Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
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Fresno, CA 93720
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SUPPLEMENTAL REPORT

April 17, 2014

AIMS Acclamation
Po Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF REEVALUATION:	November 1, 2011
EMPLOYER:	San Joaquin County MVCK
DATE OF INJURY:	June 29, 2011
CLAIM NO:	VE0700184
FILE NO:	86351-6

FEE DISCLOSURE

ML 106-95: This is a Qualified Medical Evaluation Supplemental Report. This represents the summary of total time spent on record review, the preparation of a narrative report and its review & final editing. **Total time spent was 3 hr 30 mins.**

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

REVIEW OF MEDICAL RECORDS

06/20/2008. Donald Rossman, M.D. First report. DOI: 06/19/2008. CC: Stiffness, pain, and swelling in right leg. It is a moderate shooting pain, that is constant. DX:

Right knee effusion. Anterior cruciate ligament sprain, right. TX: Prescribed Propoxyphene-APAP 100-650 mg. WORK STAT: Modified 06/20/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 06/23/2008. (p. 16)

06/20/2008. David Wong, M.D. (radio) X-ray. DOI: NA. SPEC STUD: X-ray of the right knee. DX: Soft tissues and osseous structures intact without any obvious fracture or dislocation seen. Joint space is maintained without any narrowing. (p. 22)

06/23/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Condition remains unchanged. Stiffness, pain, and swelling in right leg. It is a moderate shooting pain, that is constant. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX RECOM: Authorization for physical therapy 3 times a week for 2 weeks. WORK STAT: Modified 06/23/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 1 week. (p. 23)

06/30/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Improving as expected. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Complete physical therapy. Discontinue knee support. Continue other treatment measures. WORK STAT: Modified 06/30/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 07/08/2008. (p. 28)

07/08/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Pain, stiffness, and swelling in right leg. Pain is mild and throbbing and occasional. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Add TENS unit to help decrease pain and swelling. Finish physical therapy. Continue ibuprofen. Knee brace as directed. WORK STAT: Modified 07/08/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. Off work due to no modified duty at work. FU VISIT: 1 week. (p. 33)

07/15/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Pain, stiffness, and swelling in right leg. Pain is throbbing and burning and unbearable. It is constant and worse with walking. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Knee brace as needed. Prescribed Propoxyphene-APAP 100-650 mg. TX RECOM: Authorization for physical therapy 3 times a week for 2 weeks. WORK STAT: Modified 07/15/2008. No squatting, kneeling or crawling. No climbing

ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 1 week. (p. 38)

07/22/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Pain, stiffness, and swelling in right leg. Pain is throbbing and burning and unbearable. It is constant and worse with walking. SPEC STUD REQ: MRI of the right knee. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Knee brace as needed. Prescribed ibuprofen 800 mg. WORK STAT: Modified 07/22/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 1 week. (p. 42)

07/28/2008. William Federal, M.D. (radio) MRI. DOI: NA. SPEC STUD: MRI of the right knee. DX: Anterior horn, medial meniscus tear. (p. 45)

07/29/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Pain, stiffness, and swelling in right leg. Pain is throbbing and burning and unbearable. It is constant and worse with walking. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Refilled Propoxyphene-APAP 100-650 mg. TX RECOM: Authorization for orthopedic consult due to positive MRI. WORK STAT: Modified 07/29/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 7-10 days. (p. 48)

08/05/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Pain, stiffness, and swelling in right leg. Pain is throbbing and burning and unbearable. It is constant and worse with walking. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Will see Dr. Murata on 08/06/2008 for ortho consult. WORK STAT: Modified 08/05/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. FU VISIT: 1 week. (p. 51)

08/07/2008. Gary T. Murata, M.D. (ortho) Initial consult. DOI: 06/19/2008. CC: Right knee discomfort. DX: Lateral meniscal tear of the right knee. TX: Given an arthroscopic booklet. WORK STAT: Modified. Avoid climbing, squatting, and kneeling. Walking and standing should be limited to occasional. (P. 54)

08/12/2008. Donald Rossman, M.D. Follow up. DOI: 06/19/2008. CC: Pain, stiffness, and swelling in right leg. Pain is throbbing and burning and unbearable. It is constant and worse with walking. DX: Right knee effusion. Anterior cruciate ligament sprain, right. TX: Transfer of care to Dr. Murata to proceed with knee surgery. WORK

STAT: Modified 08/12/2008. No squatting, kneeling or crawling. No climbing ladders. Wear splint and brace as directed. No prolonged standing or walking. (p. 57)

08/22/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Knee pain is not better. DX: Lateral meniscal tear of the right knee. TX: Proceed with arthroscopy of the right knee. WORK STAT: Light duty. FU VISIT: Preoperative visit. (p. 61)

09/17/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Grade I systolic ejection murmur. DX: Lateral meniscal tear of the right knee. TX: Scheduled for arthroscopic surgery next week. Prescription for Norco 7.5 mg for post operative pain management. WORK STAT: Off work until 11/03/2008. FU VISIT: 3-4 days after surgery. (p. 64)

09/17/2008. Gary T. Murata, M.D. (ortho) H&P. DOI: 06/19/2008. CC: Right knee discomfort. Pain and swelling of right knee. TX: Arthroscopic surgery of right knee. (p. 68)

09/22/2008. Gary T. Murata, M.D. (ortho) Op report. DOI: NA. PROC: Arthroscopy of the right knee with partial lateral meniscectomy. Chondroplasty of the medial femoral condyle. PREOP DX: Lateral meniscus tear, right knee. POSTOP DX: Complex tear lateral meniscus. Grade II chondromalacia of medial femoral condyle. (p. 72)

09/25/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Walking without crutches but has a fair amount of soreness. DX: Recent arthroscopy, partial lateral meniscectomy, right knee. TX: Instructed on a home exercise program. Can now bathe. Sutures were removed. Start therapy next week. WORK STAT: Off work until 11/05/2008. FU VISIT: 3 weeks. (p. 74)

10/16/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: some improvement of the knee. Pain seems to be improved. DX: Continued improvement following partial lateral meniscectomy. TX: Continue physical therapy twice a week for 4 weeks. WORK STAT: Off work until 11/05/2008. FU VISIT: 3 weeks. (p. 77)

10/30/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Still has a fair amount of pain in knee. After 8 hours of sleep wakes up in severe pain. Still has pain with squatting and kneeling. DX: Recent arthroscopy, partial lateral meniscectomy. TX: Continue physical therapy. Decrease amount of Vicodin she is taking. Continue

with ibuprofen. WORK STAT: Off work until 12/01/2008. FU VISIT: 2 weeks. (p. 80)

11/18/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Still has a fair amount of pain and swelling in knee. DX: Continued inflammation following arthroscopy and partial lateral meniscectomy. TX: Ice knee. Should continue home exercise program and physical therapy program. TX RECOM: Authorization for 8 more sessions of physical therapy. FU VISIT: 1 month. (p. 83)

12/17/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Slowly improving. Swelling is much better and taking less Norco. DX: Continued improvement following arthroscopy with partial lateral meniscectomy. TX: Continue home exercise program. WORK STAT: Modified. No squatting or running. Walking occasionally, no climbing. RTW on 01/05/2009. FU VISIT: 1 month. (p. 88)

01/09/2008. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Having a fair amount of pain in knee. Pain is diffuse along anterior joint line. DX: Pain about right knee following partial lateral meniscectomy. TX: Patient reassured. Decrease amount of hydrocodone per day. WORK STAT: RTW. FU VISIT; 01/22/2009. (P. 89)

01/20/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Improved slowly. Still has some pain along the anteromedial joint. No locking of knee. DX: Continuing improvement following partial lateral meniscectomy. TX: Continue home exercise program. Will be permanent and stationary next visit. WORK STAT: RTW. FU VISIT: 6 weeks. (p. 90)

03/03/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Pain after using elliptical trainer for 1 hour. DX: Slow improvement after partial lateral meniscectomy. TX: Done well with decreasing narcotic usage. Anticipate permanent and stationary. WORK STAT: RTW. FU VISIT: 2 months. (p. 91)

03/25/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Pain and swelling in knee. Swelling has improved somewhat but has not been working. DX: Aggravation of knee status post lateral meniscectomy. TX: Will take over the counter Motrin 2400 mg per day with meals. Will ice knee at least once a day. If knee does not improve will have a repeat MRI. WORK STAT: Off work 03/21/2009 – 03/29/2009. FU VISIT: 03/30/2009. (p. 92)

03/31/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Still has pain and swelling in knee. No improvement since last week. SPEC STUD REQ: MRI of the right knee. DX: Aggravation of knee status post lateral meniscectomy. WORK STAT: Modified. No squatting or climbing. Walking and standing occasionally. FU VISIT: After MRI. (p. 93)

04/07/2009. Daniel Dietrich, M.D. (radio) MRI. DOI: NA. SPEC STUD: MRI of the right knee. DX: Near circumferential horizontal tearing of the lateral meniscus. Anterior cruciate ligament may be mildly attenuated, but appears intact. Small joint effusion and narrow elongated Baker's cyst. (p. 94)

04/10/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Severe pain in knee. Has lateral joint and anterior joint pain. DX: Painful right knee. TX: Try to exercise on own equipment on low impact exercise. Take over the counter Motrin. TX RECOM: Authorization for physical therapy 2 times a week for 3 weeks. DISABILITY: TTD 05/04/2009. FU VISIT: 3 weeks. (p. 95)

04/28/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Pain and swelling in right leg. Had some improvement with therapy. DX: Slight improvement of recent right knee strain. TX: Should continue with physical therapy. TX RECOM: Authorization for physical therapy 1 time a week for 4 weeks. WORK STAT: Off work until 05/18/2009. No light duty available. FU VISIT; 2 weeks. (p. 97)

05/19/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Improved. Has much less swelling but continues to have some intermittent swelling. DX: Improvement of recent right knee strain with history of partial lateral meniscectomy. TX: Continue therapy. WORK STAT: RTW 05/26/2009. FU VISIT: 3 weeks. (p. 100)

06/09/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continues to have some pain and swelling about knee. Pain seems to be anterior about the patella and not localized to lateral joint line. Severe fatigue. DX: Continued knee pain following partial lateral meniscectomy. TX: Will hopefully improve in time as she gets used to regular hours. WORK STAT: RTW. FU VISIT: 1 month. (p. 105)

07/07/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Much worse symptoms last week. Knee is very painful. DX: Continued symptoms following partial lateral meniscectomy over 9 month ago. WORK STAT: Off work until

07/08/2009. On 07/08/2009, light duty with no squatting, no climbing, intermittent walking and standing. FU VISIT: 1 week. (p. 106)

07/14/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continued pain along anterior aspect of knee. No improvement since last visit. DX: Continue anterior knee pain and swelling following arthroscopy. TX: Prescribed Norco 21 pills renewed every 7 days. May have permanent job restrictions. WORK STAT: Modified. No climbing or squatting. Walking or standing intermittent. FU VISIT: 1 month. (p.
107)

08/11/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Slight improvement of knee. No light duty available. Some intermittent swelling of knee. DX: Continued anterior knee pain syndrome following partial lateral meniscectomy. TX: Will continue home exercise program. Should not take more than 3 Norco a day. WORK STAT; Modified. No climbing or squatting. FU VISIT: 1 month. (p. 108)

09/08/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Has not been working but has continued pain and swelling of knee. DX: Continued anterior knee pain syndrome following partial lateral meniscectomy. TX: Patient would like a second opinion with another orthopedic surgeon regarding permanent and stationary status. WORK STAT: Modified. No climbing or squatting. FU VISIT: 1 month. (p. 109)

10/06/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Believes retore lateral meniscus. Has intermittent swelling. WORK STAT: Modified. No climbing or squatting. Intermittent standing and walking. (p. 110)

11/03/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Intermittent swelling of knee. Mild effusion. WORK STAT: Modified. No climbing or squatting. Intermittent standing and walking. No light duty available. (p. 112)

12/11/2009. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continues to have mostly anterior pain about knee with some lateral joint discomfort with swelling. SPEC STUD: MRI of the right knee. DX: Tear of the lateral meniscus, horizontal cleavage tear with meniscal cyst. DX: Recurrent lateral meniscus tear with meniscal cyst. TX RECOM: Authorization for repeat arthroscopic surgery and excision of painful meniscal cyst. WORK STAT: Modified. No climbing or squatting. Intermittent standing and walking. FU VISIT: As needed. (p. 113)

01/20/2010. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Some improvement trying to work out at the gym. DX: Right knee recurrent lateral meniscus tear with lateral meniscal cyst. TX: Continue home exercises. TX RECOM: Authorization for repeat arthroscopic surgery and excision of painful meniscal cyst. WORK STAT: Modified. No climbing or squatting. Intermittent standing and walking. FU VISIT: 4 weeks or sooner if surgery is approved prior to visit. (p. 115)

02/11/2010. Wendelin W. Schaefer, M.D. (ortho) Utilization review. DOI: 06/19/2008. The request for right knee arthroscopy, partial lateral meniscectomy, and excision of a lateral meniscal cyst is approved. (p. 122)

02/17/2010. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continues to have swelling about right knee and lateral joint pain. DX: Recurrent medial meniscus tear with a small ganglion or meniscal cyst. TX: Proceed with surgery. WORK STAT: Modified. No squatting or climbing, standing and walking intermittently. No modified work available. FU VISIT: 4 weeks or sooner if surgery is approved prior to visit. (p. 128)

03/03/2010. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continues to have swelling about right knee and lateral joint pain. DX: Recurrent medial meniscus tear with a small ganglion or meniscal cyst. TX: Scheduled for arthroscopic surgery next week. Will try to wean off of crutches and pain medication as soon as possible after surgery. FU VISIT: 1 week after surgery for suture removal. (P. 129)

03/08/2010. Gary T. Murata, M.D. Op report. DOI: NA PROC: Arthroscopy of the right knee with microfracture of the medial femoral condyle and partial lateral meniscectomy. Partial lateral meniscectomy. PREOP DX: Recurrent lateral meniscus tear of the right knee. POSTOP DX: Grade IV chondromalacia of medial femoral condyle. A 1.5 cm circular lesion. Recurrent lateral meniscus tear. (p. 133)

04/13/2010. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Much improvement of pain. Has not used crutch much last week but has very little knee pain. DX: Doing quite well following partial lateral meniscectomy chondroplasty of medial femoral condyle. TX: Can now stop crutches. Should avoid any type of high impact activities. TX RECOM: Authorization for physical therapy 2 times a week for 4 weeks. WORK STAT: Modified. No squatting or kneeling; walking and standing occasionally; lifting to 10 pounds; no climbing. FU VISIT: 4 weeks. (p. 191)

07/06/2011. Jon Eck, M.D. PR-2. DOI: 06/29/2011. Illegible handwritten notes. (p. 217)

07/18/2011. Jon Eck, M.D. PR-2. DOI: 06/29/2011. Illegible handwritten notes. (p. 209)

08/09/2011. Daniel Dietrich, M.D. MRI. DOI: NA. SPEC STUD: MRI of the right knee. DX: Prior surgical truncation of the lateral meniscus with recurrent tear of the body and anterior horn. No definite medial meniscus tear. There may be a tear of the superior meniscocapsular ligament adjacent to the periphery of the posterior horn. Trace joint fluid and possible mild posanserine tendinopathy. (p. 223)

08/16/2011. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continuous to have mostly anterior and anterior medial joint pain. SPEC STUD: MRI of the right knee. DX: No internal derangement about the medial side. There is a possible recurrent tear of the lateral meniscus. DX: Recurrent tear lateral meniscus. TX: Prescription for Motrin 800 mg. TX RECOM: Authorization for 8 sessions of physical therapy. WORK STAT: Modified. No squatting. Standing and walking occasional. No climbing or lifting to 20 pounds. FU VISIT: 4 weeks. (p. 225)

11/28/2011. Gary T. Murata, M.D. Op report. DOI: NA. PROC: Arthroscopy of the right knee with partial lateral meniscectomy. Chondroplasty of the medial condyle separate compartment. PREOP DX: Internal derangement with lateral meniscus tear. POSTOP DX: Complex recurrent tear of the lateral meniscus involving the mid and anterior horns. A small area of unstable chondromalacia of medial femoral condyle. (p. 277)

01/10/2012. Gary T. Murata, M.D. (ortho) PR-2. DOI: 06/19/2008. CC: Continues with generalized anterior knee pain about right knee. DX: One month following arthroscopy of the right knee with partial lateral meniscectomy and chondroplasty of the medial femoral condyle. TX: Continue therapy 2 times per week for 4 weeks. WORK STAT: Modified if available. No squatting. No climbing. No driving commercial vehicle. Walking and standing occasional. (p. 286)

09/06/2013. Peter M. Gannon, M.D. (neuro) Consult. DOI: 06/19/2008. CC: Ongoing pain in right knee and some swelling. Has altered sensation around the medial aspect of the right knee extending down the medial leg to just above the ankle. Altered sensation over medial thigh. SPEC STUD REQ: NCV and EMG of the right lower extremity. (p. 321)

09/23/2013. Peter M. Gannon, M.D. (neuro) EMG, NCV. DOI: 06/19/2008. SPEC STUD: NCV of the right lower extremity. DX: Abnormal nerve conduction study of the right saphenous nerve consistent with right saphenous dysfunction. SPEC STUD: EMG of the right lower extremity. DX: Normal EMG of the right lower extremity. No evidence of acute or chronic denervation. (p. 324)

MISCELLANEOUS REPORT

06/25/2008. Danielle Sartori, DPT. (physical therapy) DOI: 06/19/2008. Physical therapy evaluation. (p. 27)

07/11/2013. Jeff Suckow, MPT. (Physical therapy) DOI: NA. Physical therapy evaluation (p. 317)

COMMENTS

According to the letter from Kyle Hansen, I was authorized to review submitted medical records, and author a Supplemental Report in response to Ms. Anderson's letter dated February 11, 2014.

Ms. Anderson requested me to review the supplemental and additional medical documentations and wanted me to revise some of my findings. She added "that your past findings based on the insufficient documentations have already affected my claim." She did not address what findings in reports adversely affected her claim. She states she has been suffering from tremendous emotional and physical harm from this complicated Workers' Compensation System and find it difficult to comprehend her rights.

From the emotional aspect of the injury, as far as it is outside of my scope of practice, I leave it up to a psychiatrist for further evaluation and making recommendations. From the physical harm of the injuries, I have already addressed the issues related to the right knee and with this letter; I try to the best of my ability to enlighten the areas of her concern.

In terms of her legal rights, that is an issue needs to be addressed by an attorney.

In this letter, Ms. Anderson pointed that she was perfectly healthy when prescreened in 2004 prior to the employment with Mosquito Abatement. If you look at all my reports, I pointed that her knee injuries are directly related to the claimed industrial accidents, and that clearly reflects that the knee was normal when she was hired for Mosquito Abatement Company.

She pointed to the settlement of first two claims of June 19, 2008 and March 26, 2009 and added that repeated injuries caused her financial hardship and also she addressed the lawsuit of Meidinger versus SJCM and VCD, which again those are legal issues and as a physician, I have no authority to make any comments.

She asked me for an "objective reevaluation" of her findings, because she is in the process of finalizing her legal claims against the employer. She wanted to give me the opportunity to modify my medical findings without a need for a deposition or testimony under subpoena. Please note that I do my evaluation based upon the history obtained from the patient, physical examination, review of x-rays, MRIs, report from treating physicians, and then formulate my opinion. In some cases, attorneys prefer depositions to clarify certain issues and I am more than happy to go through that process if you desire to do so.

There are additional questions asked, and my response is as follows:

1. In response to the question #1, you pointed to four dates of injuries and those are not the date of MRIs that were taken. MRIs were obtained on 7/28/08, 4/7/09, and 8/9/11.

2. In response to the question #2 and #3, MRI findings are pathological changes and not representing an injury. It is the duty of the treating physician to determine that MRI findings are compatible with the injury.

3. In response to the question #4, I am not sure what you mean by other injuries arose out of industrial accidents causing or affecting other body parts. Do you mean injuries to other body parts or injuries to the different parts of the knee joint? In fact, if you feel that other body parts are affected as a result of industrial accidents then you need to file a new claim.

4. In question #5, I reviewed the entire file and report of all the physicians, it appears to me that the treatment provided for you by all the physicians appear to be appropriate and according to the good standards of medical practice.

Hopefully, I was able to answer your questions, but, if you are still concerned, you could send me another letter or request reexamination and I would be happy to discuss it in more detail if you wish.

Thank you for the opportunity to review this additional information. 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." In the preparation of the report Jodi Gutherie, MT, arranged all of the records in chronological order and prepared a list and summary of records for my review. I personally then reviewed all of the available medical records and the summary prior to using all or parts of it in the preparation of my report. The entire report was then personally reviewed by me and signed on the date and county as indicated.

"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 18 **day of** April **2014 in** LA **County in the State of California.**

State of California

DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: Tiffany Anderson (employee name) v AIMS ACCLAMATION INSURANCE MANAGEMENT SE (claims administrator name, or if none employer)

Claim No.: VE0700184 EAMS or WCAB Case No. (if any): _____

I, **Nicholas Dennie**, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: **8221 N. Fresno St, Fresno, CA 93720**
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.

X placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.

C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.

D placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*

E personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service: (For each addressee, Enter A-E as appropriate)	Date Served:	Addressee and Address:
B	4/21/2014	Tiffany Anderson, 2 N Avena Ave Lodi CA 95240
B	4/21/2014	AIMS ACCLAMATION INSURANCE MANAGEMENT SERVICES, P.O. Box 269120
B	4/21/2014	L/O Stockwell Harris Woolverton Muehl, 1545 River Park Dr Ste 330 Sacramento CA 9

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

Date: 4/21/2014

Nicholas Dennie
(Signature of Declarant)

Nicholas Dennie
(Print Name)