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

August 11, 2015

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

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

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4)  
ADJ7976768; 5) ADJ9066508  
CLAIM NO.: VE0700184  
OUR FILE NO.: 300141-040  
DATE OF LOSS: 1) 6/19/2008; 2) 7/2/2009; 3) 3/26/2009; 4)  
6/29/2011; 5) CT - 11/30/11

Dear Ms. Anderson:

Enclosed please find the proposed letter that I intend to send for your re-evaluation with Dr. Tabaddor. This is essentially the same letter that I previously sent back in October of last year. The only difference is the medical file has been updated.

Please advise of any objections you have to any non-medical evidence being provided. Please advise within 10 days. Absent a response, the letter and enclosures will be sent to Dr. Tabaddor in 20 days.

ALEXANDER G. ABDOLIN  
DANIEL J. AGUILAR  
JOEL STEPHEN ALLAN \*  
SHELLY HAY ANDERSON  
TRAVIS M. BAILEY  
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JEFFREY D. BILAS  
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BARRANCE Q. ZAKAR \*  
ALISSA TOBIN ZEA  
JOSEPH E. ZUCKERMAN  
MICHAEL ZUCKERMAN

\* CERTIFIED SPECIALIST WORKERS' COMPENSATION LAW THE STATE BAR OF CALIFORNIA BOARD OF LEGAL SPECIALIZATION  
† ALSO LICENSED IN THE STATE OF ILLINOIS  
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LOS ANGELES OFFICE  
3580 Wilshire Boulevard, 19<sup>th</sup> Floor  
Los Angeles, California 90010  
(323) 935-6669

ORANGE COUNTY OFFICE  
701 South Parker Street, Suite 2200  
Orange, California 92868-4736  
(714) 479-1180

SAN DIEGO OFFICE  
530 "B" Street, Suite 2000  
San Diego, California 92101  
(619) 696-1436

SAN FRANCISCO OFFICE  
222 Kearny Street, 9<sup>th</sup> Floor  
San Francisco, California 94108  
(415) 734-9310

SAN BERNARDINO OFFICE  
735 East Carnegie Drive, Suite 270  
San Bernardino, California 92408  
(909) 381-5553

SAN LUIS OBISPO OFFICE  
1150 Osos Street, Suite 202  
San Luis Obispo, California 93401-3692  
(805) 541-0440

VENTURA OFFICE  
2021 Sperry Avenue, Suite 46  
Ventura, California 93003-7417  
(805) 654-8994

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

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

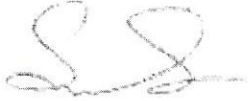
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August 10, 2015

Thank you for your attention to the above.

Very truly yours,

STOCKWELL, HARRIS, WOOLVERTON & MUEHL  
A Professional Corporation

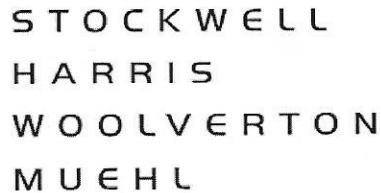


SARA A. SKOLNIK

SAS:ch

Enclosure: Letter to Dr. Tabaddor with Medical Index

cc: Mr. David Gutierrez, AIMS Insurance (Sacramento)



A Professional Corporation

1545 River Park Drive, Suite 330  
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*PROPOSED*

**PANEL QUALIFIED MEDICAL RE-EVALUATION**  
**SET FOR SEPTEMBER 21, 2015**

Khosrow Tabaddor, M.D.  
8221 N. Fresno Street  
Fresno, CA 93720

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

WCAB NO.: ADJ7004221; ADJ7004227; ADJ7010682;  
ADJ7976768; ADJ9066508

CLAIM NO.: VE0700184

OUR FILE NO.: 300141-040

DATE OF LOSS: 6/19/2008; 7/2/2009; 3/26/2009; 6/29/2011;  
CT - 11/30/11

Dear Dr. Tabaddor:

Thank you for your continued assistance as PQME in this case. You last evaluated the applicant on March 27, 2012, in light of her most recent injury of June 29, 2011. As you may recall, the most recent injury was another injury to her right knee. You deemed her permanent and stationary and stated that her percentage of impairment remained unchanged.

**LOS ANGELES OFFICE**  
3580 Wilshire Boulevard, 19<sup>th</sup> Floor  
Los Angeles, California 90010  
(323) 935-6669

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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. Please review the enclosures, 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 rational 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.
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.

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

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PROPOSED

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 (per attached addendum)

cc: Mr. David Gutierrez, AIMS Insurance  
Ms. Tiffany Anderson