MEDICAL RECORDS REVIEW — CHRONOLOGICAL NARRATIVE SUMMARY

Patient's Name	John A. Martinez
Date of Birth	03/15/1975
Date of Injury	06/22/2021
Body Parts Claimed/Injured	Lumbar Spine, Left Knee
Type of Appointment	Workers' Compensation – Follow-Up QME Evaluation
Date of Evaluation	05/13/2026
Pages Reviewed	312 pages (excluding duplicates)
Prepared by	Hannah Mendoza, Medical-Legal Records Specialist
Date Prepared	04/28/2026

KEY PROVIDER INDEX & TIMELINE OVERVIEW

- **06/22/2021 – Valley General Hospital (ED):** Initial Industrial Accident Evaluation
- **07/05/2021 – Golden Valley Orthopedic Center (Ortho Surgery):** Initial Specialist Consult & MRIs
- **08/2021 – Left Knee Arthroscopy:** Reported in the 03/10/2026 QME history
- **09/2021 – ClearPath Rehabilitation Center:** Physical Therapy Course
- **01/2026 – Diagnostic Follow-Up:** Repeat Lumbar MRI & EMG/NCS Testing
- **03/10/2026 – Prior QME Report:** Dr. Patricia L. Nguyen, MD

CAUSATION & APPORTIONMENT SUMMARY (PER QME REPORT DATED 03/10/2026)

- **Reported Industrial Injury:** Fall of approximately 8 feet from scaffolding on 06/22/2021.
- **Claimed Body Parts:** Lumbar Spine, Left Knee.
- **Pre-existing / Comorbid Factors:** Mild degenerative disc changes at L4-L5 on the 06/22/2021 X-ray; hypertension (diagnosed 2018, non-industrial). No prior lumbar or knee complaints documented before the date of injury.
- **Causation (per Dr. Nguyen):** L4-L5 disc herniation with left L5 radiculopathy and left knee medial meniscus tear found directly caused by the 06/22/2021 injury; lumbar facet arthropathy found aggravated by it.
- **Apportionment (per Dr. Nguyen):** 100% of permanent disability apportioned to the 06/22/2021 industrial injury.

CHRONOLOGICAL MEDICAL RECORD ENTRIES

06/22/2021 – Emergency Department Report, Valley General Hospital by Daniel R. Okafor, MD, Emergency Medicine

Date of Injury: 06/22/2021

History of Present Illness/Injury: Patient is a 46-year-old male construction worker who presented to the emergency department following a workplace incident in which he fell approximately 8 feet from scaffolding, landing on his left side. He reported immediate onset of severe low back pain and left knee pain. He was alert and oriented upon arrival. No loss of consciousness was reported.

Subjective Complaints: Severe pain in the lumbar region rated 9/10. Left knee pain with inability to bear weight. Patient denied head injury, neck pain, or upper extremity symptoms.

Objective Findings: Lumbar spine: Diffuse tenderness over L4-L5 and L5-S1 paraspinal muscles. Restricted range of motion in all planes. Left knee: Moderate swelling noted, tenderness over medial joint line, positive McMurray's test.

Diagnostic Tests: X-Ray Lumbar Spine (06/22/2021): No acute fracture or dislocation identified. Mild degenerative disc changes at L4-L5. X-Ray Left Knee (06/22/2021): No acute osseous abnormality. Soft tissue swelling present.

Diagnoses: 1. Acute lumbar sprain/strain, L4-L5. 2. Left knee contusion with suspected medial meniscus injury.

Treatment Plan/Recommendations: Patient prescribed NSAIDs and muscle relaxants. Referred to orthopedic surgery and physical therapy. Weight-bearing restrictions for left lower extremity. Follow-up in one week.

Work Status: Temporarily totally disabled. Off work pending orthopedic evaluation.

07/05/2021 – Orthopedic Surgery Consultation, Golden Valley Orthopedic Center by Dr. Robert H. Chang, MD

Date of Injury: 06/22/2021

History of Present Illness/Injury: Patient referred for orthopedic evaluation following workplace fall. He reports persistent lumbar pain and left knee pain since the injury date. He has been non-weight-bearing on the left leg and ambulating with crutches. Physical therapy has not yet commenced.

Subjective Complaints: Lumbar pain rated 7/10, worse with prolonged sitting and any bending or twisting. Left knee pain rated 8/10 with swelling and mechanical clicking. Patient denies radicular symptoms into the lower extremities at this time.

Objective Findings: Lumbar spine: Antalgic gait, limited forward flexion to 30 degrees, positive straight leg raise on the left at 45 degrees. Left knee: Persistent effusion, range of motion 0-95 degrees, positive Lachman's test, positive McMurray's test medially.

Diagnostic Tests: MRI Lumbar Spine without contrast (07/03/2021): Disc herniation at L4-L5 with mild left-sided nerve root impingement. Facet joint arthropathy at L4-L5 and L5-S1. MRI Left Knee without contrast (07/03/2021): Medial meniscus posterior horn tear, grade III signal. Moderate joint effusion. Intact cruciate and collateral ligaments.

Diagnoses: 1. L4-L5 disc herniation with left-sided radiculopathy. 2. Left knee medial meniscus posterior horn tear. 3. Left knee joint effusion.

Treatment Plan/Recommendations: Recommended left knee arthroscopy with medial meniscectomy. Lumbar spine to be managed conservatively with physical therapy and epidural steroid injection. Patient counseled regarding surgical risks and benefits.

Work Status: Temporarily totally disabled. Surgical clearance pending.

09/14/2021, 09/18/2021, 09/23/2021 – Physical Therapy Progress Note, ClearPath Rehabilitation Center

Date of Injury: 06/22/2021

Diagnoses: 1. L4-L5 disc herniation with left-sided radiculopathy. 2. Left knee medial meniscus posterior horn tear. 3. Left knee joint effusion.

Therapeutic Contents: Patient education. Soft Tissue Mobilization Technique. Manual Therapy Technique. E-stim (unattended).

03/10/2026 – Qualified Medical Evaluation Report by Dr. Patricia L. Nguyen, MD – Pain Management & Occupational Medicine

Date of Injury: 06/22/2021

History of Present Illness/Injury: Patient is a 50-year-old male presenting for Qualified Medical Evaluation approximately four years and nine months following his industrial injury of 06/22/2021. He was employed as a construction worker at the time of injury. The patient fell approximately 8 feet from scaffolding, landing on his left side. He reported immediate onset of severe low back pain and left knee pain. He underwent left knee arthroscopy in August 2021 and completed a course of physical therapy and lumbar epidural steroid injections. He reports he has not returned to his prior occupation and is currently performing light administrative duties with the same employer.

Subjective Complaints: Chronic low back pain rated 5/10 at baseline, exacerbated to 8/10 with physical activity. Left knee pain rated 4/10 with prolonged ambulation. Intermittent left lower extremity numbness and tingling. Difficulty with prolonged sitting, standing, bending, and stair climbing. Sleep disruption secondary to pain.

Objective Findings: Lumbar spine: Range of motion – flexion 40 degrees, extension 15 degrees, lateral flexion 20 degrees bilaterally. Positive straight leg raise left at 50 degrees. Paraspinal muscle tenderness L4-S1. Left knee: Range of motion 0-125 degrees. Mild crepitus with flexion. No effusion. Strength 4+/5 quadriceps and hamstrings.

Past Medical History: Hypertension – diagnosed 2018, managed with antihypertensives. No prior lumbar or knee complaints documented prior to date of injury.

Current Medications: Lisinopril 10mg daily. Naproxen 500mg as needed for pain. Cyclobenzaprine 5mg at bedtime as needed.

Diagnostic Tests: MRI Lumbar Spine without contrast (01/15/2026): Progression of disc herniation at L4-L5 with moderate left-sided foraminal stenosis. Increased facet arthropathy L4-L5 and L5-S1 compared to 2021 study. EMG/NCS Left Lower Extremity (01/28/2026): Electrodiagnostic evidence of left L5 radiculopathy.

Diagnoses: 1. Chronic lumbar disc herniation L4-L5 with left L5 radiculopathy – directly caused by industrial injury of 06/22/2021. 2. Left knee medial meniscus tear, post-surgical status – directly caused by industrial injury of 06/22/2021. 3. Lumbar facet arthropathy L4-L5, L5-S1 – aggravated by industrial injury of 06/22/2021. 4. Hypertension – pre-existing, non-industrial.

Treatment Plan/Recommendations: Pain management consultation for consideration of spinal cord stimulator trial. Continuation of home exercise program. Reassessment in 12 months or sooner if condition changes. Patient is not a surgical candidate at this time per neurosurgical opinion.

Work Status: Permanent and stationary. Capable of modified/light duty only. Restrictions: No lifting over 20 lbs, no repetitive bending or twisting, no prolonged standing beyond 30 minutes without rest.

Causation: Causation is due to the subject industrial injury of 06/22/2021.

Apportionment: 100% of the patient's permanent disability is apportioned to the injuries he sustained on 06/22/2021.

Impairment Rating: Whole Person Impairment (WPI) assessed per AMA Guides, 5th Edition:
• Lumbar spine: 13% WPI

• Left knee: 5% WPI

• Combined WPI: 17% using Combined Values Chart.

Disability Status: Permanent partial disability. Patient has reached Maximum Medical Improvement (MMI) as of the date of this evaluation.

Subjective Factors of Disability: Chronic pain affecting sleep, activities of daily living, and occupational function. Patient reports inability to perform prior heavy-duty construction work. Pain-related mood disturbance noted but formal psychiatric evaluation not within scope of this evaluation.

Objective Factors of Disability: Restricted lumbar range of motion. Electrodiagnostically confirmed left L5 radiculopathy. Post-surgical left knee with residual functional limitations. Radiographic evidence of progressive lumbar degenerative changes causally related to industrial injury.

Future Medical Care: Pain management consultation and spinal cord stimulator evaluation. Ongoing prescription medications for pain management. Annual reassessment of lumbar and left knee condition. Physical therapy on an as-needed basis for exacerbations.

— End of Medical Records Review Summary —

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