



Qualified Medical Evaluator Complaint Form

Department of Industrial Relations
Division of Workers' Compensation - Medical Unit
P. O. Box 71010
Oakland, CA 94612

Reset Form

(For DWC use only)

COMPLAINT AGAINST

Thomas

Physician's First Name

Allems

Physician's Last Name

Address where the Evaluation took place

City

Zip Code

Phone Number

1/23/2014

Date of Evaluation

1522183

QME Panel Number

Panel Qualified Medical Evaluation ☒

Agreed Medical Evaluation ☐

COMPLAINANT

Tiffany

First Name

Anderson

Last Name

1900 Lakeshore Drive

Mailing Address

Lodi

City

CA

State

95242

Zip Code

209-331-0208

Daytime Phone Number

Fax Number

tiffanyanderson@me.com

E-mail Address

If you are making a complaint and you are not the injured worker, please list the name of the injured worker.

Name of Injured Worker:

INFORMATON ABOUT THE CLAIM

If you are the injured worker, please list the name of the insurance company/employer and the name and telephone number of your claims adjuster.

Nancy Urton

Name of Claims Adjuster

(916) 563-1900 ext. 242

Phone Number of Claims Adjuster

AIMS

Insurance Company or Employer

V80700184

Claim Number

If your complaint involves an examination performed by a Qualified Medical Examiner in a case pending before the Workers' Compensation Appeals Board, please list the case and the case number. If the WCAB has held a hearing or issued any orders about this examination, please attach the minutes of hearing or the Board order to this complaint.

Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control

Case Name

ADJ7976768, ADJ9066508

Case Number(s)

GIVE US THE DETAILS LOF YOUR COMPLAINT

Please list the details of your complaint and attach any documents that you believe would be useful for the investigation. Use as many additional sheets paper as necessary to tell us about your complaint.

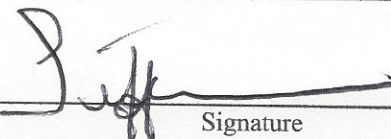
I am an unrepresented party. I have two exposure claims pending before the WCAB, one for a specific date exposure and the other for a cumulative exposure injury. In July of 2013, the defense firm of Stockwell Harris proposed using Thomas Allems as the exposure QME. My first evaluation date with Thomas Allems was set for October 24, 2013, in Sacramento. Unbeknownst to me at that time, Thomas Allems and defense counsel Eric Helphrey had that very month (on October 10th and October 17th, 2013), co-presented a MCLE-accredited panel on defending against cancer claims, and latency issues in particular. This was the specific topic argument of denial by defense of my claim. Thomas Allems and Eric Helphrey presented this topic together in both northern California and southern California a week apart to COSIPA members, an organization dedicated to defending against worker's compensation claims.

My QME date was then repeatedly rescheduled to November 28, 2013, then January 23, 2014, and June 19, 2014, due to the fact that defense counsel failed to provide the previously-agreed upon documents that they have in their possession and refuse to provide to date in advance of the QME appointment. On April 9, 2014, I filed a Declaration of Readiness to Proceed and raised my objection to Thomas Allems based upon my discovery that he had a conflict of interest in my case due to his relationship with defense attorney Eric Helphrey.

On June 16, 2015, a pre-trial conference was held before WCAB Judge Whitcomb and the conflict of interest issue that I had raised regarding QME Thomas Allems and the defense insisted to go to trial. The trial date on that conflict of interest issue was set for August 13, 2015. On July 6, 2015, an associate of Eric Helphrey appeared before WCAB Judge Crawford and discussed my case without me being present. Defense counsel refused to let me speak to the WCAB judge that day. It was then that WCAB Judge Crawford canceled the trial on the conflict of interest issue and ordered that a replacement panel in internal medicine be issued.

My complaint against Thomas Allems is based upon his failure to disclose his conflict of interest in my case as he had both a professional and financial conflict of interest. Thomas Allems knew or should have known as early as October of 2013 that this conflict of interest existed. Thomas Allems failed to remove himself from my case in 2014, even after I raised the conflict of interest in April of that year. Over a year passed from being put on notice and Thomas Allems failed to get out of my case. This delay by Thomas Allems and defense counsel was intentional and caused my claims to be delayed. In fact, on August 14, 2014, Thomas Allems received a \$250 payment from AIMS for an exam that he would never perform. The defense forced the issue of trial over the removal of Thomas Allems involvement in my case and only relented when I submitted my evidence and interest to have the issue fully litigated. This conflict of interest should have been immediately shared with all parties, should not have required my independent investigation, and should not have taken 21 months to resolve. Thomas Allems should not be involved with any exposure cases being defended by Eric Helphrey or his Stockwell Harris firm. My date of injury was June 29, 2011. Allems has participated in my denied claims, loss of any financial benefits and most important need for medical care for over 4 years.

Date: March 1, 2016


Signature

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
MAILING ADDRESS:
P. O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900 Fax: (510) 622-3467

QME APPOINTMENT NOTIFICATION FORM

To the Qualified Medical Evaluator: You are required by law to give notice on this form when an appointment has been made with you to perform a QME comprehensive medical evaluation. Please complete this form in its entirety. You are legally required to include: the name and address of the employee, the name of the employer and claims administrator, and the appointment time and date. The Administrative Director also requires that you serve this appointment notification form on the employee and the claims administrator, or if none the employer, and their attorneys in a represented case, if known, within five (5) business days after having scheduled the injured worker to be seen for a QME comprehensive medical evaluation. You also must use this form if you refer the injured worker for a consultation to advise the parties of the date and time of the appointment with the consulting physician (See, 8 Cal. Code Regs. § 32). You may not cancel the appointment less than six (6) calendar days prior to the appointment date, except for good cause (See, 8 Cal. Code Regs. § 34). If you reschedule an appointment, review regulation 34 and the ethical rules in regulation 41 (See, 8 Cal Code Regs. §§ 34 and 41(a)(7) and (a)(8)).

EMPLOYEE INFORMATION

NAME: **Tiffany Anderson**
ADDRESS: **2 North Avena Avenue, Lodi CA 95240**
City State Zip
PHONE: **(209) 948-7757** SOCIAL SECURITY No.:
(Social Security Number is for record-keeping purposes only.)
DATE OF INJURY: **06/19/2009** PANEL No.: **1522183** CLAIM/CASE No.: **V80700184**

EMPLOYER INFORMATION

NAME: **San Joaquin County MVCD**
ADDRESS:
City State Zip
PHONE:

CLAIMS ADMINISTRATOR INFORMATION

NAME: **Karen Jellison**
COMPANY: **AIMS**
ADDRESS: **PO Box 269120 Sacramento CA 95826**
City State Zip
PHONE: **(916) 563-1900**

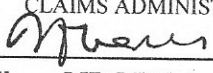
APPOINTMENT INFORMATION

DATE OF APPOINTMENT CALL **07/23/13** DATE OF APPOINTMENT **10/24/13** TIME OF APPOINTMENT **2:00 pm**

LOCATION OF APPOINTMENT: **8801 Folsom Blvd., Suite 105, Sacramento CA 95826**

CERTIFIED INTERPRETER REQUIRED: (LANGUAGE)

COPY TO: ☒ EMPLOYEE (and employee's attorney, if known)
☒ CLAIMS ADMINISTRATOR (and attorney, if known)

SIGNATURE OF QME: 

QME NAME (print/type): **Thomas S. Aliems MD MPH** **415.989.5339**

ADDRESS AND PHONE: **311 California Street, Suite 310, San Francisco CA 94104** **MAIL**

Note to Claims Administrator: The Administrative Director's regulation 10160 requires you to forward a completed DWC-AD form 101(DEU)(Request for Summary Rating Determination of Qualified Medical Evaluator's Report) (see, 8 Cal. Code Regs. § 10160 and 10161) together with all medical reports and medical records prior to the scheduled examination with the QME. You must also provide the employee with a DWC-AD form 100 (DEU)(Employee's Disability Questionnaire)(See, 8 Cal. Code Regs. §§ 10160 and 10161) prior to the examination.



STOCKWELL
HARRIS
WOOLVERTON
MUEHL

A Professional Corporation

1545 River Park Drive, Suite 330
Sacramento, California 95815-4616
(916) 924-1862
(916) 924-3541 FAX
www.shwm.com

July 26, 2013

QUALIFIED MEDICAL EXAMINATION APPOINTMENT LETTER

Ms. Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95240

RE: Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control
WCAB NO. : ADJ7004221; ADJ7004227; ADJ7010682; ADJ7976768
FILE NO.: VE0700184

Dear Ms. Anderson:

You are hereby requested to present yourself for examination on:

DATE: October 24, 2013
TIME: 9:00 a.m.
PLACE: Thomas Allems, M.D., MPH
8801 Folsom Blvd, Suite 105
Sacramento, CA 95826
PHONE: (415) 989-5339

This request for examination is authorized by the provisions of the Labor Code of the State of California and your refusal or failure to comply with this request for examination may cause a suspension of any rights which you otherwise may have to compensation benefits.

If, for any reason, you are unable to keep this appointment, you shall immediately call the doctor's office and make proper arrangements for another appointment. **Your mileage check will be sent under separate cover.**

Very truly yours,

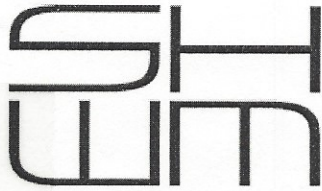
STOCKWELL, HARRIS, WOOLVERTON & MUEHL
A Professional Corporation

By: Kyle R. Hansen

Kyle R. Hansen

cc: Ms. Karen Jellison, AIMS
Mr. John Stroh, San Joaquin County Mosquito & Vector Control District
Thomas Allems, M.D.

Indemnity or function of exam
Monday August 26, 2013
Work comp hearing



STOCKWELL
HARRIS
WOOLVERTON
MUEHL

A Professional Corporation

1545 River Park Drive, Suite 330
Sacramento, California 95815-4616
(916) 924-1862
(916) 924-3541 FAX
www.shwm.com

October 15, 2013

AMENDED
PANEL QUALIFIED MEDICAL EXAMINATION APPOINTMENT LETTER

Ms. Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95240

RE: **Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control**
WCAB NO. : ADJ7004221; ADJ7004227; ADJ7010682; ADJ7976768
FILE NO.: VE0700184

Dear Ms. Anderson:

You are hereby requested to present yourself for examination on:

NEW DATE: January 23, 2014
NEW TIME: 2:00 p.m.
PLACE: Thomas Allems, M.D., MPH
8801 Folsom Blvd, Suite 105
Sacramento, CA 95826
PHONE: (415) 989-5339

This request for examination is authorized by the provisions of the Labor Code of the State of California and your refusal or failure to comply with this request for examination may cause a suspension of any rights which you otherwise may have to compensation benefits.

If, for any reason, you are unable to keep this appointment, you shall immediately call the doctor's office and make proper arrangements for another appointment. **Your mileage check will be sent under separate cover.**

Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL
A Professional Corporation

By: _____

Kyle R. Hansen

cc: Ms. Karen Jellison, AIMS
Mr. John Stroh, San Joaquin County Mosquito & Vector Control District
Thomas Allems, M.D.

*1-8-14 Kyle email
called LMR for Dr
to cancel & reschedule
2:20 pm
2:10 pm*

7-17

“Cancer Presumption Claims” The Law and Science Behind Presumptive Cancer Claims and Rebutting the Same



Presented By:

Eric G. Helpfrey
Managing Partner
Stockwell, Harris, Woolverton & Muehl
(916) 924-1862
Eric_Helpfrey@shwm.com
www.SHWM.com

Thomas S. Allems, MD, MPH
Occupational & Environmental Medicine
Toxicology, Internal Medicine
(415) 989-5339
Thomas.allems@ucsf.edu

*Offices located in Sacramento, Los Angeles, San
Francisco, San Luis Obispo, Fresno, Orange,
Ventura, San Bernardino, and San Diego*

Office located in San Francisco

- NORTH -

October 10, 2013

Hilton Hotel
1970 Diamond Blvd.
Concord, CA 94520
(925) 827-2000

Free Shuttle from the Hotel
Available from the Concord BART Station

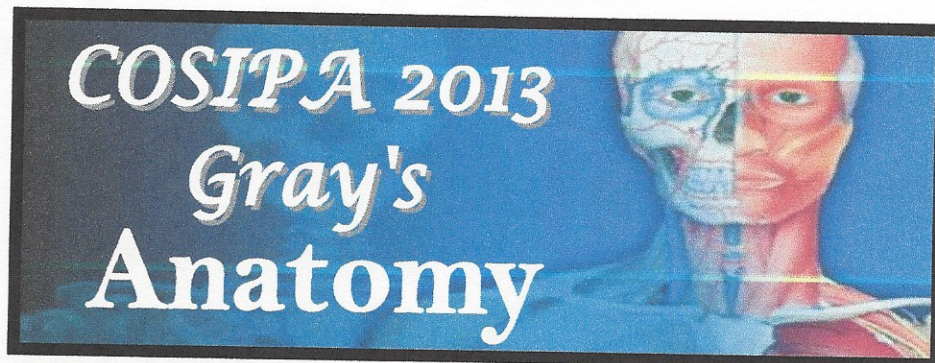


**Workers' Compensation
General Meetings**

- SOUTH -

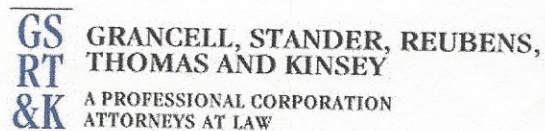
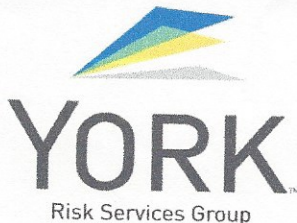
October 17, 2013

Wyndham Hotel
3350 Avenue of the Arts
Costa Mesa, CA 92626
(714) 751-5100



8:30 - 9:00 AM	"ER Admission" - Welcome - Registration & Breakfast
9:00 - 9:15 AM	"Hippocratic Announcements" - Special COSIPA Announcements
9:15 - 10:15 AM	"Don't Mesh with Me" - What you need to know about Hernia Repairs Presented By: Todd Harris, M.D.
10:15 - 10:30 AM	Bone Crushing BREAK - (Visit the Sponsor Booths)
10:30 - 11:15 AM	"Dr. Know" - Case Law Update Presented By: Anne Hernandez, Mullen & Filippi, Legal Advisor to COSIPA
11:15 - 12:30 PM	"Under the Microscope" - Perspective on Medical & Investigative Role of the Clinic for Treating Injured Workers Presented By: Dr. Roman Kownacki, (North) & Kathryn Mason, MD Chief Occupational Medicine, Kaiser Permanente (South)
12:30 - 1:30 PM	Code Red Café - LUNCH BREAK
1:30 - 3:00 PM	"The Latency Culprit" - Cancer Presumption Claims to Help Shed Light on the Science Behind Latency Periods & Defense Presented by: Dr. Thomas Allems & Eric Helphrey, Stockwell et al.
3:00 - 3:30 PM	"Discharged as Cured" - Q&A Session, Door Prize Raffles

Many Thanks To Our Generous Sponsors!



A ONE CALL CARE MANAGEMENT COMPANY

NEW: 4 1/2 MCLE Credits Now Available - Claims Adjuster Training Certificate Provided

*Room temperatures can vary. Please Dress Accordingly.



REGISTRATION FORM COSIPA MEETINGS

- NORTHERN CALIFORNIA -

Thursday, October 10, 2013

Hilton Hotel
1970 Diamond Blvd., Concord, CA
(925) 827-2000

- SOUTHERN CALIFORNIA -

Thursday, October 17, 2013

**** NEW LOCATION ****
Wyndham Hotel
3350 Avenue of the Arts, Costa Mesa, CA
(714) 751-5100

*North Seminar: Free Shuttle from the Hotel Available from the Concord BART Station

Advanced
Registration Required.
48 Hours Cancellation
Notice for Refund

- Submit Via Email or Fax, No Exceptions -

NOTE: Associate Members can HOST a Table of 8 Attendees for \$600

Please check the appropriate box:

☐ NORTHERN CALIFORNIA MEETING

☐ SOUTHERN CALIFORNIA MEETING

- ▶ \$50 - Public Agency COSIPA Members (Claim Handlers/Supervisors; each attendee)
- ▶ \$75 - All Other COSIPA Members (each attendee)
- ▶ \$150 - Non-Member Registrant or Late Registration (at door or 3 days prior)

Please send ADVANCED Registration payments along with this form to:

NORTHERN PROGRAM

LAURA MARQUEZ, City of Fairfield
1000 Webster St., Fairfield, CA 94533
Phone: (707)428-7397 Fax: (707)428-7512
Email: lm Marquez@fairfield.ca.gov

SOUTHERN PROGRAM

EDWIN BYRNE, OC Transportation Authority
550 South Main Street, Orange, CA 92868
Phone: (714)560-5840 Fax: (714)560-5839
Email: ebyrne@octa.net

AGENCY/COMPANY: _____
ADDRESS: _____ PHONE: _____

☐ Table HOST \$600

(Check the box next to Attendee name below if a CE Credit is needed)

ATTENDEE NAME(S):

JOB TITLE:

ATTENDEE EMAIL ADDRESSES:

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

(Please Calculate your Total Amount with the Appropriate Member & Non-Member Rates)

☐ Member ☐ Non-Member TOTAL NO. Registrants: _____ TOTAL Amount Enclosed: _____

CHECKS PAYABLE TO COSIPA
PayPal NOW AVAILABLE AT WWW.COSIPA.ORG

Claim Summary - Payments

1/1/1901 - 9/23/2014

Claim No: VED0700184
 Loss Date: 6/19/2008
 Claimant: Anderson, Tiffany
 Insured: Vector JPA

Medical

Effective Date	Transaction Type	Check Number	Payee	From Through	Pay Amount	Running Total
6/20/2012	M67 - Bill Review Fee	14413	Allied Managed Care, Inc.	3/1/6/2012 - 3/1/6/2012	1.22	38112.64
7/13/2012	M47 - Physician	14454	ALPINE ORTHOPAEDIC MED. GRP. I	6/5/2012 - 6/5/2012	67.25	38179.89
9/17/2012	M47 - Physician	14687	ALPINE ORTHOPAEDIC MED. GRP. I	7/24/2012 - 7/24/2012	67.25	38247.14
11/16/2012	M47 - Physician	14939	ALPINE ORTHOPAEDIC MED. GRP. I	9/1/8/2012 - 9/1/8/2012	67.25	38314.39
2/6/2013	M47 - Physician	15410	ALPINE ORTHOPAEDIC MED. GRP. I	12/18/2012 - 12/18/2012	67.25	38381.64
3/25/2013	M46 - Physical Therapy	15649	LODI PHYSICAL THERAPY	9/6/2011 - 7/31/2012	1583.94	39965.58
3/25/2013	M46 - Physical Therapy	15650	LODI PHYSICAL THERAPY	9/30/2011 - 1/30/2012	579.83	40545.41
8/2/2013	M47 - Physician	16245	ALPINE ORTHOPAEDIC MED. GRP. I	7/2/2013 - 7/2/2013	67.25	40612.66
9/30/2013	M47 - Physician	16508	ALPINE ORTHOPAEDIC MED. GRP. I	8/1/6/2011 - 8/1/6/2011	55.79	40668.45
10/1/12/2013	M46 - Physical Therapy	16602	LODI PHYSICAL THERAPY	8/12/2013 - 8/12/2013	92.55	40761.00
10/14/2013	M47 - Physician	16616	Tiffany Anderson	10/24/2013 - 10/24/2013	19.49	40780.49
10/24/2013	M46 - Physical Therapy	16625	ALPINE ORTHOPAEDIC MED. GRP. I	8/15/2013 - 8/15/2013	67.25	40847.74
10/29/2013	M18 - Diag/Lab/Diagnosis	16677	LODI PHYSICAL THERAPY	8/14/2013 - 8/14/2013	146.14	40993.88
5/15/2014	M6 - AME/IME/QME	16724	GANNON PETER M	9/23/2013 - 9/23/2013	800.63	41794.51
5/27/2014	M47 - Physician	17698	Khosrow Tabaddor, MD Inc.	4/17/2014 - 4/17/2014	875.00	42669.51
5/27/2014	M44 - Pharmacy	17740	ALPINE ORTHOPAEDIC MED. GRP. I	4/9/2014 - 4/9/2014	94.96	42764.47
6/30/2014	M36 - Medical Mileage	17785	Stoneriver Pharmacy Solutions	1/9/2009 - 4/29/2010	65.84	42830.31
7/28/2014	M6 - AME/IME/QME	17960	Tiffany Anderson	6/19/2014 - 6/19/2014	19.49	42849.80
8/14/2014	M6 - AME/IME/QME	18123	Khosrow Tabaddor, MD Inc.	6/18/2014 - 6/18/2014	125.00	42974.80
10/6/2010	M53 - CME - State Exam	18251	Thomas S. Allens M.D MPH	6/19/2014 - 6/19/2014	250.00	43224.80
6/25/2012	M67 - Bill Review Fee	11550	Khosrow Tabaddor, MD Inc.	6/15/2010 - 6/15/2010	-937.50	42287.30
6/30/2014	M36 - Medical Mileage	14330	Allied Managed Care, Inc.	4/26/2012 - 4/26/2012	-6.21	42281.09
	Totals for Medical	16616	Tiffany Anderson	10/24/2013 - 10/24/2013	-19.49	42261.60
						\$42,261.60

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD**

Tiffany Anderson APPLICANT v. San Joaquin Cnty Mosquito & Vector Control; AIMS DEFENDANT(S).
--

CASE NO. ADJ7004221 ✓
ADJ7004227 ✓
ADJ7010682 ✓
ADJ7976768 ✓
ADJ9066508 ✓

PRE-TRIAL CONFERENCE STATEMENT §5502 (d) (3)

☒ NOTICE OF HEARING

LOCATION: STK DATE: 6/16/2015 TIME: 8:30 a.m.

SETTLEMENT CONFERENCE JUDGE: ~~McCall~~ Whitcomb

APPEARANCES:

☐ INJURED WORKER: Tiffany Anderson

☐ INJURED WORKER'S ATTORNEY _____

☐ ATTY ☐ HRG REP

☒ DEFENDANT'S ATTORNEY Sara Skolnik - Stockwell Harris Sacramento

☒ ATTY ☐ HRG REP

☐ ATTY ☐ HRG REP

☐ ATTY ☐ HRG REP

☐ ATTY ☐ HRG REP

☐ OTHERS APPEARING: _____
(L.C., INTERPRETERS, ETC.) _____

☐ ADDRESS RECORD CHANGES: _____

BOX BELOW TO BE COMPLETED ONLY BY WORKERS' COMPENSATION JUDGE

DISPOSITION: SET FOR REGULAR HEARING:

☐ WCAB NOTICE ☐ NOTICE WAIVED

☐ 1 HOUR ☒ 2 HOURS ☐ ½ DAY ☐ ALL DAY

☐ BEFORE ANY WCJ ☐ BEFORE WCJ

☐ BEFORE ANY WCJ OTHER THAN

☐ CASE(S) SET ON 6/13/15 AT 8:30 WCJ Webber IN Stockton
(DATE) (TIME) (LOCATION)

☒ OTHER DISPOSITION AND ORDERS: See page 4; discovery
is closed re the issue of conflict of
interest.

defense challenges WCJ Sadosky

Notice To: S. Skolnik

Pursuant to Rule 10500, you are designated
to serve this/these document(s) forthwith
on all parties shown on the Official Address
Record ON: 16 June 2015 BY: AM

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

PRE-TRIAL CONFERENCE STATEMENT

CASE NO.

ADJ 1004227
ADJ 1010682
ADJ 1976748
ADJ9066508

STIPULATIONS

THE FOLLOWING FACTS ARE ADMITTED:

1. Tiffany Anderson, BORN 08 / 22 / 1970

WHILE ☒ EMPLOYED ☐ ALLEGEDLY EMPLOYED

☒ ON 6/19/08; 7/2/09; 3/26/09; 6/29/11

☒ DURING THE PERIOD(S) CT-11/30/11

AS A(N) Technician, OCCUPATIONAL GROUP NUMBER _____

AT Stockton, CALIFORNIA,

BY San Joaquin County Mosquito & Vector Control District

☐ SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO _____

☒ CLAIMS TO HAVE SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO internal/unknown

2. AT THE TIME OF INJURY THE EMPLOYER'S WORKERS' COMPENSATION CARRIER WAS

☐ THE EMPLOYER WAS ☒ PERMISSIBLY SELF-INSURED ☐ UNINSURED ☐ LEGALLY UNINSURED

3. AT THE TIME OF INJURY, THE EMPLOYEE'S EARNINGS WERE \$ _____ PER WEEK, WARRANTING INDEMNITY
RATES OF \$ _____ FOR TEMPORARY DISABILITY AND \$ _____ FOR PERMANENT DISABILITY.

4. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS: (TD/PD/VRMA)

TYPE	WEEKLY RATE	PERIOD	TYPE	WEEKLY RATE	PERIOD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

☐ THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF T/D CLAIMED THROUGH _____

5. THE EMPLOYER HAS FURNISHED ☐ ALL ☐ SOME ☐ NO MEDICAL TREATMENT.

THE PRIMARY TREATING PHYSICIAN IS _____

6. ☒ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE ARRANGEMENTS HAVE BEEN MADE.

7. ☐ OTHER STIPULATIONS _____

APPLICANT

DEFENDANT

LIEN CLAIMANT/OTHER

PAGE 2

PRE-TRIAL CONFERENCE STATEMENT

CASE NO. ADJ7004221
ADJ7004227
ADJ7010682
ADJ7976768
ADJ9066508

ISSUES


- ☐ EMPLOYMENT _____
- ☐ INSURANCE COVERAGE _____
- ☐ INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT _____
- ☐ PARTS OF BODY INJURED: _____
- ☐ EARNINGS: EMPLOYEE CLAIMS _____ PER WEEK, BASED ON _____
 EMPLOYER/CARRIER CLAIMS _____ PER WEEK, BASED ON _____
- ☐ TEMPORARY DISABILITY, EMPLOYEE CLAIMING THE FOLLOWING PERIOD(S): _____

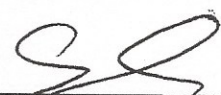
- ☐ PERMANENT AND STATIONARY DATE:
 EMPLOYEE CLAIMS ____/____/____, BASED ON _____
 EMPLOYER/CARRIER CLAIMS ____/____/____, BASED ON _____
- ☐ PERMANENT DISABILITY ☐ APPORTIONMENT
- ☐ OCCUPATION AND GROUP NUMBER CLAIMED: BY EMPLOYEE _____
 BY EMPLOYER/CARRIER _____
- ☐ NEED FOR FURTHER MEDICAL TREATMENT _____
- ☐ LIABILITY FOR SELF-PROCURED MEDICAL TREATMENT _____

- ☐ LIENS:

<u>LIEN CLAIMANT</u>	<u>TYPE OF LIEN</u>	<u>AMOUNT AND PERIODS PAID</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ ATTORNEY FEES
- ☒ OTHER ISSUES: The sole issue at this time is whether Dr. Allems, who was selected from panel 1522183, has a conflict of interest with Stockwell Harris, the defense counsel. If so, applicant requests replacement panel. If not, defense requests order compelling applicant's cooperation with PQME evaluation. Defense also requests judicial notice that COSIPA is a non-profit organization per its website: <http://www.cosipa.org/about-us/>


 APPLICANT


 DEFENDANT

 LIEN CLAIMANT/OTHER

(This page for judge's use only)

ADJ 7004221
ADJ 7004227
ADJ 7010682
ADJ 7976768
ADJ 9066508

PRE-TRIAL CONFERENCE STATEMENT

CASE NO(S):

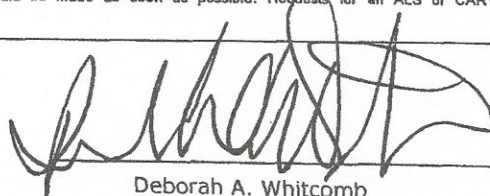
JUDGE'S CONFERENCE NOTES: Objection to Mr Helfrey as a witness to be ruled upon by the trial judge.

OTHER DISPOSITION AND ORDERS:

- ☐ All medical-legal (and other) reports are required to be listed herein with specificity; such are to be filed on the day of trial*. [See Rule 10233.]
- ☒ Records which have been listed herein without specificity, including (but not limited to) documents offered from another WCAB file (as in a request for "judicial notice") shall be designated, excerpted, listed and served (but not filed) no later than 20 days before trial. [See Rule §10232(e)-(f)]; further, these shall be filed on the day of trial*. (Documents offered via a general request for "judicial notice" will not be received in evidence absent compliance with this order – including the actual filing of such documents by the offering party.) [See also Rule 10600.]
- ☐ Any *sub rosa* (or other video/film evidence) shall be excerpted, with a written designation setting forth claimed-relevant passages (date/hr-min-sec to date/hr-min-sec; etc.), and such listing is to be served no later than _____. Such written designation shall be filed at time of trial*. Any video shall be provided to the court on CD-ROM or DVD format, and filed at time of trial.
- ☐ Earnings documentation shall be served (but not filed) no later than _____ (filed day of trial*.)
- ☐ Penalty issues are deferred.
- ☐ Absent agreement of the parties, the party with witness(es) requiring an interpreter shall provide a certified interpreter.
- ☐ Regarding any listed witness(es) whose testimony will be offered as an expert witness (e.g. *LeBoeuf* type, economist, *Almaraz-Guzman* type, etc.), the party or parties listing such witness(es) shall, within _____ days from today, properly serve written representations and statements consistent with the requirements of CCP §2034.260. Failure to do so shall make such testimony inadmissible. (See CCP §§2034.210 *et seq.* for further guidance.) Such written statement shall be filed at time of trial*.
- ☒ Discovery is closed.
- ☐ Other: Sole issue for trial is whether Dr Allens has a conflict of interest with the defense firm B Stockwell.

* For OCR filers. E-filers shall electronically file such no later than five (5) working days before trial.

NOTICE TO PARTIES: Disability accommodation is available upon request. Any person with a disability requiring an accommodation, 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 WCAB, or the statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free). The statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish). Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer Aided Transcription System or Communication Access Realtime Translation (CART), a sign language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing.



Deborah A. Whitcomb
Workers' Compensation Judge

See page 1 for Order directing service of this Mandatory Settlement Conference statement.

CASE NO.

EXHIBITS

- ☐ APPLICANT
☒ DEFENDANT
☐ LIEN CLAIMANT
☐ APPEALS BOARD

DESCRIPTION

DATE _____

Flyer for COSIPA 2013 conference - date unknown

Power point for COSIPA conference by Eric Helphrey - original draft date unknown

10/10/2013

All by applicant

WITNESSES

All by applicant

ABOVE LISTINGS OF EXHIBITS AND WITNESSES REVIEWED BY ALL PARTIES.

~~APPLICANT~~

DEFENDANT

LIEN CLAIMANT/OTHER

PAGE _____ OF _____

CASE NO(S):

ADJ. 7004227

A D J 797 6768

DATE _____

- | | | |
|---|--------------|----------|
| Adapt COSTPA | 3 pg printed | 4-5-14 |
| Celebrations VS Science | | 5-24-13 |
| American Council Science Math 5 pgs | | undated |
| Presentation Cancer presumptions Claims | | 10-10-13 |
| Presented by Eric Helphrey & R. Munn | pgs 7 | 10-17-13 |
| Thomas Atkins | 1 pg | 4-1-14 |
| Law suit Atkins witness (pg 5) | 1 pg | undated |
| Notice of representation | | 9-15-11 |

Tiffany Anderson
Eric Hefphrey

~~ABOVE LISTINGS OF EXHIBITS AND WITNESSES REVIEWED BY ALL PARTIES.~~

DEFENDANT

LIEN CLAIMANT/OTHER

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Tiffany Anderson

Applicant

San Joaquin City Mosquito Vector
Control, ps, adj by AIMS

Defendants.

Case No.

ADJ 7004221; ADJ 7004227;
ADJ 7010082; ADJ 7976768;
ADJ 9066508

MINUTES OF HEARING

and/or ORDER & DECISION on CONTINUANCE
or ORDER TAKING OFF CALENDAR REQUEST
and/or NOTICE OF HEARING

☐ BEFORE ☒ AT

☐ TRIAL ☐ MSC ☐ WALK THRU

☒ CONF. ☐ EXP HEARING ☐ LIEN CONF ON Petition stay

DATE OF HEARING 8/13/15 REQUEST 7/16/15

APPEARANCES

APPLICANT ☒ PRESENT ☐ NOT PRESENT

APPLICANT REPRESENTED BY (NAME & FIRM)

DEFENDANT REPRESENTED BY (NAME & FIRM)

OTHERS APPEARING (NAME & FIRM)

INTERPRETER (NAME & FIRM)

ATTORNEY

ATTORNEY

ATTORNEY

CERTIFICATION NO.

HEARING REP.

HEARING REP.

HEARING REP.

[PARTIES ARE NOT TO WRITE BELOW HERE]

PARTY MAKING REQUEST: ☐ JOINT ☐ APPLICANT ☐ DEFENDANT ☐ OTHER

REQUEST FOR: ☐ CONTINUANCE ☐ OTOC REQUEST BY: ☐ LETTER ☐ TELEPHONE

POSITION OF OPPOSING PARTY: ☐ AGREE ☐ OPPOSE ☐ UNREACHABLE ☐ UNKNOWN

REASON FOR REQUEST

BOARD REASON

FURTHER DISCOVERY: APP MED DEFENDANT MED AME DEPO INSUFFICIENT TIME TO START TO FINISH

CALENDAR CONFLICT: APPLICANT DEFENSE L.C.

SETTLEMENT PENDING

IMPROPER/INSUFFICIENT NOTICE BY PARTY

☐ IMPROPER DECLARATION OF READINESS/VALID OBJECTION

NON-APPEARANCE APP DEF LIEN CLAIMANT WITNESS PENDING

APPLICANT DEF COUNSEL VACATION ILLNESS

UNAVAILABILITY OF WITNESSES APP DEFENSE

DISPUTE RESOLVED BY AGREEMENT NO ISSUE PENDING

JOINDER CONSOLIDATION VENUE NEW APPLICATION

AUTO REASSIGN DISQUALIFY APP DEFENDANT

APPLICANT NOW REPRESENTED REQUESTS REPRESENTATION

CHANGE OF CIRCUMSTANCES

REASSIGNMENT: REFUSED NOT AVAILABLE

REPORTER INTERPRETER NOT AVAILABLE

WCJ NOT AVAILABLE RECUSAL

UEF ISSUES ☐ SERVICE DEFECTIVE ☐ BANKRUPTCY

DEFECTIVE WCAB NOTICE

ARBITRATION

OTHER/COMMENTS

The petition to stay
is granted. The firm
is cancelled and this matter
is withdrawn off calendar.
An order for a replacement hearing in
Medicine has
issued

GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR ☐ CONT ☒ OTOC IS ☒ GRANTED ☐ DENIED ☐ INTERVA

DAYS FOR C&R STIPS, OTHERWISE: OTOC RESET

☒ OTOC

C&R/STIPS SUBMITTED FOR APPROVAL

C&R/STIPS APPROVED

STIP & ORDER

LIEN STIPS AND ORDER APPROVED

N.O.I. TO ISSUE

SET FOR MSC CONF TRIAL LIEN TRIAL CONTD TESTIMONY

TIME 1 HR 2 HRS 4 HRS

DAY

SET ON AT LOCATION Stockton BEFORE JUDGE

SUPPLEMENTAL PAGES ATTACHED PAGES

DATE

7/6/15

SCOTT E. CRAWFORD

WORKERS' COMPENSATION JUDGE

NOTICE TO

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties as shown on the Official Address Record. Service on designated server with a copy of the official address record.

Date 7/6/15 By

Served on parties and lien claimants present