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FILED
SEP 14 2026
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
Emas

BONDHOLDER KOSHI PADNANI

pkopd@aol.com

855 East Broadway Apt. 5C
Long Beach, New York 11561.

Telephone: (917) 584-8382

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF CALIFORNIA

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|---|---|
| DIABLO GRANDE COMMUNITY FACILITIES DISTRICT NO 1<br><br>Debtor. | Case No. 25-26635 -A -9<br><br>Chapter 9.<br><br>**BONDHOLDER KOSHI PADNANI'S MOTION TO EXTEND TIME TO FILE OBJECTION TO DIABLO GRANDE COMMUNITY FACILITIES DISTRICT NO. 1'S CHAPTER 9 PETITION.** |

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Request for extension of time to file Objection.

I am writing to request an extension of time to file my objection which was due on April 3rd 2026 I apologize for the delay in filing the objection and any inconvenience it may cause to the court and the opposing party the reason for the delay is due to medical issues that have prevented me from completing the necessary tasks within the prescribed timeline I have attached relevant medical documentation such as doctors note and disability statement supporting my claim of being unable to meet the deadline due to medical reasons these documents provide a detailed explanation of my medical condition and the period during which I was unable to fulfill my obligations.

The severity of knee and ankle pain, asthma and anxiety insomnia impaired my cognitive and physical functioning, preventing me from managing daily responsibilities and processing complex information or completing this filing within the prescribed deadline.

Now that my condition has stabilized sufficiently to allow me to function normally I am submitting this objection immediately. I kindly request that you grant a retroactive extension based on these unavoidable medical grounds so that my objection may be considered on its merits.

Thank you for your time, understanding, and consideration of this request

Sincerely,

Koshi Padnani.
855 East Broadway apartment 5c Long Beach New York 11561
email address pkopd@aol.com

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Koshi Padnani

**NEW YORK ALL-PURPOSE ACKNOWLEDGMENT**
**REAL PROPERTY LAW §309-a**

State of New York
County of Nassau } ss.

On the 10th *Day* day of September *Month* in the year 2026 *Year* before me,
the undersigned personally appeared Koshi Padhani *Name of Signer*,
(and N/A *Name of Additional Signer, if Any*,) personally known to me or
proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

~~Signature of Notary Public~~
Notary Public — State of New York

Place Seal Below OR Complete Lines Below

JOSE G JARA
Notary Public - State of New York
NO. 01JA6244710
Qualified in Nassau County
My Commission Expires Jul 11, 2027

*Name of Notary*

*Name of County in Which Originally Qualified*

*Commission Expiration Date*

*Name of County in Which Certificate of Official Character Filed (if required)*

**OPTIONAL**

*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: Letter

Document Date: N/A Number of Pages: 1

Signer(s) Other Than Named Above: N/A

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**Reason For Visit**

KOSHI PADNANI is being seen for a follow-up pain management visit.

**History of Present Illness**

10/13/2025: Was supposed to have Genicular nerve block but was denied bc didn't have referral from the orthopedist. Now she has the referral. Uses lidocaine patch, diclofenac gel, ice PRN

Initial HPI 12/20/2024:
WC 6/7/07 Internal Medicine Physician - lab coat got coat against chair and fell forward and twisted
Pain had knee replacement with Dr. Gerber on 10/30/124 and has been having left medial knee pain and posterior knee pain described as a sharp shooting stabbing pain. Taking Mobic 15 mg daily with no relief. Pt interested in Genicular nerve blocks.

Conservative Care: has been doing PT
Pain Medications: Mobic PRN
Past Injections: none
Spine surgery: none
Blood thinners: none

**Injury Details:**
Location of Problem:. lt knee.
Cause of Accident/Injury: work related.
Date of Accident/Injury: 6/7/07.
On a scale of 0-10, patient rated 7 for pain when active.
On a scale of 0-10, patient rated 5 for pain at rest.
Pain Quality: dull/aching, sharp, shooting.
Pain is Radiating: yes. LT KNEE
Pain is constant.
Pain affects the following activities: household chores, leisure, sleep, social interactions.
Pain improves with: Nothing helps with pain getting better.
Pain worsen with: standing, walking, exercising, stairs, lying in bed.
Patient needs support to ambulate: no.
Patient has had surgery for this problem in the past: no.
Patient has had physical therapy for this in the past: yes.
Patient has completed studies for this problem? yes.
Completed Test/Imaging Studies: LT KNEE MRI.

**Surgical History**

History of Cesarean section
History of Knee arthroscopy

**Current Meds**

Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Inhalation Aerosol Solution
Calcitonin (Salmon) 200 UNIT/ACT Nasal Solution; INSERT 1 SQUIRT IN ONE NOSTRIL EVERY DAY, ALTERNATING EACH NOSTRIL
Cromolyn Sodium Powder
Diclofenac Sodium 1 % External Gel; Apply sparingly to affected area twice a day
Diclofenac Sodium 3 % External Gel; APPLY SPARINGLY TO THE AFFECTED AREA(S) TWICE DAILY
Etodolac 200 MG Oral Capsule; 1 TAB PO Q 6-8 PRN SEVERE PAIN WITH FOOD
Gabapentin 300 MG Oral Capsule; TAKE 1 CAPSULE 3 TIMES DAILY
Meloxicam 15 MG Oral Tablet; Take 1 tablet daily
methylPREDNISolone 4 MG Oral Tablet Therapy Pack; TAKE 4 MG As Directed
Naloxone HCl - 0.4 MG/ML Injection Solution Prefilled Syringe; USE AS DIRECTED
Naloxone HCl - 4 MG/0.1ML Nasal Liquid; USE AS DIRECTED
Naloxone HCl - 4 MG/0.1ML Nasal Liquid; USE AS DIRECTED
oxyCODONE HCl - 10 MG Oral Tablet; 1 tab q 6 to 8 hours PRN FOR SEVERE PAIN ONLY MDD:3 tabs
oxyCODONE HCl - 5 MG Oral Tablet; 1 tab every 4-6 hours as needed for pain MDD:5 tabs

**Allergies**

Hyaluronic Acid CAPS

**Review of Systems**

Constitutional, Eyes, ENT, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Integumentary, Neurological, Psychiatric, Endocrine and Heme/Lymph review of systems are otherwise negative except as noted in HPI.

**Vitals**

**Vital Signs**

| | Recorded: 13-Oct-2025 01:07 pm |
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# Health Record from FollowMyHealth®

**From:** FollowMyHealth <noreply@followmyhealth.com>
**To:** pkopd@aol.com
**Date:** Jan 12, 2026, 2:55 AM

Name: KOSHI Padnani
Date of Birth: 15-Aug-1955
Gender Identity: Female

## Documents

1/6/2026Ayal Segal, MD - Portal Note

### Reason For Visit

KOSHI PADNANI is a 70 year old female being seen for a follow-up visit for. This visit is related to worker's compensation. Date of Injury: 6/7/2007 retired. Left TKR 10/30/2024.

### History of Present Illness

### History of Present Illness

Patient is a 70-year-old female who presents today for an evaluation regarding her left knee. Patient is status post left total knee replacement performed on October 30, 2024 by Dr. Gerber. She states that following her knee replacement she did fairly well but always had a feeling of stiffness with a lack of extension. She did follow-up with Dr. Gerber following the surgery numerous times. I was offered a manipulation under anesthesia. This was approved before receiving the manipulation. She decided to seek a second opinion. She did present to the office and it was discussed that she did have an extension lag as well as stiffness within her knee. She was advised to try physical therapy and continuing strengthening exercises at home. This was to include and improve her range of motion but particularly for improvement and strengthening of her extensor mechanism. She states that this has been for several months and although she does feel a little more stable. She does have a lack of extension with active range of motion. She states that due to this she feels discomfort weakness stiffness and a feeling of buckling at times. She also states that she must use a cane when ambulating due to the uncertainty when walking. And still has discomfort which is worse at night. She states that she has tried all conservative measures including anti-inflammatories and pain medications. Along with topical diclofenac gel and lidocaine with no relief. Currently she is on meloxicam. She presents today for an evaluation regarding her left knee. As this is a Worker's Compensation case which began on June 7, 2007. The board has asked for a percentage of loss. And is therefore here to discuss further medical options and her required

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approval for a manipulation. This is noted during passive but mostly during active range of motion. She also presents with a weakness with muscle atrophy and the feeling of instability during ambulation and muscles ambulate with the use of a cane. According to the New York State guidelines she does have a percentage of loss which is permanent according to the New York State guidelines. According to table 7.5 on page 44. The patient did have a total knee replacement which is equivalent to 35% schedule of loss. However due to her range of motion. The outcome matched the column of being considered poor (C). When assessing the overall grade it is considered poor due to the fact that she has an extension lag during active range of motion of 30 degrees which is greater then 20 degrees in the guidelines. This would add an additional 30% to her schedule. When measuring the stability she does have a stable joint therefore not any additional percentage. And the buckling is mostly due to to the muscle atrophy and lack of range of motion. When measuring the muscle atrophy it is an additional 5% as the guidelines on table 7.5 reads 1.5 to 2.5 inches of muscle atrophy adds an additional 5%. So according to the New York State guidelines on table 7.5 on page 44. It is come to the conclusion that she has a total schedule loss of 70/%. This is based on the 35% due to her surgery and the additional 30% due to the poor outcome of her range of motion and additional 5% due to her muscle atrophy. It was explained to the patient that she should continue with her exercise program to hopefully regain more strength but also to improve her range of motion. She is advised to continue with ice packs/moist heat and to continue with anti-inflammatories/pain medications as needed. Currently the patient is not working as she is unable to return back to work as she is still disabled. It is recommended that she follow with this office accordingly in the next 2 to 3 months for reevaluation and to discuss further medical management.

35 minutes were spent, face to face, in direct consultation with the patient. This includes reviewing the natural history of their Dx., eliciting the history, performing an orthopedic exam, review of the x-ray findings, forming a differential Dx and discussing all treatment options. This Includes both surgical and non-surgical treatments. I also reviewed all the risks and benefits of non-operative & operative Tx options, future impact into orthopedic functions/problems, activity restrictions both at home and at work, and all follow up requirements.

**Assessment**

Postoperative stiffness of total knee replacement (996.77) (T84.89XA,M25.669,Z96.659)

Status post total left knee replacement (V43.65) (Z96.652)

**Plan**

**Status post total left knee replacement**

Xray Knee 3 Views, Left; Status:Complete; Done: 06-Jan-2026

Electronically signed by : WILLIAM SZABO, PA; Jan 10 2026 10:43AM Eastern Standard Time (Author)
Electronically signed by : AYAL SEGAL, MD; Jan 10 2026 11:15AM Eastern Standard Time (Author)

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