



FRESNO OFFICE
8080 N. Palm Avenue, Suite 101
Fresno, California 93711
(559) 226-9030

July 10, 2014

At the time that our cover letter or this evaluation was sent to you, Ms. Anderson had not re-opened her claims as we advised in our letter. However, on March 14, 2014 she did re-open date of injury July 2, 2009 and date of injury March 26, 2009. Since I am unsure whether you were aware of this at the time of your last evaluation, I ask that you re-evaluate her for all injuries. As you may be aware, date of injury June 19, 2008 has already been stipulated and that injury has not been re-opened. Please evaluate all of her orthopedic injuries, which include:

1. 6/19/08 knee injury.
2. 7/2/09 knee injury.
3. 3/26/09 knee injury.
4. 6/29/11 knee injury.

Please advise if there has been any change in her permanent impairment. Subsequent to your last evaluation, Ms. Anderson has been approved for disability retirement, which is effective retroactively to March 27, 2013.

Next, in your report of evaluation from June 29, 2011, you discussed the most recent knee injury on page 12. You stated that she most likely sustained a separate injury, but you also stated there was no need for further treatment and there was no impairment or apportionment to this injury. Further, you said the injury did not cause an aggravation to her knee symptomology as a result of the previous industrial accidents. Please clarify your opinion as to whether there was a new injury, or an exacerbation of the previous injuries. Please let us know to which injury we can attribute her most recent right knee surgery, which took place on November 28, 2011. Is the associated temporary disability attributable to the 2011 injury or the previous Awards from her 2009 injuries?

I am enclosing our updated medical file, which at this point consists only of May 2, 2014 report from Dr. Murata.

July 10, 2014

Please review the enclosure, conduct your usual thorough examination of the applicant, and provide a report of your findings. In your report, please be sure to address the following:

1. Please obtain a history from the applicant as to her current physical limitations and activity levels. Ask her about her limitations on ADLs she feels are caused by the work injury.
2. Does the applicant remain at maximum medical improvement? If so, please indicate the earliest date she reached this status. If not, indicate what future treatment is needed.
3. Are the applicant's subjective complaints supported by objective findings? Please explain the rationale for your conclusions.
4. Please perform a physical examination documenting all pertinent positive, negative, and non-physiological findings. As always, your conclusions must be supportable.
5. Please assess the applicant's impairment under the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition.
6. As required by Labor Code § 4663 and 4663, please identify:
 - A. The overall percentage of permanent impairment caused by each industrial injury; and
 - B. The percentage of permanent impairment due to all other factors, including prior injuries. If you cannot provide an opinion on apportionment, please state why.
7. Please address whether the applicant may return to her usual and customary duties. If there are permanent work restrictions, please set forth the same.

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

Page 4

July 10, 2014

8. Please address future medical care that is necessary on an industrial basis. Please include the expected frequency and duration of such care, referring to the protocols on which you rely.

Please consider this your authorization to conduct any diagnostic testing you deem necessary, short of the applicant's hospitalization.

Thank you for your ongoing assistance in this case. The parties look forward to your report. Should you have questions or otherwise need to address the parties, please be sure to copy both parties to avoid any ex parte communication.

Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL
A Professional Corporation



SARA A. SKOLNIK
SAS:ss

Enclosure: Updated Medical File
cc: Mr. David Gutierrez, AIMS Insurance
Ms. Tiffany Anderson