

Khosrow Tabaddor, M.D.

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Qualified Medical Evaluator

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QUALIFIED MEDICAL EVALUATION

Disability Evaluation Unit
31 East Channel Street, Room 471
Stockton, CA 95202

RE:	ANDERSON, TIFFANY
DATE OF EVALUATION:	March 27, 2012
EMPLOYER:	San Joaquin County in Mosquito and Vector Control
DATE OF INJURY:	June 29, 2011
CLAIM NO:	VE0700184
FILE NO:	86351-4

45 minutes were spent in face to face time with the examinee during the examination process.

FEE DISCLOSURE

ML 101-95: This is a Qualified Medical Re-Evaluation where the examinee was re-examined prior to 9 months since the initial visit. Total time spent includes, but not limited to, face to face time with the examinee, record review time (including additional records provided, any prior reports, supplementals, examinee questionnaire, MRI, X-rays, prior and current notes and cover letters), narrative report preparation and its review & final editing. **Total time spent was 2 hrs 15 mins.**

- 45 minutes of face to face time
- 1 hour(s) of record review time
- ½ hour(s) of report preparation time
- 2 ¼ total hours of combined time

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

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Thank you for the opportunity to evaluate Tiffany Anderson on Tuesday, March 27, 2012 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 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 41-year-old, right-handed, 5'4" 135-pounds and she has been working for San Joaquin County in Mosquito and Vector Control starting 4/19/04 and continued working until 7/1/11. She is currently under disability. Date of injury is 6/28/11.

I saw her previously on November 1, 2011 and at that point, I addressed my opinion as related to her right knee symptomatology as well as psychological overlay and my concerns about her taking Norco six to eight tablets a day.

She came back for reexamination and stated that due to the persistent pain, her treating physician referred her for MRI of the right knee. Eventually, she underwent surgery on 11/29/11. She remained under care of Dr. Murata and currently taking ibuprofen 800 mg once a week and Norco eight tablets a day. She also takes Xanax four tablets every day. Overall her condition is in process of improvement.

PRESENT COMPLAINTS

She complains of having on and off pain to the right knee on a scale of 0 to 10 varies from 3 to 7. The pain is increased by stair climbing, squatting, running, and she is unable to use high heel shoes. Pain is associated with stiffness of right knee, tingling, numbness, weakness, and swelling of the knee. She has some grinding in the knee joint. There is no locking and no giving way. Standing about five hours cause pain.

She has no problem with walking. She uses ACE bandage for the right knee during ambulation. She is not capable of returning to her previous occupation.

PAST HISTORY

Unchanged.

PATIENT PROFILE

Unchanged.

ACTIVITIES OF DAILY LIVING

Except for standing for a longer period of time, she has no problem with self-care, personal hygiene, communication, sensory function, nonspecialized hand activities, and travel. She wakes up periodically because of her anxiety.

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 scars related to arthroscopic surgery. Tenderness to touch detected on the medial and lateral aspect corresponding with the joint line. Range of motion of the right knee was within normal limits. There was no evidence of anterior or posterior instability. Valgus and varus stress tests in knee joint are negative. Lachman and McMurray tests were all negative.

LEFT KNEE

Inspection of 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.

MEASUREMENTS

Measurements of the lower extremities are as follows:

Circumferential girth measurements at:

	<u>RIGHT</u>	<u>LEFT</u>
Upper pole of Patella:	16	16
5'' above superior pole/patella:	20	19½
Calf measurement:	15	15

NEUROLOGICAL EXAMINATION

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

SENSATION: Sensation within normal limits.

GAIT

There was no evidence of abnormal gait.

DIAGNOSIS

1. Status post arthroscopic surgery of the right knee and re-tear of the lateral meniscus and partial meniscectomy.

DISCUSSION

I have had the opportunity to reexamine Ms. Tiffany Anderson on March 27, 2012, for injuries sustained during the course of her employment occurred on 6/28/11. I saw her previously on November 1, 2011 and based upon her subjective complaints, physical examinations, review of submitted medical records, I felt that she was suffering from contusion of right knee as a result of the claimed injury of 6/29/11 and resolved contusion of the right leg. Subsequent to my evaluation, the patient continued under care of Dr. Murata and apparently was referred for MRI of the right knee. This study is not available for my review; nevertheless I saw the operative report dated 11/18/11 from Ambulatory Surgery Center of Stockton. Dr. Murata made the diagnosis of internal derangement of the right knee with lateral meniscus tear and postoperatively addressed the diagnosis of complex recurrent tear of the lateral meniscus involving the mid and anterior horn and smaller area of unstable chondromalacia of the medial femoral condyle. He performed arthroscopic surgery of the right knee with partial lateral meniscectomy and chondroplasty of the medial condyle. On these findings, he addressed that the complex recurrent tear of the lateral meniscus involving mid and anterior horn and in the description of the procedure, he mentioned that 10% of the meniscus was resected leaving a stable rim. There was no evidence of chondromalacia on the lateral femoral condyle over the lateral plateau. In addition, it was noted the small area of unstable chondromalacia along the medial portion of the medial femoral condyle, which was debrided with the shaver. There are no additional medical records available for my review and nevertheless Ms. Anderson states that she continues receiving medication to include eight Norco tablets and four Xanax every day.

This patient's condition has obtained a maximum medical improvement and her condition can now be declared as permanent and stationary.

SUBJECTIVE COMPLAINTS

1. Constant slight right knee pain reaching to moderate level with prolonged standing and frequent stair climbing and squatting.

OBJECTIVE FINDINGS

Operative report as described above.

IMPAIRMENT RATING

I addressed the impairment ratings previously and found her to be entitled to 4% of whole person impairment. That was based upon her subjective complaints and physical findings as related to her previous claimed date of injury of June 19, 2008. As a result of industrial accident of June 28, 2011, it apparently caused re-tear of the lateral meniscus and required partial meniscectomy. Based on AMA Guides, her percentage of impairment remains unchanged.

NEED FOR FUTURE MEDICAL CARE

In reference to her right knee symptomatology, the patient may require use of analgesics and antiinflammatory agents and once again I emphasize the patient should be taken off narcotics and being replaced with other modalities or non-narcotic medications. In the case of flareups, she may benefit from short course of physical therapy about two to three weeks.

WORK RESTRICTIONS

She may return to her previous occupation although she would be precluded from no jumping or running.

APPORTIONMENT TO CAUSATION

Based upon the history as provided by the patient and the Guidelines of SB 899, as well as review of submitted medical records, it is with reasonable medical probability that as a result of industrial accident of June 29, 2011, she sustained reinjury to the knee and the periods of temporary disability following the surgery appeared to be appropriate. In that respect, there is no apportionment applied as related to the claimed date of injury of June 29, 2011.

Thank you for the opportunity to evaluate this examinee. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

ATTESTATION

I, Khosrow Tabaddor, M.D., personally took the examinee's history, reviewed the medical records, performed the physical examination, and dictated this report. All of the opinions expressed in the report are mine.

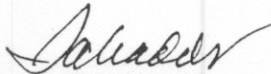
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I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Sincerely yours,



Khosrow Tabaddor, M.D.
Orthopaedic Surgeon

Signed this 25 day of April 2012 in LA County in the State of California.