ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

JOVEN B. AROMIN

[redacted]

October 5, 2026

VIA EMAIL AND [CERTIFIED MAIL / OTHER TRACKABLE DELIVERY]

Board Services Unit Coordinator
California Public Employees' Retirement System
P.O. Box 942701
Sacramento, CA 94229-2701

Email: Board@CalPERS.ca.gov

Re: Petition for Reconsideration - Joven B. Aromin
CalPERS Case No. 2024-0657; OAH No. 2025010666

Dear Board Services Unit Coordinator:

Enclosed for filing is my signed six-page Petition for Reconsideration concerning the Board's September 16, 2026 Decision denying my application for Industrial Disability Retirement.

I respectfully request that the Petition be accepted for the Board's November 18, 2026 agenda. CalPERS's September 21, 2026 transmittal states that the Petition must be received by the Board Services Unit no later than October 16, 2026.

The Petition requests reconsideration based on the medical and functional evidence concerning my right knee and left shoulder and their effect on my ability to perform the sustained physical requirements of my correctional Registered Nurse position. It also addresses the July 15, 2026 revision total-knee arthroplasty, which occurred two days after the July 13 administrative hearing, and the resulting postoperative records as newly available corroborative evidence concerning the right-knee condition already at issue.

The Petition further notes that my documented left-shoulder rotator-cuff pathology remains unresolved and requires further evaluation and treatment. Depending on the treating specialist's assessment and response to treatment, surgical intervention may be considered. I do not represent that additional shoulder surgery is certain or has already been formally recommended.

Please confirm receipt of this Petition and accompanying materials by email or other written confirmation. If any additional filing requirement is necessary for placement on the Board agenda, please notify me promptly.

Thank you for your consideration.

Respectfully submitted,

JOVEN B. AROMIN
Respondent/Applicant, In Pro Per

Enclosures:
1. Petition for Reconsideration (6 pages)
2. Postoperative orthopedic records concerning the July 15, 2026 right-knee revision and follow-up care
3. Updated left-shoulder medical records, if available and included with this submission

BEFORE THE BOARD OF ADMINISTRATION
CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

In the Matter of the Application for Industrial Disability Retirement of
JOVEN B. AROMIN, Respondent

CalPERS Case No. 2024-0657 | OAH No. 2025010666

PETITION FOR RECONSIDERATION

Pursuant to Government Code section 11521, Respondent Joven B. Aromin respectfully petitions the Board of Administration of the California Public Employees' Retirement System (CalPERS) for reconsideration of its September 16, 2026 Decision adopting, with technical changes, the July 24, 2026 Proposed Decision.

Reconsideration is warranted because the Decision does not adequately connect the medical evidence to the sustained physical requirements of Respondent's correctional Registered Nurse (RN) position; gives excessive occupational significance to disputed social-media material; and accepts Dr. Nasser Heyrani's ultimate capacity opinion without adequately reconciling it with objective abnormalities, the actual frequency and endurance requirements of the job, and the documented need for revision total-knee arthroplasty.

I. THE CONTROLLING QUESTION IS SUSTAINED CAPACITY TO PERFORM THE ACTUAL RN DUTIES

The issue is whether Respondent was substantially incapacitated from performing his usual and customary duties. *Mansperger v. Public Employees' Retirement System* (1970) 6 Cal.App.3d 873; Gov. Code, §§ 20026, 21151, 21156.

The Department's Physical Requirements identify constant walking on even and uneven ground; frequent standing, bending, twisting, reaching, pushing, pulling, grasping and carrying up to 50 pounds; and additional running, crawling, kneeling, climbing, squatting and carrying more than 50 pounds. The position also requires rapid emergency response and stair access within a correctional facility.

The relevant question is whether Respondent could safely, reliably and repeatedly perform those duties throughout the required workday and workweek. Isolated movements during an examination, travel, a posed photograph, or brief recreational activity do not by themselves establish sustained occupational capacity.

II. DR. HEYRANI'S OPINION DOES NOT ADEQUATELY ADDRESS ENDURANCE, REPETITION AND THE ACTUAL JOB DEMANDS

Respondent previously stated that Dr. Heyrani's IME lasted approximately 30 minutes. Respondent does not argue that duration alone invalidates an IME. The problem is whether the examination and resulting analysis adequately evaluated prolonged walking and standing, stair use, balance, repeated reaching/pushing/pulling, lifting/carrying, emergency response, pain, fatigue and endurance over the duration required by the RN position.

The Decision records objective findings from Dr. Heyrani's own examination, including reduced left-arm/shoulder range of motion and strength, slightly reduced right-knee range of motion, and right kneecap instability. His supplemental review also acknowledged an infraspinatus tendon tear, moderate glenohumeral osteoarthritis and a subchondral cyst.

The left shoulder remains unresolved and has yet to undergo further evaluation and treatment for the documented rotator-cuff pathology. Depending on the treating specialist's evaluation and response to treatment, surgical intervention may be considered. Respondent does not represent that additional shoulder surgery has already been recommended or is certain.

Those findings require a reasoned occupational nexus to the conclusion that Respondent could perform constant walking, frequent standing and carrying, repeated reaching/pushing/pulling, stairs and emergency-response duties.

III. LEGAL CONCLUSION 7 SHOULD BE RECONSIDERED BECAUSE THE RECORD CONTAINS OBJECTIVE ORTHOPEDIC EVIDENCE

Legal Conclusion 7 states that Respondent did not present competent, objective medical evidence establishing permanent disability or substantial incapacity. Yet the Decision itself describes objective imaging, right-knee arthroscopy, total right-knee replacement, an oversized prosthesis requiring revision, right kneecap instability, reduced right-knee motion, left-shoulder surgery, reduced left-shoulder strength and motion, and abnormal shoulder imaging including rotator-cuff pathology.

Workers' compensation determinations are not dispositive of CalPERS eligibility. The underlying imaging, examinations, treatment history, surgeries and orthopedic observations nevertheless remain medical evidence that must be evaluated under the CalPERS substantial-incapacity standard.

IV. THE JULY 15, 2026 REVISION SURGERY AND CURRENT POSTOPERATIVE SYMPTOMS WARRANT CONSIDERATION

At the July 13, 2026 hearing, the record already reflected that Respondent's prior total-knee prosthesis was too large and that revision surgery was scheduled for July 15, 2026. The surgery occurred two days after the hearing and involved revision of all components of the right total-knee arthroplasty with robotic assistance.

The August 14 postoperative record documents moderate pain and swelling, cane-assisted ambulation, physical therapy, oxycodone and gabapentin use, and intense pain radiating toward the hip with numbness and tingling toward the gluteal region and posterior knee. At the August 28 follow-up, Respondent remained in physical therapy to build right-knee strength and endurance and continued to report right-hip symptoms.

Respondent continues to experience postoperative symptoms, including nerve-type pain, right-hip pain, and pain radiating into the pelvic and low-back regions. These symptoms affect his ongoing recovery and require further medical evaluation and treatment. Respondent presents them as current postoperative symptoms and possible complications, not as a definitive diagnosis of permanent nerve damage, sciatica, lumbar or pelvic pathology, or surgical causation unless established by qualified treating providers.

These postoperative developments are relevant because the revision occurred only two days after the administrative hearing and arose from the same right-knee condition and oversized prosthesis already before the ALJ. The surgery, rehabilitation, continuing symptoms and need for further evaluation corroborate that substantial treatment remained necessary immediately after the hearing.

Respondent is also experiencing emotional and psychological effects associated with prolonged pain, repeated orthopedic treatment, functional limitation and uncertainty concerning further care, and is seeking professional psychiatric evaluation/help. These symptoms are not presented as a new independent basis for the original IDR application.

V. FINDINGS 37 AND 38: THE SOCIAL-MEDIA EVIDENCE REQUIRES ACCURATE FOUNDATION, CHRONOLOGY AND CONTEXT

Findings 37 and 38 place substantial weight on social-media material as evidence of strenuous activity and as support for Dr. Heyrani's opinion. Still photographs near an ATV, kayak, jet ski, surfboard or recreational setting do not necessarily establish that Respondent drove, hiked, rode, surfed, golfed or engaged in sustained exertion.

Respondent disputed the description of the October 11, 2020 Lakers-celebration video as depicting him 'jumping up and down.' The Board should distinguish what an image or video objectively depicts from an investigator's inference.

Respondent previously explained that some images were staged, promotional, reposted, or originated during earlier travel, including material he contends dated to 2016 before the April 2020 injury and was later used for travel-business promotion. A posting date does not necessarily establish the creation date of the underlying event.

Relevant foundation includes when the event occurred; whether material was reposted; whether Respondent actually performed the attributed activity; its duration; assistance/accommodation; and whether a brief activity demonstrates capacity for correctional nursing.

VI. DR. NISHIYAMA'S RECORDS AND GOVERNMENT CODE SECTION 11513 SHOULD BE RECONSIDERED WITH PRECISION

Respondent previously objected to the treatment of Dr. Nishiyama's records concerning the right-knee condition and need for revision total-knee replacement as administrative hearsay. Government Code section 11513 permits hearsay to supplement or explain other evidence, but generally does not permit hearsay standing alone to support a finding unless it would be admissible over objection in a civil action.

Respondent does not contend that every treating record must automatically be accepted for every purpose. To the extent a material medical fact was rejected or discounted solely because evidence was admitted for a limited hearsay purpose, the Board should identify the competent evidentiary basis. The subsequent revision surgery also confirms that the contemplated revision actually proceeded immediately after the hearing.

VII. INTERMITTENT PERSONAL ACTIVITY IS NOT EQUIVALENT TO SUSTAINED CORRECTIONAL-NURSING CAPACITY

An individual may be capable of a short walk, posed photograph, brief recreational event, or travel with accommodations while lacking the endurance, balance, strength, repetition or safety required for constant walking, frequent standing, stair use, lifting/carrying, pushing/pulling and emergency response throughout a workday. The Board should determine whether the social-media material actually contradicts the specific functional limitations relevant to the RN position.

VIII. LONG-TERM STATE RN SERVICE AND RETIREMENT CONTEXT

Respondent has served the State of California as a Registered Nurse since 1998. He worked at Napa State Hospital from approximately 1998 through 2005 under CalPERS and then began service with the California Department of Corrections and Rehabilitation (CDCR) in approximately 2006. At the time of the April 17, 2020 industrial injury, Respondent was working as a Registered Nurse at California Medical Facility.

This lengthy State nursing history is not offered as an independent basis for Industrial Disability Retirement. It provides relevant context concerning Respondent's extensive experience performing State RN duties and his firsthand knowledge of the physical demands of correctional nursing.

Following the April 17, 2020 industrial injury, Respondent did not return to his correctional RN duties and underwent extensive orthopedic treatment, including right-knee procedures, total right-knee arthroplasty, the July 15, 2026 revision arthroplasty, continuing rehabilitation, and treatment and further evaluation of the left-shoulder rotator-cuff condition.

Respondent's transition from active employment to retirement occurred in the context of the industrial injury, prolonged treatment, surgeries, rehabilitation, functional limitations, and the exhaustion or cessation of workers' compensation and Social Security disability benefits. Respondent relies on the medical and functional evidence—not the receipt or exhaustion of those benefits—to establish substantial incapacity under the CalPERS standard.

After more than two decades of State nursing service, Respondent maintains that his documented orthopedic conditions, surgeries, continuing rehabilitation, and resulting functional limitations prevent him from safely and sustainably performing the usual and customary duties of his correctional RN position.

IX. WORKPLACE-INCIDENT AND WILLFUL-MISCONDUCT ALLEGATIONS ARE BACKGROUND, NOT THE PRIMARY GROUND

Respondent previously described the April 17, 2020 workplace water leak and a separate willful-misconduct claim. Those circumstances provide background concerning the industrial injury but do not independently establish substantial incapacity. Reconsideration should remain focused on the medical-functional issue decided by CalPERS.

X. RECONSIDERATION SHOULD ADDRESS THE COMPLETE FUNCTIONAL QUESTION

The record presents a direct conflict between substantial objective orthopedic history and a conclusion of occupational capacity that relied materially on Dr. Heyrani's assessment and disputed social-media interpretations. The completed revision surgery, continuing postoperative symptoms and rehabilitation, unresolved left-shoulder rotator-cuff pathology, and Respondent's long history actually performing State RN duties reinforce the need to examine sustained ability to perform the actual job rather than isolated physical capability.

Reconsideration would permit the Board to: (1) evaluate medical evidence against the actual frequency, duration, endurance and safety requirements of the position; (2) reassess social-media evidence with accurate chronology, foundation and context; (3) reconsider the evidentiary treatment of Dr. Nishiyama's records; and (4) determine the proper weight of the completed July 15 revision and postoperative evidence.

XI. REQUEST FOR RELIEF

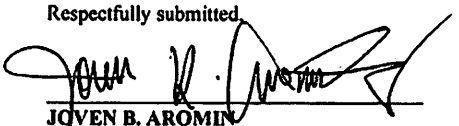
Respondent respectfully requests that the Board grant reconsideration; set aside the denial; conduct or direct a function-by-function evaluation of the right-knee and left-shoulder evidence against the actual RN duties; reevaluate Findings 37 and 38 and Legal Conclusion 7; consider the completed July 15 revision and appropriate postoperative evidence; reconsider the treatment of Dr. Nishiyama's records under Government Code section 11513; and determine that Respondent established substantial incapacity, or alternatively reopen/remand the matter for further proceedings consistent with these issues.

CONCLUSION

The evidence should be evaluated under the statutory occupational standard: whether Respondent could substantially and sustainably perform his usual and customary correctional RN duties. The Decision's acknowledged objective abnormalities, unresolved left-shoulder rotator-cuff pathology, demanding job requirements, disputed social-media foundation, July 15 right-knee revision, continuing postoperative symptoms and treatment, and Respondent's lengthy State RN service warrant reconsideration of the conclusion that Respondent retained sufficient occupational capacity.

Respondent respectfully requests all relief the Board determines appropriate under Government Code section 11521.

Respectfully submitted,



JOVEN B. AROMIN
Respondent, In Pro Per

Date: 10 - 6 - 2026

Authorities: Gov. Code, §§ 20026, 21151, 21156, 11513, 11521; *Mansperger v. Public Employees' Retirement System* (1970) 6 Cal.App.3d 873; *Hosford v. Board of Administration* (1978) 77 Cal.App.3d 854; *Smith v. City of Napa* (2004) 120 Cal.App.4th 194; *English v. Board of Administration* (1983) 148 Cal.App.3d 839.

Proposed supporting materials: July 15, 2026 revision-surgery/postoperative records; August 14 and August 28, 2026 postoperative notes; updated records concerning current hip, nerve-type, pelvic and low-back symptoms if available; and updated left-shoulder specialist records if available.

SUPPLEMENTAL POSTOPERATIVE STATEMENT

In Support of Petition for Reconsideration

CalPERS Case No. 2024-0657 | OAH No. 2025010666

Respondent Joven B. Aromin respectfully supplements the postoperative information identified in his Petition for Reconsideration concerning the July 15, 2026 revision of his right total-knee arthroplasty.

The August 14, 2026 postoperative record already documented significant pain radiating toward the hip with numbness and tingling toward the gluteal region and posterior knee. Respondent continues to experience postoperative symptoms and currently reports nerve-type pain, right-hip pain, and pain radiating into the pelvic and low-back regions. These symptoms are affecting his ongoing recovery and are being evaluated for further treatment.

Respondent presents these matters as current postoperative symptoms and possible complications requiring medical evaluation. He does not ask the Board to assume a definitive diagnosis of permanent nerve damage, sciatica, lumbar pathology, pelvic pathology, or a causal relationship to the revision surgery unless and until such conclusions are established by qualified treating providers.

These developments are relevant because the revision surgery occurred only two days after the July 13, 2026 administrative hearing and arose from the same right-knee condition and oversized prosthesis already before the ALJ. The subsequent surgery, rehabilitation, continuing symptoms, and need for further evaluation corroborate that the right-knee condition remained medically significant and required substantial treatment immediately after the hearing.

Respondent respectfully requests that CalPERS consider appropriate updated medical records concerning these symptoms, together with the July 15 revision and existing postoperative records, in determining whether reconsideration or reopening/remand is warranted.

Date: 10 - 4 - 2026

Joven B. Aromin

JOVEN B. AROMIN
Respondent, In Pro Per

PMS ID	Sex	DOB	Phone	MRN
[redacted]	Male	[redacted]		

Alerts

No allergy to adhesive, no allergy to shellfish/iodine, no ebola risk, headaches, weakness, muscle pain, vomiting, diarrhea, abdominal pain and/or hemorrhage, no pacemaker, no ebola risk, resided or traveled to country with wide-spread ebola transmission in the last 21 days, no west africa, travel or contact, no rheumatoid arthritis, no defibrillator, no blood thinners, no ebola risk, fever >= 100.4 degrees (f) / 38.0 degrees (c), no ebola risk, contact with an ebola patient without proper protective equipment in the last 21 days, no allergy to latex, no rsd, and no premedication prior to procedures

Allergies

Reviewed July 31, 2026.

No known drug allergies

Medications

albuterol sulfate 90 mcg/actuation Inhalation - HFA Aerosol Inhaler
Breyna 160-4.5 mcg/actuation Inhalation - HFA Aerosol Inhaler
Pulmicort Flexhaler 180 mcg/actuation Inhalation - Aerosol Powder, Breath Activated
Acetaminophen Extra Strength 500 mg Oral - tablet
Colace 100 mg Oral - capsule
gabapentin 300 mg Oral - capsule
meloxicam 15 mg Oral - tablet
montelukast 10 mg Oral - tablet
oxycodone-acetaminophen 10 mg Oral - tablet
Frequency: every 8 hours
Indication: R knee pain
Xarelto 10 mg Oral - tablet

Medical History

Reviewed and no changes noted July 31, 2026.

Asthma
H/O: hypertension

Musculoskeletal History

Reviewed and no changes noted July 31, 2026.

Osteoarthritis: Left ankle

Musculoskeletal Family History

Hypertension

Chief Complaints:

1. Right knee post op

HPI: This is a 56 year old male who:

1. is being seen for a chief complaint of Right knee post op. Presents 16 days status post a right total knee arthroplasty revision of all components with robotic assistance performed on 07/15/2026 at Valley Health Specialty Hospital.

   The operative site appears silk mask in tact. Prior bleeding at bottom of incision.

   PAIN LEVEL: mild at rest and moderate with activity

   PAIN MEDS: Gabapentin 300mg and Oxycodone 10mg 3-4x daily

   PHYSICAL THERAPY: Tim Soder 2x weekly

   AMBULATING: cane and ace wrap

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
07/31/26 12:26	Credico, Tia	151/83 SIT					67.0 in	167.0 lbs	26.2	1.9
	FIO2									

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
07/31/26 12:29	Credico, Tia	145/83 SIT					67.0 in		0	0
	FIO2									

* Patient Reported

Exam:

Exam

Exam findings notable for the following:
General appearance: In no acute distress

Skin: Incision healing well without evidence of complication. No surrounding erythema. No induration of skin. No evidence of infection.

Range of motion: near Full extension achieved , approximately 90 degrees of knee flexion

Stable to varus and valgus stress throughout the arc of motion.

Patient denies calf pain, No evidence of DVT. Neurovascular distally.

Tests

Order Plain X-ray/Interpretation

Musculoskeletal Surgery
Diagnostic arthroscopy of shoulder joint: Left shoulder
History of arthroplasty of right knee: January 2023
History of left ankle arthroplasty
Other

Surgical History
Reviewed and no changes noted July 31, 2026
Other

Social History
Reviewed and no changes noted July 31, 2026.
Single Question Alcohol Screening: 0 days
EtOH none
Smoking status - Never smoker

The following images were ordered and obtained:

LOWER EXTREMITY
RIGHT: 3 Views, Knee
Weight-bearing: Yes
Additional Images: RT KNEE: 3V WB- LAT, BILAT- AP, SUN
RIGHT, Initial: Knee, 3 views; CPT 73562

INTERPRETATION(S)
Specific Findings: Revision arthroplasty in overall acceptable positioning without evidence of loosening subsidence or fracture

Impression/Plan:

1. **Aftercare following joint replacement surgery**
   Aftercare following joint replacement surgery (Z47.1)
   Associated diagnosis: Post-op Knee Revision Total Knee Arthroplasty

   Plan: Counseling - Postop Total Knee Replacement.
   Contact office if: there is pus-like drainage, redness, swelling, severe knee pain or tenderness, fever greater than 101 degrees, severe calf pain or calf swelling, or persistent bleeding from the knee.

   Plan: Recommendations.
   The following recommendations were made during the visit:
   Patient presents for 2 week follow up after revision arthroplasty. The incision is clean, dry, and intact and healing very well. There is no drainage, erythema, or signs of infection. Motion is progressing nicely. We have encouraged continued use of TED hose as well as chemo DVT prophylaxis, and to continue with physical therapy exercises to work on strength and range of motion. Patient is progressing well. Reminders were given about signs to be aware of including redness, drainage, increased pain, fevers, calf pain, shortness of breath, or any concern should generate a phone call or a return to see us immediately. Will plan to follow up at 6 weeks post op for next evaluation with radiographs at that time including AP, lateral, merchant and leg alignment films.

   Plan: Prescription Medication Management.
   Plan: Postoperative medication reviewed and discussed with patient.

   Associated with:
   Order Plain X-ray/Interpretation

Follow up in 4 weeks for: Further Evaluation and Management

Staff:

Alysse A Merk, PA-C (Primary Provider)

Taylor Loyd

Nishiyama, Steven DO (Bill Under)

This patient was seen by me while under the supervision of Dr. Steven Nishiyama

Orders: .

Plan: Order Plain X-ray/Interpretation.

Aftercare following joint replacement surgery: .

Plan: Counseling - Postop Total Knee Replacement, Recommendations, and Prescription Medication Management.

Electronically Signed By: Alysse A Merk, PA-C, 07/31/2026 01:05 PM PDT

APPROVE PLAN OF CARE

Orders: .

Plan: Order Plain X-ray/Interpretation.

Aftercare following joint replacement surgery: .

Plan: Counseling - Postop Total Knee Replacement, Recommendations, and Prescription Medication Management.

Electronically Signed By: Steven K Nishiyama, DO, 07/31/2026 03:51 PM PDT

Alerts

No allergy to adhesive, no allergy to shellfish/iodine, no ebola risk: headaches, weakness, muscle pain, vomiting, diarrhea, abdominal pain, and/or hemorrhage, no pacemaker, no ebola risk: resided or traveled to country with wide-spread ebola transmission in the last 21 days, no west africa: travel or contact, no rheumatoid arthritis, no defibrillator, no blood thinners, no ebola risk: fever >= 100.4 degrees (f) / 38.0 degrees (c), no ebola risk: contact with an ebola patient without proper protective equipment in the last 21 days, no allergy to latex, no rad, and no premedication prior to procedures.

Allergies

Reviewed July 31, 2026.

No known drug allergies

Medications

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Colace 100 mg Oral - capsule
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meloxicam 15 mg Oral - tablet
montelukast 10 mg Oral - tablet
oxycodone-acetaminophen 10 mg Oral - tablet
Frequency: every 8 hours
Indication: R knee pain
Xarelto 10 mg Oral - tablet

Medical History

Reviewed July 31, 2026.

Asthma
H/O: hypertension

Musculoskeletal History

Reviewed July 31, 2026.

Osteoarthritis: Left ankle

Musculoskeletal Family History

Hypertension

Musculoskeletal

Chief Complaints:

1. Right knee Post op

HPI: This is a 56 year old male who:

1. is being seen for a chief complaint of Right knee Post op. Presents 30 days status post a right total knee arthroplasty revision of all components with robotic assistance performed on 07/15/2026 at Valley Health Specialty Hospital.

   Patient called yesterday reporting intense pain, radiating to hip along with numbness/ tingling going to the glutes and pack of knee.

   Requesting right hip XR

   The operative site appears healed

   PAIN LEVEL: Moderate at rest and moderate with activity. Patient reports no improvement states the knee has constant moderate pain and swelling.

   PAIN MEDS: Oxycodone and Gabapentin as needed

   PHYSICAL THERAPY: Tim Soder 2x weekly

   AMBULATING: Cane assisted

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/14/26 12:23	Rodriguez, Monica	151/86 SIT					67.0 in	167.0 lbs	26.2	1.9
	FiO2									

* Patient Reported

Exam:

Exam

Exam findings notable for the following:
General appearance: In no acute distress

Skin: Incision healing well without evidence of complication. No surrounding erythema. No induration of skin. No evidence of infection.

Range of motion: near Full extension achieved , approximately 90 degrees of knee flexion

Stable to varus and valgus stress throughout the arc of motion.

Patient denies calf pain, No evidence of DVT. Neurovascular distally.

Tests

Surgery
Diagnostic arthroscopy of shoulder joint: Left shoulder
History of arthroplasty of right knee: January 2023
History of left ankle arthroplasty
Other

Surgical History
Reviewed July 31, 2026.
Other

Social History
Reviewed July 31, 2026.
Single Question Alcohol Screening: 0 days
EtOH none
Smoking status - Never smoker

Order Plain X-ray/Interpretation

The following images were ordered and obtained:

LOWER EXTREMITY
RIGHT: 3 Views, Knee
Weight-bearing: Yes
Additional Images: WB LAT, BILAT- AP, SUN
RIGHT, Initial: Knee, 3 views; CPT 73562

INTERPRETATION(S)
Specific Findings: Revision arthroplasty in overall acceptable positioning without evidence of loosening subsidence or fracture. no Obvious interval change relative to previous radiographs

Impression/Plan:
1. **Aftercare following joint replacement surgery**
   Aftercare following joint replacement surgery (Z47.1)
   Associated diagnosis: Post-op Knee Revision Total Knee Arthroplasty

   Plan: Counseling - Postop Total Knee Replacement.
   Contact office if: there is pus-like drainage, redness, swelling, severe knee pain or tenderness, fever greater than 101 degrees, severe calf pain or calf swelling, or persistent bleeding from the knee.

   Plan: Recommendations.
   The following recommendations were made during the visit:
   Patient presents for 2 week follow up after revision arthroplasty. The incision is clean, dry, and intact and healing very well. There is no drainage, erythema, or signs of infection. Motion is progressing nicely. We have encouraged continued use of TED hose as well as chemo DVT prophylaxis, and to continue with physical therapy exercises to work on strength and range of motion. Patient is progressing well. Reminders were given about signs to be aware of including redness, drainage, increased pain, fevers, calf pain, shortness of breath, or any concern should generate a phone call or a return to see us immediately. Will plan to follow up at 6 weeks post op for next evaluation with radiographs at that time including AP, lateral, merchant and leg alignment films.

   8/14/2026: Patient presents for follow-up now 4 weeks status post revision knee arthroplasty. Incision appears to be healed without sign of infection. No erythema or drainage. Patient ambulating with use of cane, however is able to bear full weight. Patient has good flexion on exam and is working on obtaining full extension. Currently lacking approximately 5 degrees of extension. Overall he states his knee has improved relative to his last visit. Recommend continued physical therapy to further progress range of motion and strength.
   We also discussed wearing a compressive wrap and continuing with his ice. We will refill his oral anti-inflammatory as well as gabapentin as he states he is having some nerve pain to the knee. We will have him follow-up in another 2 weeks time for continued surveillance. Patient will call return to clinic sooner if any problems arise interval.

   Of note: Patient notes experiencing some hip pain and will discuss with his Worker's Comp. adjuster.

   Plan: Prescription Medication Management.
   Plan: Postoperative medication reviewed and discussed with patient.

Associated with:
Order Plain X-ray/Interpretation

Follow up in 2 weeks - 5 minutes

Staff:

Alysse A Merk, PA-C (Primary Provider) (Bill Under)

Angela Manthei, PA-C

Electronically Signed By: Alysse A Merk, PA-C, 08/14/2026 01:42 PM PDT

Aromin, Joven Bernard Sr

PMS ID Sex DOB Phone MRN

[redacted]

Alerts

No allergy to adhesive, no allergy to shellfish/iodine, no ebola risk headaches, weakness, muscle pain, vomiting, diarrhea, abdominal pain, and/or hemorrhage, no pacemaker, no ebola risk, resided or traveled to country with wide-spread ebola transmission in the last 21 days, no west africa travel or contact, no rheumatoid arthritis, no defibrillator, no blood thinners, no ebola risk, fever >= 100.4 degrees (f) / 38.0 degrees (c), no ebola risk, contact with an ebola patient without proper protective equipment in the last 21 days, no allergy to latex, no rsd, and no premedication prior to procedures

Allergies

Reviewed August 28, 2026.
No known drug allergies

Medications

Reviewed and no changes noted August 28, 2026
albuterol sulfate 90 mcg/actuation Inhalation - HFA Aerosol Inhaler
Breyna 160-4.5 mcg/actuation Inhalation - HFA Aerosol Inhaler
Pulmicort Flexhaler 180 mcg/actuation Inhalation - Aerosol Powder, Breath Activated
Acetaminophen Extra Strength 500 mg Oral - tablet
Colace 100 mg Oral - capsule
gabapentin 300 mg Oral - capsule
meloxicam 15 mg Oral - tablet
montelukast 10 mg Oral - tablet
oxycodone-acetaminophen 10 mg Oral - tablet
Frequency: every 8 hours
Indication: R knee pain
Xarelto 10 mg Oral - tablet

Medical History

Reviewed and no changes noted August 28, 2026.
Asthma
H/O: hypertension

Musculoskeletal History

Reviewed and no changes noted August 28, 2026.
Osteoarthritis: Left ankle

Musculoskeletal Family History

Hypertension

Chief Complaints:

1. Right knee post op

HPI: This is a 57 year old male who:

1. is being seen for a chief complaint of Right knee post op. Presents 44 days status post a right total knee arthroplasty revision of all components with robotic assistance performed on 07/15/2026 at Valley Health Specialty Hospital. He notes more pain in his hip.

   The operative site appears to be completely healed and no visible sign of infection

   PAIN LEVEL: Mild at rest and Mild to moderate with activity

   PAIN MEDS: Oxycodone 10mg 3-4 times a day, Meloxicam, acetaminophen, gabapentin

   PHYSICAL THERAPY: 3 times a week, will switch to 2 times a week next week

   AMBULATING: Unassisted

Exam:

Exam

Exam findings notable for the following:
General appearance: In no acute distress

Skin: Incision healing well without evidence of complication. No surrounding erythema. No induration of skin. No evidence of infection.

Range of motion: near Full extension achieved , approximately 90 degrees of knee flexion

Stable to varus and valgus stress throughout the arc of motion.

Patient denies calf pain, No evidence of DVT. Neurovascular distally.

Tests

Order Plain X-ray/Interpretation

The following images were ordered and obtained:

LOWER EXTREMITY
RIGHT: Long-standing, Knee
Weight-bearing: No
RIGHT, Initial: Knee, Long-standing; CPT 77077
Additional Views, Initial: RT KNEE- LONGSTANDING / HIP TO ANKLE X-RAYS

INTERPRETATION(S)
Specific Findings: Radiographs of the right leg, hip to ankle show hardware from knee

Angela Manthei, PA-C (Primary Provider) (Bill Under)
(702) 731-1616 Work
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Warm Springs
8205 West Warm Springs Road
Suite 250
Las Vegas, NV 89113-3645

arthroplasty revision to be in fair position and alignment. No evidence of fracture, subsidence or loosening. No acute osseous abnormalities appreciated.

Impression/Plan:

1. **Aftercare following joint replacement surgery**
   Aftercare following joint replacement surgery (Z47.1)
   Associated diagnosis: Post-op Knee Revision Total Knee Arthroplasty

Plan: Counseling - Postop Total Knee Replacement.
Contact office if: there is pus-like drainage, redness, swelling, severe knee pain or tenderness, fever greater than 101 degrees, severe calf pain or calf swelling, or persistent bleeding from the knee.

Plan: Recommendations.
The following recommendations were made during the visit:
Patient presents for 2 week follow up after revision arthroplasty. The incision is clean, dry, and intact and healing very well. There is no drainage, erythema, or signs of infection. Motion is progressing nicely. We have encouraged continued use of TED hose as well as chemo DVT prophylaxis, and to continue with physical therapy exercises to work on strength and range of motion. Patient is progressing well. Reminders were given about signs to be aware of including redness, drainage, increased pain, fevers, calf pain, shortness of breath, or any concern should generate a phone call or a return to see us immediately. Will plan to follow up at 6 weeks post op for next evaluation with radiographs at that time including AP, lateral, merchant and leg alignment films.

8/14/2026: Patient presents for follow-up now 4 weeks status post revision knee arthroplasty. Incision appears to be healed without sign of infection. No erythema or drainage. Patient ambulating with use of cane, however is able to bear full weight. Patient has good flexion on exam and is working on obtaining full extension. Currently lacking approximately 5 degrees of extension. Overall he states his knee has improved relative to his last visit. Recommend continued physical therapy to further progress range of motion and strength.
We also discussed wearing a compressive wrap and continuing with his ice. We will refill his oral anti-inflammatory as well as gabapentin as he states he is having some nerve pain to the knee. We will have him follow-up in another 2 weeks time for continued surveillance. Patient will call return to clinic sooner if any problems arise interval.

Of note: Patient notes experiencing some hip pain and will discuss with his Worker's Comp. adjuster.

8/28/26: Patient returns to clinic for follow-up regarding his right knee. He continues to improve and notes he is getting stronger with physical therapy. On exam he can tolerate good range of motion of the knee is stable through the arc of motion. Incision is healed without signs of erythema, drainage and there is no evidence of infection. Radiographs reviewed showed hardware in fair position and alignment. For now would like him to continue physical therapy to continue building the strength and endurance of his right knee. We will plan to see him back in another 6 to 8 weeks for continued surveillance.

Again he reports his main issue at this time is his right hip but he does not yet have this approved through his Worker's Compensation case.

Plan: Prescription Medication Management.
Plan: Postoperative medication reviewed and discussed with patient.

Associated with:
Order Plain X-ray/Interpretation

Musculoskeletal Surgery
Diagnostic arthroscopy of shoulder joint: Left shoulder
History of arthroplasty of right knee: January 2023
History of left ankle arthroplasty
Other

Surgical History
Reviewed and no changes noted August 28, 2026.
Other

Social History
Reviewed and no changes noted August 28, 2026.
Single Question Alcohol Screening: 0 days
EtOH none
Smoking status - Never smoker

Follow up in 8 weeks - 5 minutes

Staff:

Angela Manthei, PA-C (Primary Provider) (Bill Under)
Taylor Loyd

Electronically Signed By: Angela Manthei, PA-C, 08/28/2026 02:11 PM PDT

STATE COMPENSATION INSURANCE FUND

May 5, 2026

Godwin Maduka
8828 Mohawk St
Las Vegas NV 89139-7011

Claim Number: 06516888
Employee: Joven Aromin
Tracking#: E000014220384
Date of Injury: 04/17/2020
Adjuster Name: Shawntay Davis

76406111 000003414 00001 00002 06516888

Dear Medical Provider

Your request for medical treatment dated April 30, 2026 for Joven Aromin was received on April 30, 2026 and has been reviewed in accordance with State Fund's Utilization Review Program:

Medical Treatment	Treatment ID	Req Qty.	Auth Qty.	Interval (Freq.)	Per Period	Decision	Decision Date	MTUS Exempt
Orthopedic Evaluation & Treatment of left shoulder RFA 04/30/26 Maduka	E000015010553	1	1			Approved	05/05/2026	
Office Visit, follow up	E000015010554	1	1			Approved	05/05/2026	

Please note: If the treatment decision is *"Referred"*, we are still evaluating the request and you will be notified when a decision has been made. "Interval" in the above column describes number of treatments authorized per period.

For dates of injury occurring on or after January 1, 2018: Emergency treatment services and medical treatment services for accepted body parts or conditions within 30 days following the initial date of injury are authorized under the 30-day exemption without prospective utilization review, outlined in the Labor Code and/or Regulations, including but not limited to LC 4610 and 8 CCR 9792.9.7. The treatment must be provided by: (1) a member of the medical provider network (MPN), (2) a predesignated physician, or (3) by a physician selected by the employer. The requested treatment must be consistent with the medical treatment utilization schedule (MTUS).

Generic substitute of the requested drug is authorized, unless the treating physician has indicated in their own handwriting or otherwise documented "do not substitute," "dispense as written," or that substitution is medically inappropriate, or that a brand name drug is medically necessary.

Heather Roberts Rodriguez
For Shawntay Davis, Claims Representative of this claim
Claims Representative
(707) 624-4917

cc: Michael Ullrich, 333 Hegenberger Rd Ste 751, Oakland, CA 94621
Joven Aromin, [redacted]
Steven Nishiyama, Steven Nishiyama/Desert Orthopedic Center, 8205 W Warm Springs Rd Ste 250, Las Vegas, NV 89113-3646

76406111 000003414 00002 00002 06516888