

Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

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SUPPLEMENTAL REPORT

September 7, 2010

AIMS
PO Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF EVALUATION:	June 8, 2010
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 19, 2008
CLAIM NO:	VE0700184; 4492598
FILE NO:	86351-2

FEE DISCLOSURE

ML 106-95: This is a Qualified Medical Evaluation Supplemental Report. This represents the summary of total time spent on record review, (including any prior reports, supplementals, examinee questionnaire, notes and any additional records provided), the review of special studies (Including x-rays, MRIs and laboratory results if available), and the preparation of a narrative report and its review & final editing. **Total time spent was 30 mins.**

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

In response to your letter dated August 9, 2010, I draw your attention to the operative findings of Dr. Murata, which clearly describes that the patient is suffering from chondromalacia of medial femoral condyle, grade IV, which is rather advanced and also subjective complaints of pain, which required taking medication. My

RE: ANDERSON, TIFFANY

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recommendation is prophylactic aiming to prevent further exacerbation or causing additional injury. My assessment was based upon last evaluation, of June 8, 2010 and if the patient's condition has been improved to that extent, then she should only be precluded from jumping or running.

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.

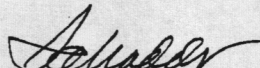
ATTESTATION

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.

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 8 day of Sept 2010 in CA County in the State of California.

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
AME or OME Declaration of Service of Medical - Legal Report (Lab, Code § 4062.3(i))

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

Claim No.: VE0700184; 4492598 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.
- 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.

<u>Means of service:</u> <small>(For each addressee, Enter A-F, as appropriate)</small>	<u>Date Served:</u>	<u>Addressee and Address:</u>
<u>B</u>	<u>9/16/2010</u>	<u>Tiffany Anderson, 2 North Avena Ave. Lodi CA 95242</u>
<u>B</u>	<u>9/16/2010</u>	<u>McKenzie Dawson, P.O. Box 269120 Sacramento CA 95826-</u>
<u>B</u>	<u>9/16/2010</u>	<u>L/O Ronald M. Stein, 4521 Quail Lakes Dr. Stockton CA 95207-</u>
<u>B</u>	<u>9/16/2010</u>	<u>L/O Stockwell,Harris,Woolverton,Muehl, 1545 River Park Dr. Ste. 330 Sacramento CA</u>

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

Date: 9/16/2010

Nick Dennie
(Signature of Declarant)

Nicholas Dennie
(Print Name)