

# Exhibit 15



**AMBULATORY SURGERY CENTER OF STOCKTON**

2388 N. California Street

Stockton, CA 95204

Tel: (209) 944-9100 Fax: (209) 944-9307

**OPERATIVE REPORT**

**PATIENT NAME:** ANDERSON, TIFFANY      **MR #:** 15267

**SURGEON:** GARY MURATA, M.D.      **DATE:** 11/28/2011

**PREOPERATIVE DIAGNOSIS:**

Internal derangement with lateral meniscus tear.

**POSTOPERATIVE DIAGNOSES:** Complex recurrent tear of lateral meniscus involving the mid and anterior horns.

A small area of unstable chondromalacia of medial femoral condyle.

**PROCEDURES PERFORMED:** Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.

Chondroplasty of the medial condyle, separate compartment, CPT code 29877.

**FINDINGS:** Complex recurrent tear of lateral meniscus involving the mid and anterior horns.

A small area of unstable chondromalacia of medial femoral condyle.

**INDICATIONS FOR THE PROCEDURE:** Severe pain and locking about the right knee.

**DESCRIPTION OF THE PROCEDURE:** The patient was brought to the Operating Room. The patient was placed under general anesthesia. The right lower extremity was examined under anesthesia. There was noted to be 5 degrees of hyperextension, which matched the opposite knee. Stable ligament. Skin intact over the right knee. Good flexion to 130 degrees. There was no effusion present. The right lower extremity was then sterilely prepped and draped.

A surgical timeout was performed. Anterior portals were used through the old incisions. The patellofemoral joint was seen. Patella and trochlea were normal. Articular cartilage was completely intact. Medial femoral condyle was probed. There was a small area of unstable chondromalacia grade I to II along the central medial portion of medial femoral condyle, which was debrided with a shaver. This articulated with the tibia at 40 degrees of flexion. There was also a 2 cm diameter area of fibrocartilage in the area of prior microfracture technique with stable articular cartilage. The medial meniscus was probed and felt to be normal. No chondromalacia was seen about the medial tibial plateau.



The intercondylar notch was seen. Anterior cruciate ligament was normal. The lateral meniscus was probed. There was a radi tear as well as horizontal cleavage tear of the mid and anterior horns of the lateral meniscus. I resected 10% of the meniscus leaving a stable rim. No chondromalacia was noted about the lateral femoral condyle over the lateral plateau.

Posterior medial recess and popliteal recesses were normal. The knee was irrigated and drained. A 5 cc of 0.5% Marcaine with epinephrine was injected intraarticularly. Portal sites were also infiltrated with Marcaine and epinephrine. Sterile dressing and Ace bandage was applied to the right lower extremity. Portal sites were closed with 4-0 nylon sutures. Sterile dressing and Ace bandage was applied to the right lower extremity. No complications occurred. Sponge and needle counts were correct. Estimated blood loss was minimal.

X

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GARY MURATA, M.D.

JOB #: 49354

GM: TAQ/AKR

DD: 11/28/2011 09:29:00

DT: 11/29/2011 01:55:15



7759 South Airport Way  
Stockton, CA 95206-3918  
Telephone (209) 982-4675  
Facsimile (209) 982-0120

**San Joaquin County  
Mosquito & Vector  
Control District**

# Memo

**To:** Eddie Lucchesi, Robert Durham, Morgan Bennett, Janine Esau,  
Steve Azevedo, Keith Nienhuis, John Vignolo, Tiffany Anderson,  
Mary Iverson, Larry Fraser, Richard Capuccini

**From:** John R. Stroh

**CC:** File

**Date:** July 28, 2010 .

**Re:** Interview with defense counsel in the matter of Meidinger v. San  
Joaquin County MVCD, EAMS Case Number ADJ486529

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You are requested to participate in an interview with the defense counsel in the matter of Meidinger v. San Joaquin County MVCD, EAMS Case Number ADJ486529.

The interview is scheduled for August 12, 2010, 1:00 p.m. in the office of Eric Helphrey of Stockwell, Harris, Woolverton & Muehl, 1545 River Park Drive, Suite 330, Sacramento, CA 95815.

Each interview will last approximately 20 minutes. The District will provide you with transportation to and from the interview.

Do not hesitate to contact me if you have any questions or need additional information.



Records of. . . : ANDERSON, TIFFANY  
Defendant . . . : SAN JOAQUIN COUNTY MOSQUITO & VCD  
Client/Insured: STOCKWELL, HARRIS, WOOLVERTON & MUEHL  
File Number . . : /VE0700184  
Case Number . . : ADJ7004221

ID# INFO: [B29078C]  
C50913



Location ..... : B 2 9 0 7 8 C  
KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAME  
6600, BRUCEVILLE ROAD  
SACRAMENTO, CA 95823

Record Types. : ANR  
Deliver To. . . : TIFFANY ANDERSON/IN PRO PER  
Attention . . . : TIFFANY ANDERSON/IN PRO PE  
2 NORTH AVENA AVENUE  
LODI, CA 95240

Deposition Date : Office Responsible for Delivery  
24 OCT 2011 Rt#:561/Modesto (CA 93722)

Customer A/c#  
128251

Note (s)

Dear Valued Client;

Please accept this as confirmation that the above location has advised they have none of the requested items, as indicated on the attached Certificate of No Records. Along with our verification process, the location has confirmed that they executed a full and complete search with the information provided. The signed document is attached for your review.

Should additional information become available which indicates records exist, or should you have any questions or concerns, please contact our office and it would be our pleasure to continue our efforts.

Thank You,

Compex Customer Service  
Telephone: 1-800-4COMPEX  
Email: cservice@compexlegal.com



## DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ7004221

STATE OF CALIFORNIA, County of SAN JOAQUIN

The undersigned states:

That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the subpoena duces tecum. That KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAMENTO has in his/her possession or under his/her control the documents described on the subpoena.

That said documents are material to the issues involved in the case for the following reasons:

*These records may contain information that will help in the resolution of this claim.*

## Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by dependent(s) of the decedent. (Check box if applicable and part of the declaration below. See instruction on Subpoena.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 21, 2011, at Torrance, CA 90503

STOCKWELL, HARRIS,  
[S] WOOLVERTON &  
Signature MUEHL

1545 RIVER PARK DR, SUITE 330  
SACRAMENTO, CA 95815  
Address

916-924-1862  
Telephone

## DECLARATION OF SERVICE

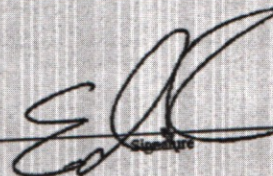
STATE OF CALIFORNIA, County of SAN JOAQUIN

I, the undersigned, state that: I served the foregoing subpoena by delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

<u>Name of person served</u>	<u>Date of service</u>	<u>Place</u>	<u>Phone</u>
YVETTE SOLANO	9/28/2011	KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAMENTO	916-525-6950

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 28, 2011, at Torrance, CA 90503







# COMPEX

Legal Services, Inc.

ORDER NUMBER: 050913-C Depo Date: \_\_\_\_\_ N/A ☐

*Records can only be verified by a Compex employee that has completed verification training and is certified to do so.*

## Records/CNR Verification by Operations:

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

## Production/QA Verification:

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

### Operations Checklist

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

PATIENT NAME  
PATIENT AKA  
DATE OF BIRTH  
SOCIAL SECURITY NUMBER  
LOCATION NAME  
CUSTODIAN'S SIGNATURE  
REASON FOR NO RECORDS

### CLAUSE RESTRICTIONS:

SPECIFIC/LIMITED DATE RANGE  
SPECIFIC/LIMITED BODY PARTS  
TREATING PHYSICIAN  
CLAIM/POLICY NUMBER

OTHER \_\_\_\_\_

(Please specify the other verification method)

### Production Intake



Missing Records: ☐ Medical ☐ Billing ☐ X-Rays ☐ Affidavit ☐ Other \_\_\_\_\_

Created Check-On: ☐ Yes ☐ No (If No, specify reason) \_\_\_\_\_

### CNR Rejected (specify reason for rejection)

☐ Billing loc only ☐ Med recs not yet provided ☐ Recs at diff loc  
☐ Loc needs more info and attempted to obtain info from other recs rcvd  
☐ Incomplete CNR: \_\_\_\_\_

Notes/Comments:

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**AMBULATORY SURGERY CENTER OF STOCKTON**

2388 N. California Street

Stockton, CA 95204

Tel: (209) 944-9100 Fax: (209) 944-9307

**OPERATIVE REPORT**

**PATIENT NAME:** ANDERSON, TIFFANY

**MR #:** 15267

**SURGEON:** GARY MURATA, M.D.

**DATE:** 09/22/2008

The intercondylar notch was seen. The popliteus recess appeared to be normal. Posteromedial recess was also normal. The knee was irrigated and drained. A 20 cc of 0.25% Marcaine with 5 mg of Duramorph was injected intra-articularly. The portal sites were closed with 4-0 nylon sutures. Sterile dressing and Ace wrap was applied to the left lower extremity. No complications occurred. Sponge and needle counts were correct. Estimated blood loss was minimal. The patient was awakened and taken to the recovery room in stable condition.

X

GARY MURATA, M.D.

**JOB #:** 62072

**GM:** AAP/AKR

**DD:** 09/22/2008

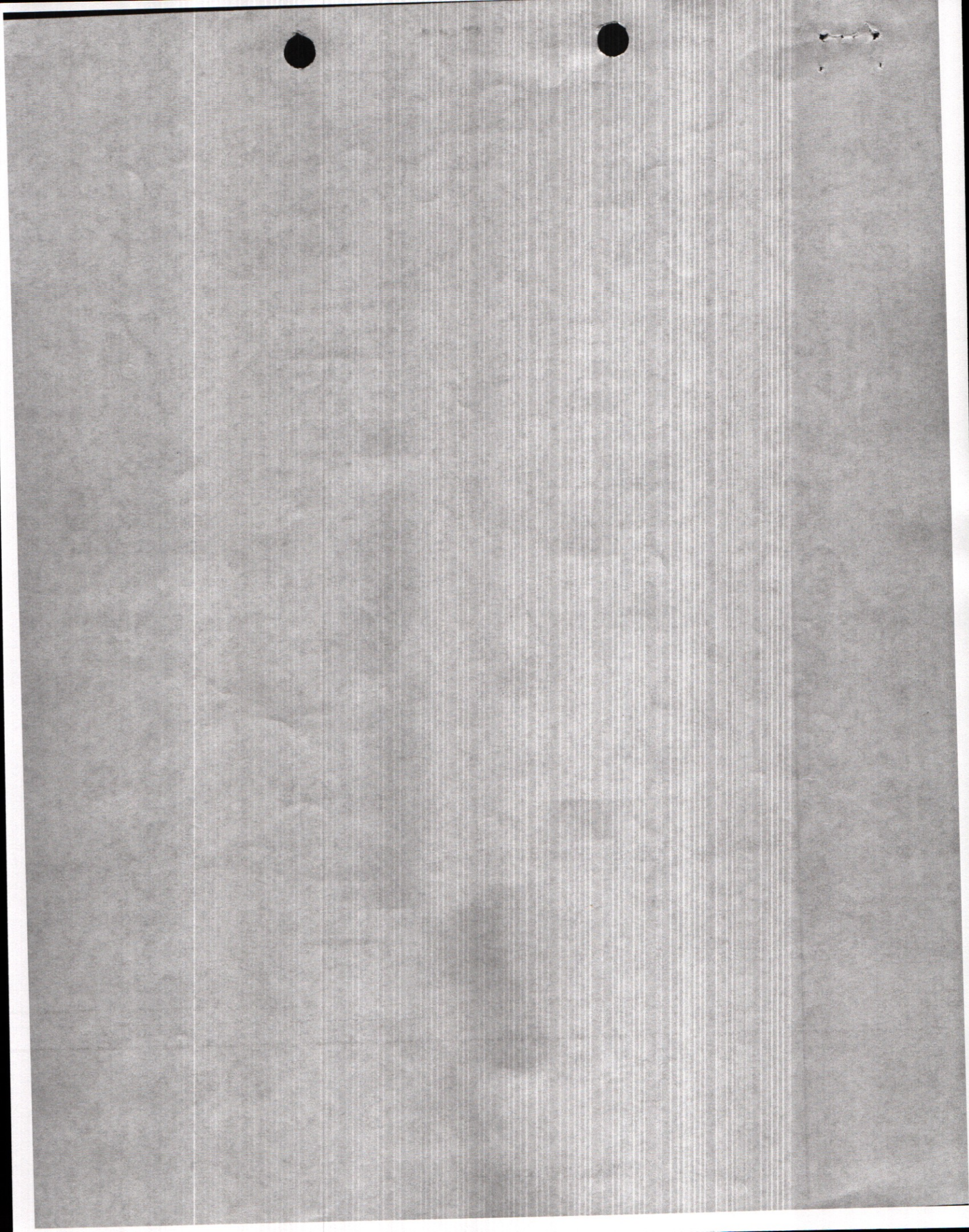
**DT:** 09/23/2008

RECEIVED

OCT 14 2008

AMB-01010







## Weather History for Stockton, CA

Thursday, March 12, 2009

Thursday, March 12, 2009

*Formalin*

« Previous Day

March

12

2009

View

Next Day »

Daily

Weekly

Monthly

Custom

	Actual	Average	Record
Temperature			
Mean Temperature	51 °F	-	
Max Temperature	66 °F	66 °F	80 °F (2007)
Min Temperature	36 °F	43 °F	29 °F (1950)
Degree Days			
Heating Degree Days	14	11	
Month to date heating degree days	176	137	
Since 1 July heating degree days	2083	2199	
Cooling Degree Days	0	0	
Month to date cooling degree days	0	0	
Year to date cooling degree days	0	0	
Growing Degree Days	2 (Base 50)		
Moisture			
Dew Point	40 °F		
Average Humidity	66		
Maximum Humidity	92		
Minimum Humidity	40		
Precipitation			
Precipitation	0.00 in	0.08 in	1.42 in (1965)
Month to date precipitation	0.72	0.95	
Year to date precipitation	5.44	6.23	
Since 1 July precipitation	8.05	11.26	
Snow			
Snow	0.00 in	-	- 0
Month to date snowfall	0.0		
Since 1 July snowfall	0.0		
Snow Depth	0.00 in		
Sea Level Pressure			
Sea Level Pressure	30.08 in		
Wind			
Wind Speed	5 mph (WNW)		
Max Wind Speed	14 mph		
Max Gust Speed	18 mph		
Visibility	10 miles		
Events			

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary



**The Permanente Medical Group, Inc.**

**MEDF**

**7373 West Lane**

**Stockton CA 95210-3377**

**Main: 476-2000X0000**

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**VISIT VERIFICATION - MEDICINE**

Date: October 24, 2011

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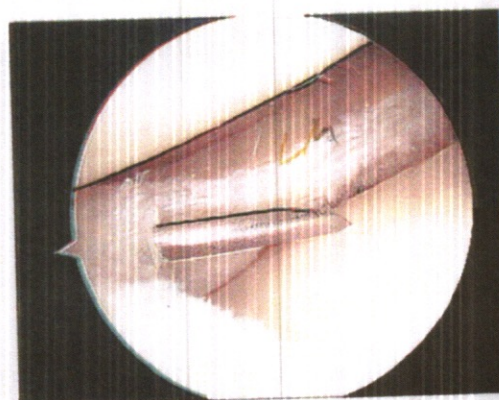
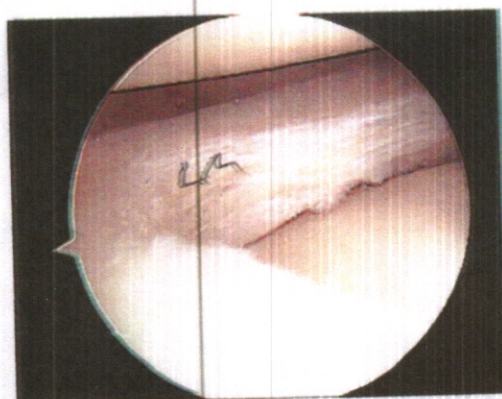
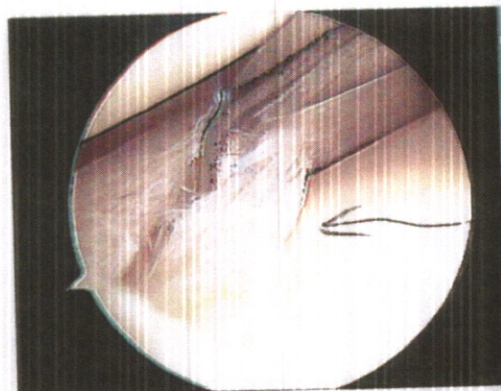
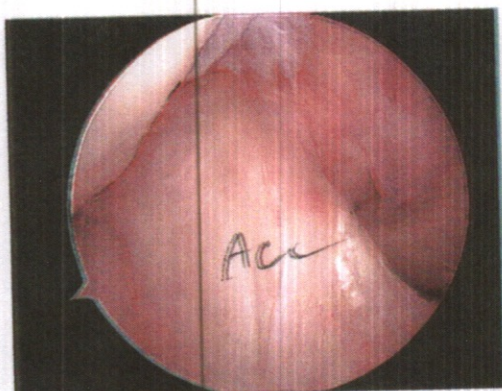
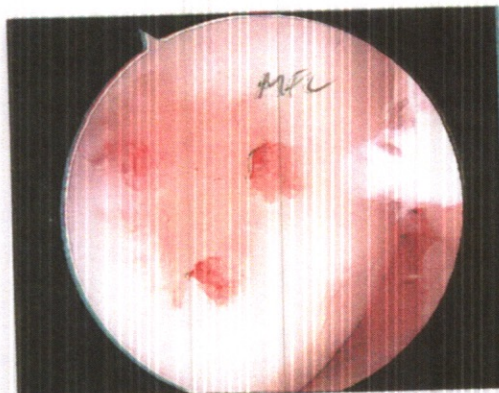
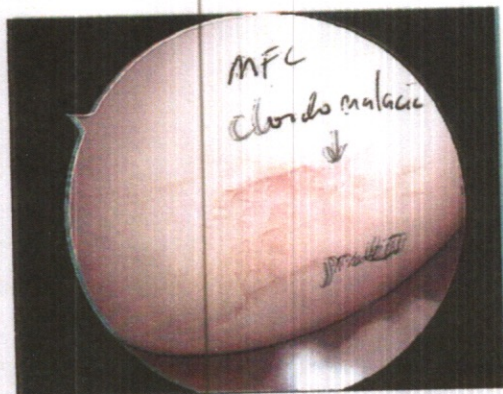
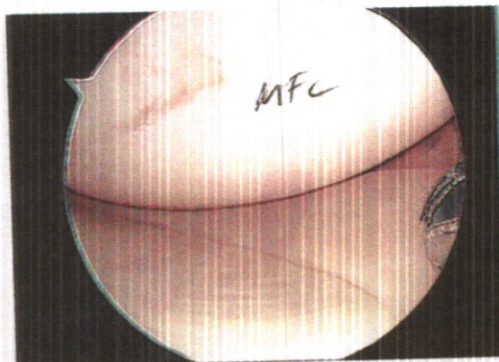
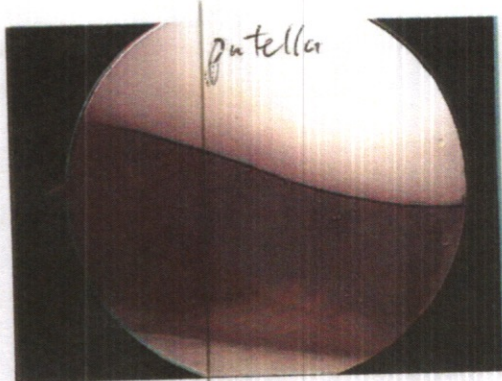
Tiffany K Anderson was seen in the Medicine Clinic on 10/24/2011.

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SIGNATURE AND TITLE

*Hymavathy Jasti*  
HYMAVATHY JASTI MD





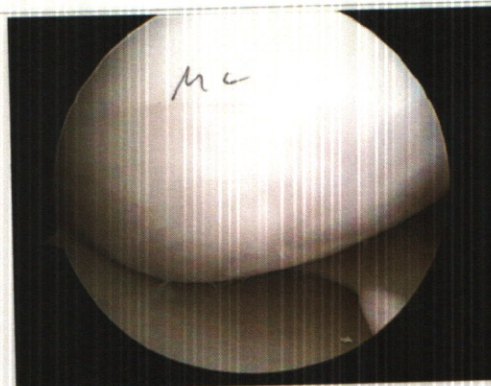
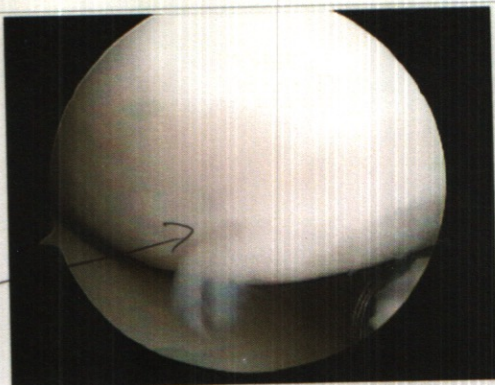
03/08/2010

Procedure: RIGHT KNEE ARTHROSCOPY

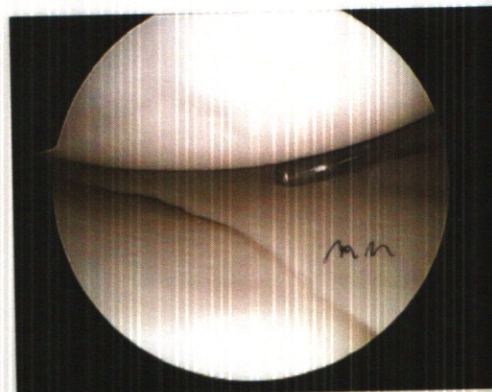
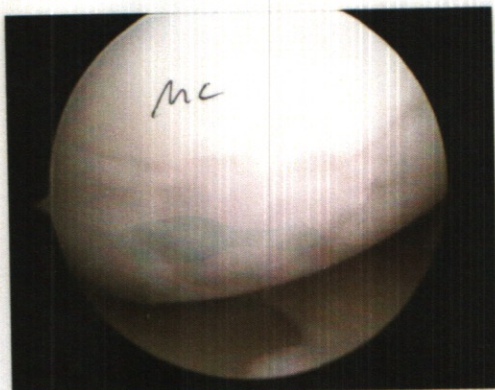
Patient: ANDERSON, TIFFANY 15267



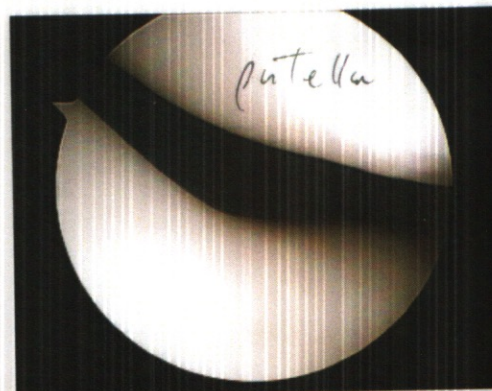
medial  
condyle  
(mc)  
chondro-  
malacia



after

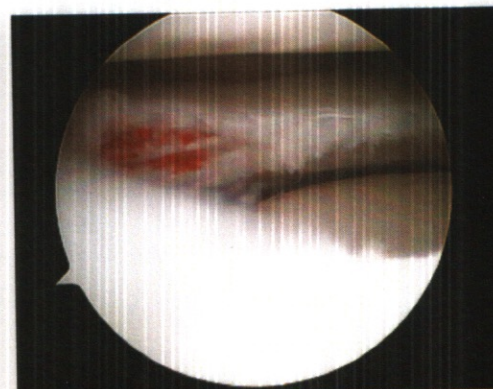
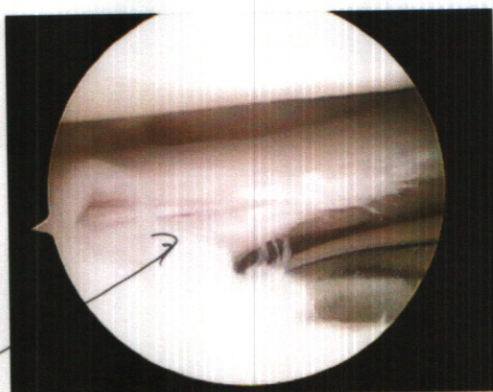


medial  
meniscus  
(mm)



patella

lateral  
meniscus  
(LM)  
tear



LM  
after



PATIENT'S NAME:

*Wenderson*

DAILY NOTE

\* Recognized  
bruise 10/28/11  
not documented

DATE:

10-28-11

Visit #:

2, 3

Patient Reported Status (Today and Overall):

*R knee has been feeling pretty good, but did not do heavy work today. Bruising gone.*

In Eck report of Brian Humes accident report

Objective/Treatment:

☒ E-Stim. To *R knee*

☐ Initial Evaluation / Re-evaluation Completed Time:

Type *IR*

Time *15'*

☐ Ultrasound/Phonophoresis to

Cont. / Pulsed

%

x

min. @

W/cm<sup>2</sup>

☐ Traction: Cervical/Lumbar

Cont/Inter. @

lb. x

min. (on

/off

)

☐ Hot Pack to:

x *15'* min.

☒ Cold Pack to: *R knee*

x *15'* min.

*FROM R knee 0-135°*

☐ Aquatic Therapy, see flow sheet. x

min.

☒ Therapeutic Exercise/Activity,

see flow sheet. x *15'* min.

☒ Manual Therapy Technique x *10'* min.:

☐ HEP issued:

☐ Case Conference with PTA

*STM Res Answr  
2nd ADD MM*

☐ Other, describe:

Patients Response To Treatment/ Patient Needs:

*PN NOT Fd to TB squat; tender at R pes anserine  
c DSM. 1 d pn & straight leg knee drop into  
hyperextension. ↓ swelling along med knee joint,  
but no Δ c post op swelling.*

Rational For Skilled Care:

*Please see prior chart note.*

Plan:

☒ Progress per treatment plan

☐ Re-evaluate

☐ Discharge

Therapist:

*P Barnes*

P.T.A.:

☐ Monty Merrill PT

☒ Brijpal Pataria PT

☒ Piper Barnes PT

☐ Renee Mercado PT

☐ Lauri Merrill PT

☐ Danielle Sartori PT

☐ Fatema Ghani PT

RX: 9.26.11

F & D: 2x4

AUTH: *8*

EXP:



**The Permanente Medical Group, Inc**  
Medical Secretaries/Release of Information  
6600 Bruceville Road  
Sacramento, CA 95823  
916-525-6940

Name: **TIFFANY K ANDERSON**  
MR#: 110007897964

**AFFIDAVIT OF CUSTODIAN OF  
MEDICAL RECORDS**

Says as follows:

- 1) That Affiant is a duly authorized Custodian of Medical Records for Kaiser Foundation Hospital and/or The Permanente Medical Group, Inc. SACRAMENTO and has the authority to certify said records, and
- 2) That the copy or original of the Medical Records attached to this Affidavit is a true copy of all records described in the subpoena duces tecum which by law are permitted to be disclosed, and
- 3) That the copy or original of the Medical Records attached to this Affidavit is a true copy of all records dated within the last seven years. If upon reviewing the records provided, it has been found that additional records are needed prior to the last seven years, please contact our office immediately; and
- 4) That the records contained herein are (Hospital, Emergency Department, Physician Office, Laboratory and Radiology ) in ( Hybrid ) format for **TIFFANY K ANDERSON**
- 5) Pursuant to state and federal law, records which contain information pertaining to the treatment of psychiatric, chemical dependency, and HIV testing are subject to strict confidentiality and may not be disclosed in response to a routine subpoena. Such material may be obtained only upon a special court order or specific written authorization that meets federal or state guidelines. If you believe the patient's chart included such information, please request these records by special court order or by providing us with the proper authorization.

As custodian of these records, the following steps were taken to prepare said records in response to the above-described Subpoena Duces Tecum:

As of the below date no records exist for this patient at: Kaiser South Sacramento Medical Center

- 6) I, Rachel M. Alejo, declare under penalty of perjury that the foregoing is true and correct, to the best of my knowledge.

*Rachel M. Alejo*  
Signature of Affiant

09/28/11

Date: 9/28/11

Electronic Records: N/A

Outpatient Volumes: N/A

Inpatient Volumes: N/A

Psychiatric Volumes: N/A



Tiffany Anderson  
2 north Avevna Avenue  
Lodi CA 95240



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

Case No. **ADJ486529**

OF APPLICATION HAS WHEN FILED, CASE NUMBER  
MUST BE INDICATED REGARDING OF DATE OF INJURY

**Donald Meldinger**

vs.

**San Joaquin County Mosquito, et al.**

Claimant/Applicant

Employer/Insurance Carrier/Defendant

**SUBPOENA**

*The People of the State of California Send Greetings to:*

c/o

**Tiffany Anderson**

YOU ARE HEREBY COMMANDED to appear before Worker's Compensation Appeals Board

Judge Crawford

31 E Channel Street #344

Stockton, CA 95202-2314

on the 26 day of August, 20 10, at 08:30 o'clock A M., to testify in the above-entitled action.

For failure to attend as required, you may be deemed guilty of contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto. This subpoena is issued at request of **Adam J. Stewart, Esq.**, Telephone No. **(209) 526-0522**



WORKERS' COMPENSATION APPEALS BOARD  
OF THE STATE OF CALIFORNIA

*[Signature]*  
Secretary, Assistant Secretary, Workers' Compensation Judge

Date July 27, 20 10

*This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from the Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.*

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990 AND BEFORE JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

[SUBPOENA INVALID WITHOUT DECLARATION]



9-22-08

AMBULATORY SURGERY CENTER OF STOCKTON

2388 N. California Street

Stockton, CA 95204

Tel: (209) 944-9100 Fax: (209) 944-9307

OPERATIVE REPORT

PATIENT NAME: ANDERSON, TIFFANY

MR #: 15267

SURGEON: GARY MURATA, M.D.

DATE: 09/22/2008

PREOPERATIVE DIAGNOSIS:

Lateral meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES:

1. Complex tear lateral meniscus.
2. Grade II chondromalacia of medial femoral condyle.

PROCEDURES PERFORMED:

1. Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.
2. Chondroplasty of the medial femoral condyle, CPT code 29877.

FINDINGS:

1. Complex tear lateral meniscus.
2. Grade II chondromalacia of medial femoral condyle.

INDICATIONS FOR THE PROCEDURE: Severe pain and locking about the right knee.

DESCRIPTION OF THE PROCEDURE: The patient was brought to the operating room. The patient was placed under general anesthesia. The patient was given 1 g of Ancef, as she has a history of heart murmur. The right lower extremity was then sterilely prepped and draped. Evaluation of the right knee under anesthesia revealed full range of motion. No effusion. No laxity. The left lower extremity was then sterilely prepped and draped. Standard arthroscopic portals were used.

Patellofemoral joint appeared to be normal. No subluxation of the patella was seen. No chondromalacia noted. The medial gutter was normal. The medial compartment was probed. Medial meniscus was normal. However, there was area of grade II chondromalacia about the central weightbearing area of the medial femoral condyle with the small unstable articular flaps, which were debrided. The size of this lesion was approximately 1.5 cm in diameter. No exposed bone was seen. No chondromalacia was noted about the medial tibial plateau.

The intercondylar notch was seen. Anterior cruciate ligament was normal. The knee was placed in a figure-of-four position and a complex tear of the lateral meniscus was seen including a horizontal cleavage tear and radial tear through the junction between the anterior horn and the mid-horn of the meniscus. Approximately 30% of the meniscus was excised leaving a stable rim. Careful contouring of the meniscus was performed in the junction between the medial horn of the meniscus and the anterior horn. No chondromalacia was seen about the lateral compartment. The remaining lateral meniscus after partial meniscectomy was noted to have no instability.

RECEIVED

OCT 14 2008