

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY "*"

Companion Cases Exist Location:

More than 15 Companion Cases

Date: (MM/DD/YYYY)

Case Number:* SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

ADJ DEU SIF UEF VOC INT RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
DECLARATION OF READINESS TO PROCEED**

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

Case No

ADJ7976768

Applicant

First Name*

TIFFANY

MI

Last Name*

ANDERSON

VS

Employer Information

Employer Name

SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL DISTRICT

Employer Street Address / PO Box

7759 S. AIRPORT WAY

City

STOCKTON

State

CA

Zip Code (Numbers Only)

95206

Declarants: Please designate your role (Please Select Only One)*

- Employee
- Applicant
- Defendant
- Lien Claimant

Declarant requests: (Please Select Only One)*

Mandatory Settlement Conference

Status Conference

Rating MSC*

Priority Conference

Lien Conference

Hearing Date

Select a Hearing Date from the drop-down list: *

2013/03/12-13:30:00

Search

Hearing Date

Alternate Hearing Date:

At the present time the principal issues are:

(Check all that apply)

Compensation Rate

Rehabilitation / SJDB

Temporary Disability

Self-procured Medical Treatment

Permanent Disability

Future Medical Treatment

AOE/COE

Discovery

Employment

Other

Declarant relies on the report(s) of:

Doctor(s) KHOSROW TABADDOR

Dated 11/01/2011

(MM/DD/YYYY)

Declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues above and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below: (Field size limited to 845 characters)

APPLICANT HAS NOT RESPONDED TO DEFENDANT'S SETTLEMENT OFFER OF JANUARY 7, 2013. WCAB ASSISTANCE IS NEEDED TO ASSIST IN CASE RESOLUTION.

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by the rules promulgated by the Court Administrator.

Copies of this Declaration have been served this date as shown on the attached proof of service.

Declarant's Signature	S KYLE HANSEN
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Name and Law Firm	STOCKWELL HARRIS SACRAMENTO
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Address	1545 RIVER PARK DRIVE, STE. 330, SACRAMENTO, CA 95815
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Phone Number	9169241862
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Date (MM/DD/YYYY)	02/01/2013
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*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

EGH
300141-040

Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

QUALIFIED MEDICAL RE-EVALUATION

AIMS Acclamation
Po Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF REEVALUATION:	November 1, 2011
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 29, 2011
CLAIM NO:	VE0700184
FILE NO:	86351-3

FEE DISCLOSURE

ML 103-95: This is a Complex Qualified Medical Evaluation, as a result of meeting the requirements of 3 complexity factors, which are listed below:

- 2 hour(s) of record review time (1 factor)
- 45 minutes of face to face time
- Addressing issues of causation (1 factor)
- Addressing issues of apportionment when the physician addresses: (1 factor)
 - 2+ injuries to 2 DIFFERENT body system or regions

This is a medical legal report and does not qualify for a PPO/Network discount.

Thank you for the opportunity to evaluate Tiffany Anderson on Tuesday, November 01, 2011 in my office at 333 San Carlos Way, Ste. B, Stockton, CA, 95207.

The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and

RE: ANDERSON, TIFFANY

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focuses on those areas in question. No treatment relationship is established or implied.

This medical-legal evaluation is based only on the current information and records submitted. It is solely the treating physician's responsibility to determine their patient's differential diagnoses and subsequent needs for medical treatment. This would be inclusive of all psychiatric conditions, vascular diseases, neuromuscular disorders, central nervous system disorders, auto-immune diseases, internal medicine disorders and all tumors, benign or malignant, even if they are undiagnosed or currently occult.

She is 40-years-old, 5'4" and 155 pounds, and she was working for San Joaquin County started in 4/04 and continued working until present. Date of the new injury is 6/29/11. She has been working eight hours a day and five days a week. Her job is a Pesticide Applicator located in Escalon. Her primary source is to treat insects found in pounds and irrigated pesters.

I saw her previously on 6/8/10. At that point, based upon her prior claim of injury to the right knee of June 19, 2008 to March 26, 2009, I found her condition to be permanent and stationary and addressed the impairment, need for future medical care, work restrictions, and apportionment to causation. She came back to this office stating that on 6/29/11, she sustained a new injury to the right knee on 6/29/11, when she was walking around a dairy pond and weeds were high and the metal stake or T-bar was hidden in the grass. She hit her knee against the metal bar and according to the patient, that cut her leg about 18-cm down to the leg and she continued working. On 7/16/11, she was examined by a doctor and was given medication. She was then examined by another doctor, who gave her shot for tetanus and requested antibiotics. She was released to full-duty. According to the patient, she was referred for MRI of the knee, and received about 16 visits of physical therapy, which helped her to some extent to reduce the swelling. Overall, she feels her condition has been approved. She is currently working and her job is mainly checking and treating swimming pools in residential. She is currently under care of Dr. Murata and takes Norco six to eight tablets a day, Xanax four tablets a day, and ibuprofen 800 mg three times a day.

PRESENT COMPLAINTS

She complains of constant right knee pain, which is sharp to dull and radiates up to the thigh and leg. She complains that her upper right knee is swollen and pain is associated with some burning sensation. She also feels there is a bruising on the

outside of her right knee. At night, she gets restless leg syndrome with dull pain. She also starts feeling some pain in the left knee. She describes the intensity of pain on a scale of 0 to 10 is about 7, and with medication drops to 5. Pain is associated with stiffness of the lower leg, tingling and numbness of the joint line, and swelling of the upper thigh. She also complains of having grinding in the right knee. There is no weakness, no locking, and no giving-way. Standing about 20 minutes cause pain. She is not using any assistive devices. She is currently working in her job duties with the restrictions within her ability.

PAST HISTORY

She was involved in a motor vehicle accident in December of 2010, which apparently did not cause any injury or received any treatment. She was working full-time without any restrictions when this incident happened.

PATIENT PROFILE

Unchanged.

ACTIVITIES OF DAILY LIVING

She has problem with standing and walking. Lifting over 20 pounds cause pain. She has some sleep disturbances as a result of anxiety and unusual stress. She has been having this problem since 2006.

REVIEW OF MEDICAL RECORDS

06/20/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Climbing up and down bed of truck, developed R knee pain and swelling, 5-7 out of 10. DX: R knee effusion; ACL sprain, R knee. TX: Prescribed Propoxyphene/Acetaminophen 100/650mg. WORK STAT: RTW w/ modified work. (Pg. 250)

06/20/08 - X-ray of Right Knee by David Wong, M.D. DOI: NA. IMP: Negative R knee. (Pg. 249)

06/23/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: 5-7 out of 10 R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue medication and home exercise. Prescribed physical therapy 2 x/wk for 3 wks. WORK STAT: RTW w/ modified work. (Pg. 245)

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06/30/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued 3 out of 10 R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue medication. Prescribed physical therapy. WORK STAT: RTW w/ modified work. (Pg. 240)

07/08/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued 3 out of 10 R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue TENS unit and Ibuprofen 800mg. WORK STAT: RTW w/ modified work. (Pg. 234)

07/15/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue medication and physical therapy. WORK STAT: RTW w/ modified work. (Pg. 228)

07/22/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL Sprain. SPEC STUD REQ: MRI of R knee. TX: Continue Ibuprofen 800mg. WORK STAT: RTW w/ modified work. (Pg. 223)

07/28/08 - MRI of Right Knee by W. Aubrey Federal, M.D. DOI: NA. IMP: Anterior horn medial meniscus tear. (Pg. 221)

07/29/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue Propoxyphene/Acetaminophen 100/650mg. WORK STAT: RTW w/ modified work. REF: Orthopedic consultation. (Pg. 217)

08/05/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. WORK STAT: RTW w/ modified work. REF: Orthopedic consultation w/ Dr. Murata. (Pg. 210)

08/07/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Increasing onset of R knee pain and swelling. DX: R knee lateral meniscus tear. TX: R knee arthroscopy needed. WORK STAT: RTW w/ modified work. (Pg. 208)

08/12/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. WORK STAT: RTW w/ modified work. REF: Transfer care to Dr. Murata. (Pg. 204)

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08/22/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain. DX: R knee lateral meniscus tear. TX: R knee arthroscopy needed. WORK STAT: RTW w/ modified work. (Pg. 202)

09/22/08 - Operative Report by Gary Murata, M.D. (Orthopedic) DOI: NA. PROCEDURE: R knee arthroscopy w/ partial lateral meniscectomy, chondroplasty of medial femoral condyle. PREOP DX: R knee lateral meniscus tear. POSTOP DX: Complex lateral meniscus tear, grade II chondromalacia medial femoral condyle. (Pg. 192)

09/25/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Improved R knee pain. DX: s/p R knee arthroscopy, partial lateral meniscectomy. TX: Prescribed physical therapy. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 3 wks. (Pg. 191)

10/16/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Improved R knee pain. DX: S/p R knee partial lateral meniscectomy. TX: Continue physical therapy 2 x/wk for 4 wks. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 2 wks. (Pg. 187)

10/30/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain. DX: S/p R knee arthroscopy, partial lateral meniscectomy. TX: Continue physical therapy and Vicodin. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 2 wks. (Pg. 182)

11/18/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: S/p R knee arthroscopy, partial lateral meniscectomy. TX: continue physical therapy and home exercise. FU VISIT: 1 month. (Pg. 180)

12/17/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling, improving. DX: S/p R knee arthroscopy, partial lateral meniscectomy. TX: Continue home exercise. FU VISIT: 1 month. (Pg. 175)

01/09/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain, diffuse along anterior joint line. DX: S/p R knee partial lateral meniscectomy. TX: Continue Hydrocodone 7.5mg. (Pg. 174)

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01/20/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Some pain along anteromedial joint line, R knee. DX: S/p partial lateral meniscectomy. TX: Continue home exercise. FU VISIT: 6 wks. (Pg. 173)

03/03/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain. DX: Partial lateral meniscectomy. TX: Continue Hydrocodone. WORK STAT: RTW w/ full duty. (Pg. 172)

03/25/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: R knee pain and swelling. DX: Aggravation of R knee pain s/p R knee arthroscopy, partial lateral meniscectomy. TX: Prescribed Motrin 2400mg/day. WORK STAT: Off work. DISABILITY: TTD. (Pg. 170)

03/31/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Aggravation of R knee s/p R knee arthroscopy w/ partial lateral meniscectomy. SPEC STUD REQ: MRI of R knee. WORK STAT: RTW w/ modified work. (Pg. 169)

04/07/09 - MRI of Right Knee by Daniel Dietrich, M.D. DOI: NA. IMP: Near circumferential horizontal tearing of lateral meniscus. ACL mildly attenuated. Small joint effusion and marrow, elongated Baker's cyst. (Pg. 168)

04/10/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Severe R knee pain lateral and anterior joint line. DX: R knee pain, possible recurrent lateral meniscus tear. TX: Continue physical therapy 2 x/wk for 3 wks. Continue Motrin. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 3 wks. (Pg. 165)

04/28/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Slight improvement in R knee strain. TX: Prescribed physical therapy 1 x/wk for 4 wks. WORK STAT: RTW w/ full duty. FU VISIT: 2 wks. (Pg. 160)

05/19/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Improved R knee strain s/p partial lateral meniscectomy. TX: Continue physical therapy. WORK STAT: RTW w/ full duty. FU VISIT: 3 wks. (Pg. 155)

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06/09/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee pain s/p partial lateral meniscectomy. WORK STAT: RTW w/ full duty. FU VISIT: 1 month. (Pg. 153)

07/07/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: S/p partial lateral meniscectomy, R knee. WORK STAT: RTW w/ modified work. FU VISIT: 1 wk. (Pg. 152)

09/08/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Anterior and lateral joint line R knee pain, s/p partial lateral meniscectomy. WORK STAT: RTW w/ modified work. REF: Orthopedic second opinion consultation. (Pg. 150)

10/06/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: R knee pain and intermittent swelling. DX: R/o recurrent lateral meniscus tear, R knee. SPEC STUD REQ: MRI of R knee. WORK STAT: RTW w/ modified work. (Pg. 148)

12/11/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Anterior R knee pain, some lateral joint pain, swelling. DX: Recurrent lateral meniscus tear w/ meniscus cyst. TX: R knee arthroscopy and excision of cyst needed. WORK STAT: RTW w/ modified work. (Pg. 146)

01/20/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Some improvement in R knee. DX: R knee recurrent lateral meniscus tear w/ lateral meniscus cyst. TX: Repeat R knee arthroscopy w/ possible open excision of meniscus cyst needed. WORK STAT: RTW w/ modified work. FU VISIT: 4 wks. (Pg. 145)

02/17/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued lateral R knee pain and swelling. DX: Recurrent medial meniscus tear, small ganglion or meniscus cyst. TX: R knee arthroscopy needed. WORK STAT: RTW w/ modified work. FU VISIT: 4 wks. (Pg. 144)

03/03/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain over lateral joint line w/ swelling. DX: Recurrent lateral meniscus tear, lateral meniscus cyst, R knee. TX: R knee arthroscopy needed. Continue medication. (Pg. 142)

03/08/10 - Operative Report by Gary Murata, M.D. (Orthopedic) DOI: NA. PROCEDURE: R knee arthroscopy w/ microfracture of medial femoral condyle,

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partial lateral meniscectomy. PREOP DX: Recurrent lateral meniscus tear, R knee. POSTOP DX: Grade IV chondromalacia medial femoral condyle, 1.5 cm circular lesion; recurrent lateral meniscus tear. (Pg. 139)

04/13/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Improved R knee pain. DX: S/p partial lateral meniscectomy, chondroplasty of medial femoral condyle. TX: D/C crutches. Prescribed physical therapy 2 x/wk for 4 wks. FU VISIT: 4 wks. (Pg. 137)

06/03/10 – Deposition of Ms. Tiffany Anderson, pgs 1 to 70. (Pg. 2)

06/08/10 - Khosrow Tabaddor, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Dull R knee pain and swelling, numbness and tingling around joint, weakness and swelling. DX: S/p R knee arthroscopy; s/p re-tear of lateral meniscus and arthroscopy; chondromalacia, medial femoral condyle. TX: Future medical care to include medication, reevaluation, physical therapy, intraarticular injections. DISABILITY: P&S. IMPAIRMENT: 4% WPI; apportionment 70% to 6/19/08 injury and 30/5 to 6/26/09 injury. . WORK STAT: RTW w/ modified work. (Pg. 121)

08/09/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. Review of Records. (Pg. 118)

08/20/10 - Khosrow Tabaddor, M.D. (Orthopedic) DOI: 6/19/08. Review of Medical Records. (Pg. 115)

09/07/10 – Khosrow Tabaddor, M.D. (Orthopedic) DOI: 6/19/08. Review of Medical Records. (Pg. 112)

01/06/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Increasing R knee pain and swelling. DX: S/p R knee arthroscopy, partial lateral meniscectomy, microfracture of medial femoral condyle. TX: Continue medication. FU VISIT: 1 month. (Pg. 111)

04/23/11 - James Shaw, M.D. (pain management) DOI: 6/19/08. C.C.: R knee pain, 5 out of 10. DX: R knee internal derangement; arthropathy; myalgia and myositis. TX: Prescribed medication. WORK STAT: RTW w/ modified work. (Pg. 102)

05/20/11 - James Shaw, M.D. (pain management) DOI: 6/19/08. C.C.: Continued R knee pain laterally, patellofemoral area and lateral joint line pain. DX: R knee internal

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derangement; arthropathy; myalgia and myositis. TX: Continue medication and exercise. WORK STAT: RTW w/ modified work. (Pg. 98)

07/12/11 – James Shaw, M.D. (pain management) DOI: 6/19/08. C.C.: 10 out of 10 R knee pain. DX: R knee internal derangement; arthropathy; myalgia and myositis. TX: Continue massage therapy, physical therapy. Continue Ibuprofen 800mg. WORK STAT: RTW w/ modified work. (Pg. 93)

07/28/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain, severe medial joint pain and catching. DX: Possible meniscus tear. SPEC STUD REQ: MRI of R knee. WORK STAT: RTW w/ full duty. (Pg. 91)

08/09/11 – MRI of Right Knee by Daniel Dietrich, M.D. DOI: NA. IMP: Prior surgical truncation of lateral meniscus w/ recurrent tear of body and anterior horn. May be tear of superior meniscocapsular ligament adjacent to periphery of posterior horn. Trace joint fluid and possible mild pes anserine tendinopathy. (Pg. 89)

08/16/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued anterior medial joint pain. DX: Recurrent lateral meniscus tear. TX: Prescribed Motrin 800mg. Continue physical therapy x8 sessions. WORK STAT: RTW w/ modified work. FU VISIT: 4 wks. (Pg. 87)

08/26/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. Review of Records. (Pg. 84)

09/22/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. Review of Records. (Pg. 81)

09/27/11 – Jon Eck, M.D. DOI: 6/29/11. C.C.: Struck R knee w/ onset of pain. DX: R knee injury. DISABILITY: P&S as of 7/18/11. IMPAIRMENT: 0% WPI. (Pg. 79)

09/29/11 – Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Increasing swelling in knee. DX: R knee pain. WORK STAT: RTW w/ modified work. REF: Infectious Disease consultation. FU VISIT: 2 wks. (Pg. 76)

PHYSICAL EXAMINATION

LOWER EXTREMITIES

HIPS

Examination of right and left hips was within normal limits. There was no evidence of tenderness and movements of the hips in flexion, abduction, internal rotation, and external rotation tested were symmetrical and pain-free.

RIGHT KNEE

Inspection of the right knee revealed a small scar over the anterior aspect of tibia distal to the knee joint. Tenderness to touch detected on the medial and lateral aspects of the right knee. Palpation of patellar tendon was tender. Friction of patella over the distal end of femur caused pain. There was no evidence of swelling and range of motion of the right and left knee was within normal limits. There was no evidence of anteroposterior instability. Valgus and varus stress tests of the knee joint on right knee were within normal limits. Palpation of the quadriceps and hamstring detected diffuse areas of tenderness.

LEFT KNEE

Inspection of the left knee showed no evidence of swelling, skin discoloration, or abrasions. Palpation of the knee was nontender. Movements of the right and left knees in flexion and extension did not cause any pain. There was no evidence of anteroposterior or lateral instability. Lachman and McMurray tests negative.

ANKLES

Inspection of the right and left ankles showed no evidence of swelling. Palpation of the right and left ankles was nontender. Movements of right and left ankles in dorsiflexion, plantar flexion, inversion, and eversion tested were pain-free.

MEASUREMENTS

Measurements of the lower extremities are as follows:

Circumferential girth measurements at:	<u>Right</u>	<u>Left</u>
Upper pole of Patella:	17	16 ³ / ₄
5" above superior pole/patella:	21	21
Calf measurement:	15	15

NEUROLOGICAL EXAMINATION

	<u>Right</u>	<u>Left</u>
1. Patellar Tendon	2-3+	2-3+
2. Achilles Tendon	2-3+	2-3+

SENSATION: Sensation to light-touch and pinprick were within normal limits in lower extremities.

GAIT

There was no evidence of abnormal gait. However, deep squatting increase pain to the right knee and also tiptoe and heel walking increase pain to the knee joint.

DIAGNOSES

1. Contusion to the right knee and leg as a result of claimed injury of 6/29/11.
2. Resolved soft-tissue contusion of the right leg.

DISCUSSION

I have had the opportunity to reexamine Ms. Tiffany Anderson on November 1, 2011, for injuries sustained during the course of her employment on 6/29/11. According to the history described by the patient, she injured her right knee and leg while she was working around the dairy pond and struck her knee against a metal bar. She claimed that there was an 18-cm cut in her leg, although upon today's physical examination, I found no evidence of a scar and if there were any just superficial scratches, apparently they are healed without any residuals. Upon review of submitted medical records, I

noted that the majority of these medical records were reviewed prior to my evaluation on 6/18/08. Subsequent to my QME assessment, the patient continued under the care of Dr. Gary Murata receiving medication and office visit. She was also under the care of Dr. James Shaw, a pain management specialist, and the patient continued to be symptomatic and the last time she was examined by Dr. James Shaw was on 5/20/11, having persistent pain to the right knee and the doctor felt that she was suffering from myalgia and myositis and arthropathy. Dr. James Shaw examined the patient after the claimed injury of 6/29/11, and only addressed increased pain to the right knee and suggested massage therapy, physical therapy, and ibuprofen. Dr. Murata examined the patient on 7/28/11, and requested MRI of the right knee. Repeat MRI of the right knee on 8/9/11, revealed prior surgical truncation of the lateral meniscus with possible recurrent tear of the body in anterior horn. In addition, noted trace joint fluid and possible mild pes anserinus tendinopathy. Dr. Murata continued treating the patient advising medication, office visit, and Dr. John Eck examined the patient on 9/27/11, and found the patient's condition to be permanent and stationary and addressed impairment is 0% of the whole person impairment. Dr. Murata on 9/29/11, felt that the patient needs to be referred to an infectious disease specialist.

Upon today's physical examination, review of submitted medical records, and the entire file, there are several issues and my opinions are as follows:

1. This patient most likely has sustained a separate injury to the right knee and leg, which was basically contusion and soft-tissue injuries and responded to the treatment and recovered. I do not see a need for further treatment that there is no impairment and no apportionment applies. This injury did not cause any aggravation to her knee symptomatology as a result of previous industrial accidents.
2. This patient's subjective and objective complaints do not match and there seems to be a psychological overlay. In fact, the patient has been suffering from anxiety, depression, and unusual stress, for which she is under care since 2006. That, per se, to some extent, may cause magnifying her subjective complaints.
3. The patient is been taking Norco six to eight tablets a day and concerning the nature of the injury to her right knee, this is extremely a high dose of narcotics to be taken by an individual of her age and physical condition. In fact, the narcotics may add to the problem of anxiety and depression and advise that this medication to be replaced by perhaps other nonnarcotic, analgesics, or

3 PROOF OF SERVICE

4 STATE OF CALIFORNIA

5 COUNTY OF SACRAMENTO

6 I am in the County of Sacramento, State of California. I am over the age of 18 years
7 and not a party to the within action. My business address is 1545 River Park Drive, Suite 330,
8 Sacramento, California 95815-4616.

9 On February 1, 2013, I served the foregoing document described as: **DECLARATION**
10 **OF READINESS TO PROCEED** on all interested parties in this action by placing a true copy
11 thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States
12 mailed at Sacramento, California, addressed as follows:

13
14 Workers' Compensation Appeals Board (Stockton)
15 31 E. Channel Street, Room 344
Stockton, CA 95202

16 Ms. Karer Jellison
17 AIMS
18 P.O. Box 269120
Sacramento, CA 95826-9120
Via Email

19 ARS Legal
20 13925 Whittier Boulevard
Whittier, CA 90605

21 Ms. Tiffary Anderson
22 2 N. Avena Ave
23 Lodi, CA 95240

24 Jackson Lewis, LLP
25 Mr. Michael Christian
801 K Street, Suite 2300
26 Sacramento, CA 95814
27
28

STOCKWELL HARRIS SACRAMENTO
KALIE WIKEL
(916) 924-1862
Kalie_Wikel@shww.com

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

Executed on February 1, 2013, at Sacramento, California.

By: Heidi Valentine
Heidi Valentine



DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF APPLICATION

DATE OF SERVICE: 11/09/2009

EAMS CASE NBR(s): ADJ7010682

DATE OF CLAIMED INJURY: 03/26/2009

EMPLOYEE: TIFFANY ANDERSON

EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CTL

INSURER: ACCLAMATION SACRAMENTO

VENUE: STK-ADJ, 31 E. CHANNEL STREET, #344, STOCKTON, CA, 95202

COMMENT(S)/REMARK(S):

AN APPLICATION FOR ADJUDICATION OF CLAIM HAS BEEN FILED WITH THE WORKERS COMPENSATION APPEALS BOARD FOR THE ABOVE CLAIMED INJURY. PLEASE REFERENCE THE ABOVE EAMS CASE NUMBER ON ALL CORRESPONDENCE TO THE WCAB. THIS NOTICE CONSTITUTES A CONFORMED COPY OF THE APPLICATION.
DATE APPLICATION FILED: 11/05/2009

NOTICE TO PARTIES: Disability Accommodation is available upon request. Individuals with a disability requiring a reasonable accommodation (such as auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator** at 1-866-681-1459 (toll free) or through the **California Relay Service**, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**



DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/04/2013

EAMS CASE NBR(s): ADJ7976768

EMPLOYEE: TIFFANY ANDERSON

EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CONTROL DISTRICT

INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: MSC

DATE OF HEARING: 03/12/2013 TUESDAY

TIME OF HEARING: 01:30 P.M.

HEARING LENGTH (HOURS):

LOCATION: 31 E. CHANNEL STREET
#344
STOCKTON CA 95202

Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>

JUDGE: W. Kearsie McGill
209 948-7759

SPECIAL COMMENTS/INSTRUCTIONS:

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: Disability Accommodation is available upon request. Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator** at **1-866-681-1459 (toll free)** or through the **California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

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NOTICE TO INSURER : The employer will not receive Notice of Hearing.