI, wrist forearm, approved RTW full duty
- 16) 08/04/16 WCAB Application for Claim Adjudication by Law Firm Hidenrott (M R ) with the above employer and claims administrator, DOI Injury to "wrist, upper extremity," filed because of disagreement re TD, reimbursement medical Rx compensation
- 17) 08/12/16 R Raiszadek, MD Initial Ortho Spine Consult DOI 04/22/16 to SISC Spanish interpreter  
45-year-old c/o p L wrist, forearm hand numbness, cracking sound wrist with activity, numbness into fingers, began on 04/22/16, school bus driver for district, alone in bus door would not close, attempted to close mechanically herself lever, without success, after five tries, went down steps, used left hand to pull closed, suddenly door released and closed on left upper wrist Used force to open it without success, used foot, released it a bit only to catch left hand and wrist again on lower part door slammed into L wrist x 2 once on upper second time lower part of L wrist, finally able to use legs to push door open, release with hand from door reported injury same day received 9 PT without relief, medication x-ray, by Scott, MD, noted possibly either old or new Fx, unsure, never injured L wrist, upper extremity or hand before

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PC L wrist p, aching, radiating forearm, numbness, cold sensation palm, L hand into fingers and thumb, increased with carrying objects, reduced with medication, L wrist and arm p 5/10 Employed full time, school bus driver since 06/07, currently working full time, 5 days/week, lifting 30 pounds, constantly bending, frequently reaching above or at shoulder level, occasionally squatting No previous injury LUE Medications Meloxicam, Metocarbamol, Zyrtec, Prilosec, birth control pills Past Hx Cholecystectomy Lives with mother intermittently, otherwise alone Smokes three cigarettes/day since 18 years age Family Hx positive hypertension, cancer and diabetes Systemic review negative Reviewed records Comprehensive UDS for medication management of pain re ACOEM / MTUS/ODG guidelines at least x 2/4 year

Ex NAD, normal mood, affect Skin warm and dry Intact radial pulse LUE, wrist/hand Dorsal plantar L wrist tenderness pain wrist FE, has FROM bilateral wrists, diminished sensation palmar hand, all fingers rest intact Positive Tinel, pain without increasing numbness, tingling L wrist/hand, absent at elbow 5/5 uppers, no motor deficit strength L biceps, triceps wrist flexor extensor interosseous muscles, reflex 2/4 biceps, triceps, BR

Long discussion main issue L wrist p from the above injury, difficulty flexing extending wrist, tender volar radial, need to send to hand surgeon specialist, understands Dx and Rx continue meds regular duty until change or modified by hand surgeon reeval 1 month, regular duty

- 18) 08/17/16 UDS Negative for all drugs tested
- 19) 08/22/16 Request authorization by R R , MD, approved eval L wrist with G N MD
- 20) 09/09/16 R R MD Ortho report to SISC Spanish interpreter Follow up, continues L wrist p, swelling "feels gelatinous," not seen by hand surgeon, feels unsafe to drive bus sometimes goes over bump and has to let the steering wheel go from left wrist pain No new issues Meds Meloxicam, Prilosec Smokes 3 cigs /day/18 years Negative systemic review Reviewed UDS  
Ex NAD LUE tender dorsal volar wrist, slight discoloration, pain L wrist F,E but has FROM, decreased sensation palm, hand fingers rest upper intact, positive Tinel for pain, absent increasing numbness, tingling L wrist or hand, absent elbow 5/5 all muscles, DTRs 2/4 Dx Continued L wrist p post blunt trauma on 04/22/16 no previous neck injury, doubt cervical cause any component pain down L arm and wrist continued L wrist p despite PT Rx Needs to be evaluated by hand surgeon modified duty, no bus driving Request authorization eval by G Mack MD

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- 21) 10/04/16 R R , MD, RTW modified, no driving, lifting over 10 pounds, pushing L hand, use splint, wrist, hand
- 22) 01/25/17 Rx Cyclobenzaprine x 30, acupuncture x 6, by R Stevens, MD, Pain management  
 Hx C/o L wrist p 3/10, 70% relief with meds, Cymbalta, x 1, headache, vomiting all night, had to see general doc, pain "like a nail stabbing in the wrist," without pain medication 8/10, diminished to 3/10 with pain meds, too much motion doing laundry, aggravates L wrist p, brace and medication helps relieve pain, not working, requesting acupuncture denied side effects or drug allergies, requesting refill cyclobenzaprine  
 Ex Strength 5/5, no nail or hair growth changes or mottling or redness or swelling or allodynia, mild decreased temperature L wrist compared to right, tender L second PIPJ, L hand FROM  
 Dx L wrist sprain/strain, chronic pain syndrome Suboptimal pain relief with rest, NSAIDs eval by Mack, MD No surgical intervention recommended, discussion possibly CRPS, minimal Sx, consistent with this, cannot rule out In phase bone scan would be beneficial if suspected EMG/NCV - N Signed narcotic agreement for UDS, consistent with prescribed meds Sx complaints L hand grip strength weakness not found on physical exam, Avoid narcotics working as bus driver, intolerable side effects with Cymbalta, discontinued Request authorization x 6 acupuncture to improve chronic pain and function, begin cyclobenzaprine, consider gabapentin in the future reeval in one month Status by PTP, remain off work.
- 23) 01/30/17 CS , MD, Advanced Pain Associate, request authorization for the above meds, acupuncture x 6, reeval
- 24) \*02/06/17 Acupuncture Rx muscle relaxant no surgery (Handwriting illegible )  
 Diagram posterior neck, posterior left wrist forearm  
 Dx L wrist pain Diagram L forearm, wrist circumferential Stabbing and shooting 6/10 increased with pushing and moving Is stressed, normal gait, occipital headache Left shoulder, elbow wrist and hand +2 tenderness and spasm normal sleep, intact pulses (illegible handwriting )
- 25) \*02/10/17 R R , MD, Re DOI 04/22/16, with Spanish-speaking interpreter  
 Interim Hx same complaints l wrist p volar tender benefited by soft wrist brace, attending Stephens, MD, Pain management Rx Flexeril, referred to start acupuncture for pain control Understands surgery not warranted Medications include B complex, birth control, Naproxen, Prilosec, Flexeril Rx by Stephens, MD Smokes 3 cigarettes/day since 18 years of age Family hx positive

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hypertension, cancer and diabetes Systemic review negative for cardiovascular, genitourinary, respiratory hematologic, and nervous systems

Ex NAD Normal mood and affect, skin warm and dry, no cyanosis or edema LUE wrist, hand exam Tenderness left dorsal volar wrist pain upon wrist F, Ext, with FROM bilaterally, diminished sensation palm hand and all fingers compared to the rest of the upper extremities, Tinel positive for pain, absent but increasing numbness, tingling in L wrist or hand, negative at the elbow Motor 5/5, no motor deficits in all muscles left upper, DTR 2/4

Dx Continued L wrist p post blunt trauma on 04/22/16, no previous injury to neck, doubt cervical causation component of pain L arm or wrist, continued L wrist p despite PT MRI L wrist report focal perforation scapholunate ligament dorsal aspect separated by a cyst, partial subluxation ECU without tenosynovitis Has a significant amount of pain limits left hand, what she can do in lifting heavy objects, feels she is not safe to drive the bus recommend she work with her employer finding a different position would accommodate her restrictions when she is made P&S next month, one more month of acupuncture to determine benefit and alleviate some of her pain or more functional Anticipate P&S in one month and she agrees working with her employer to start a new position within the permanent restrictions Requires modified duty precluding bus driving, lifting more than 10 pounds or pushing with the left hand remains TTD if no modified work is available

Acupuncture dx L wrist p, apparently rx x 2, infrared

- 26) \*02/13/17 Acupuncture (illegible signature and writing) dx of L wrist p, sx diagram upper back and posterior left wrist and hand Acupuncture x 2 and infrared
- 27) \*02/15/17 Acupuncture Dx L wrist p, diagram sx upper back, posterior left arm to fingers Acupuncture
- 28) \*02/21/17 Acupuncture (handwriting illegible) Diagram depicted sx left upper back, posterior left arm to hand Dx L wrist pain Acupuncture x 2 into the infrared
- 29) \*02/23/17 Acupuncture daily progress report, illegible signature, complaint wrist pain (illegible handwriting) diagram depicted in left upper shoulder and posterior arm, forearm and hand. Acupuncture provided
- 30) \*02/27/17 PR-2 from C S MD Dx L wrist sprain/strain, chronic pain syndrome