

3-20-12

3-27-12



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**PANEL QUALIFIED MEDICAL RE-EVALUATION:**  
**MARCH 27, 2012 @ 8:30AM**

March 20, 2012

Dr. Khosrow Tabaddor  
8221 N. Fresno Street  
Fresno, CA 93720

**RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO  
& VECTOR CONTROL**

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4)  
ADJ7976768  
CLAIM NO.: VE0700184  
OUR FILE NO.: 300141-040  
DATE OF LOSS: 1) 6/19/08 2) 7/2/09 3) 3/26/09; 4) 6/29/11

Dear Dr. Tabaddor:

Please recall that this office represents the interests of AIMS in the above matter. Thank you for agreeing to re-examine Ms. Tiffany Anderson. This evaluation is scheduled to take place on March 27, 2012 at 8:30am in your office in Sacramento, California, please recall that you were selected from Panel #1114339 to serve as the Panel Qualified Medical Evaluator. You have evaluated Ms. Anderson on

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Orange, California 92868-4736  
(714) 479-1180

SAN DIEGO OFFICE  
750 "B" Street, Suite 2340  
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(619) 696-1436

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more than one occasion. The last time was November 1, 2011. For your review, I am enclosing a copy of the November 1, 2011 report.

Since the time of your last evaluation, Ms. Anderson underwent right knee surgery. The date of that evaluation was November 28, 2011. Please re-evaluate Ms. Anderson on behalf of the parties. Please advise if any of your previously expressed opinions have changed.

This brings us to date.

Please perform your usual thorough, thoughtful and unbiased assessment, and address the specific questions asked in this referral. A complete medical evaluation should include a detailed account of the patient's injury as well as his/her past general medical condition and/or any pre-existing factors that may have contributed to or been the cause of his/her current medical condition and need for treatment. Please compare the history provided by the examinee with the history documented in the medical records. The physical examination should document all pertinent positive, negative, and non-physiological findings. *For extremity injuries, please document measurements bilaterally.* Please assess whether your physical examination findings are consistent with those of other examiners. Your conclusions must be supportable.

It is requested that your report comment specifically on the following:

**Causation.** Based on your examination of the patient and review of the available information, do you believe in your professional medical opinion that this patient has sustained an industrial injury? Are the medical findings consistent with the claimed injury? Are the subjective complaints supported by objective findings? Are there any non-physiological findings present on examination? Is there evidence of dysfunctional illness behavior? Was the injury a new problem, an aggravation or contribution to a preexisting problem, or does this reflect a temporary exacerbation? *Please present your medical conclusions, to a reasonable degree of medical certainty concerning the cause, the effect, and the relationship between the cause and effect. Please explain the rationale for your conclusions.*



**Temporary Disability.** Was there any period for which the applicant, due to the industrial injury, was temporarily disabled from work? If so, for what period of time would you estimate the applicant to have been temporarily disabled?

**Permanent Disability.** If a disability exists as the result of an industrial injury, has it reached maximum medical improvement (MMI)? When, in your estimation, did the condition reach this level? If the condition has not reached MMI, please provide an estimate of when it is likely to occur and what will facilitate achieving MMI. If the condition has reached MMI, please describe any permanent disability *in accordance with the AMA's Guides to the Evaluation of Permanent Impairment, Fifth Edition* with particular reference to Chapter 2, "Philosophy, Purpose and Appropriate Use of the *Guides*", and the applicable chapter(s) pertaining to the claimed injury. You should obtain the applicable data as discussed in the "Principles of Assessment" for each chapter and assure that the data is reliable. When rating impairment, please detail your methodology, including references to Tables, Figures and page numbers. If spinal impairment is rated, please explain your choice of methods and how you determined impairment. For an upper extremity rating, please complete Figure 16-1 Upper Extremity Impairment Evaluation Record (5<sup>th</sup> ed., 436-437). For a lower extremity rating, please explain the method(s) that you have chosen, with reference to Table 17-2 Guide to the Appropriate Combination of Evaluation Methods (5<sup>th</sup> ed., 526). If you feel pain is ratable, explain fully your approach according to the standards defined in Chapter 18.

As part of our focus on quality assurance, we routinely have ratings reviewed by other experts to assure appropriate application of the *Guides* and accuracy of ratings.

**Apportionment.** Please describe any and all factors of apportionment. Please note, LC §4663 provides that apportionment "shall be based upon causation". Reports addressing permanent disability must address causation and determine the percentage of permanent disability caused by injury and by other factors including previous disabilities, pre-existing conditions or impairments. Please discuss your findings on any apportionment to non-industrial (avocational) or pre-existing factors (pathology) as required by the recent decisions of the WCAB. Apportionment to factors that previously could not have been apportioned to,

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including pathology and asymptomatic pre-injury conditions is now permitted. The ***Escobedo*** decision provides that any conclusion regarding apportionment must be supported by substantial medical evidence establishing that these factors have caused permanent disability. The Board concluded that to be considered substantial evidence, your opinion about the approximate percentage of PD due to the direct results of the injury and the "approximate percent" of PD due to other factors, must be:

- Framed in terms of reasonable medical probability;
- Based on pertinent facts and on an adequate history; and
- It must set forth reasoning in support of its conclusions;
- It must not be speculative

The court stated that the physician must explain how and why the other factors are causing permanent disability at the time of the evaluation, and how and why they are responsible for an approximate portion of the disability. If you cannot provide an opinion on apportionment, please state why. Per LC 4663(c), if you are unable to make an apportionment determination, you are to seek help from another physician to provide the opinion or refer the employee to a physician who can make an apportionment determination, ***it is important that you ask the examinee if there have been any previous permanent disabilities, physical impairments, awards of permanent disability, or Compromise and Release Agreements as per LC 4663(d). The response to this question must be documented.***

***Medical Treatment.*** In connection with the medical treatment provided to the applicant to date, has it been reasonable in light of the incident or injury claimed by the applicant? In your opinion, have there been any excesses in either treatment or testing? Please note that newly passed legislation provides that the American College of Occupational and Environmental Medicine (ACOEM) guidelines are presumptively correct for all dates of injury.

***Future Medical Care,*** Please state, in as much detail as possible, what future medical care, treatment, medication and surgical procedures should be provided or made available to the claimant and specify the duration. Again, please note that



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American College of Occupational and Environmental Medicine (ACOEM) guidelines are presumptively correct for all dates of injury.

***Ability to Return to Work.*** One of the primary goals of the workers' compensation system is to return the injured worker to the work force. We seek your assistance in reaching this goal. To aid you in this endeavor I have enclosed a Job Description.

Please advise if the applicant can return to full duty as describe in the Job Description or if none available, based on the applicant's description of the job duties. If the applicant is not able to return to full duty, please advise as to any limitations that the employer should be aware of.

In addressing any limitations, consider the following activities and the applicant's ability to perform each.

Standing, walking, sitting, crawling, climbing, bending, stooping, twisting, lifting, pushing, pulling, reaching, handling/grasping, and balancing.

Include the duration in time that the applicant can perform each activity in an 8 hour work day. Also address any limitations that the applicant may have in performing these activities on consecutive days in a 5 day work week.

Include any limitations on the applicant's ability to carry or lift weight and any restriction as the duration of carrying or lifting during an 8 hour work day. Also address any limitations that the applicant may have in performing these activities on consecutive days in a 5 day work week.

Please be advised that any testing which you deem reasonably necessary in your evaluation of the applicant will need to be authorized by the defendant. Additionally, if you feel that hospitalization is necessary, you must first obtain authority from the defendant.

Your close attention to the foregoing questions will be greatly appreciated since your opinions and comments regarding these issues will be most important to the outcome of this case. Feel free to add any additional comments or information you feel is relevant or of significance to this case.

ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL

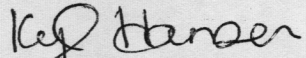
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Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL

A Professional Corporation



KYLE R. HANSEN

KRH:hv

Enclosure: Report dated November 1, 2011.

cc: Ms. Tiffany Anderson (In Pro-Per)  
Ms. Mackenzie Dawson, AIMS Insurance