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PROPOSED

**PANEL QUALIFIED EVALUATION
(Proposed Correspondence)
Date of appointment: December 15, 2015**

Michael M. Bronshvag, M.D.
3555 Deer Park Dr., Ste. 150
Stockton, CA 95219

**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 Dr. Bronshvag:

Thank you for agreeing to evaluate the above applicant, Ms. Anderson, in your capacity of Panel Qualified Medical Evaluator. An appointment has been scheduled for 12/15/15. This office represents the interests of San Joaquin County Mosquito and Vector Control, adjusted by EAMS. The applicant is representing herself.

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By way of background, the applicant was a long-time employee for San Joaquin County Mosquito and Vector Control District. Ms. Anderson has multiple workers' compensation claims of injury to her knee. At least one of these has been reopened and is being evaluated separately by an orthopedic doctor. You are being asked to evaluate any internal/exposure injuries occurring as a result of her employment with the District.

The applicant has formally alleged a cumulative trauma through 11/30/11 to "body systems." This injury and any internal injury are denied. As you know, the formal pleadings do not always comport with what is actually being alleged. It is my understanding that the applicant is alleging exposure to harmful substances on the following dates:

1. 06/09/04
2. 01/26/05
3. 10/11/05

Enclosed, you will find claim forms as follows:

1. 01/26/05: head to toe rash from standing on weeds. She returned to work the next day and was discharged on 02/28/05.
2. 10/11/05: rash to the leg/stomach from a long drive in wet clothes. Treatment was at Dameron Occupational and she was noted to have contact dermatitis. The claim form also notes a rash and sore throat.
3. 06/08/04: poison oak to the legs and ankles. She was discharged on 06/21/04.

In addition to this, she may also be claiming some exposure as a result of one of her knee injuries. Please clarify this with her. There was a June 2011 knee injury where she claims that her wound was infected from spraying pesticides upon her return to work.

If the applicant provides you with any additional material at or before the evaluation, please document everything provided to you and how it affects your opinions, if at all.

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I have enclosed the entire medical file for your review. If additional records are record, they will be forwarded to you upon receipt. Please review the enclosures, conduct your usual thorough of the applicant, and provide a report of your findings. In your report, please be sure to address the following:

1. Please thoroughly address causation. Please identify every diagnosis within your specialty that the applicant has. For each, please address causation.
2. Please obtain a history from the applicant as to her current physical limitations and activity levels. Ask her about her limitations on ADL's she feels are caused by the work injury.
3. Has the applicant reached maximum medical improvement? If so please indicate the earliest date you believe the applicant reached maximum medical improvement. If not, please indicate what further treatment is needed.
4. Are the applicant's subjective complaints supported by objective findings? Please explain the rationale for your conclusions.
5. Please perform a physical examination documenting all pertinent positive, negative and non-physiological findings. As always, your conclusions must be supportable.
6. Please assess the applicant's impairment under the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition.
7. As required by Labor Code sections 4663 and 4664, 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. Please be sure to specifically ask the examinee if there have been any previous permanent disabilities,

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permanent impairments, Awards of permanent disability or Compromise & Release agreements. The response to this question should be documented in your report.

8. Please address whether applicant may return to his/her usual and customary duties. If there are permanent work restrictions, please set forth same.
9. 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 and guidance 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:si

Enclosures: Medical file (per attached addendum)

Deposition Transcript dated 6/3/10

Subpoenaed records:

- Kaiser Stockton;
- Kaiser Downey;
- Kaiser Manteca;
- Dameron Occupational Hospital.

Enclosures (cont'd):

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Vaccination records

Pre-employment physical

Claim form, dated 06/08/04 with corresponding form 5020 and work status report, dated 06/09/04

Claim form, dated 01/26/05 with corresponding form 5020 and treatment records, dated 01/26/05 and work status report, dated 01/26/05 and 01/27/05 and 01/31/05 and 02/07/05

Claim form for date of injury 10/11/05 with corresponding form 5020 and work status report, dated 10/25/05

MSDS labels

Chemical treatment records

Agricultural and Municipal Wastewater Information

Cal-Osha Investigation Documents

cc: AIMS Insurance
Ms. Tiffany Anderson