

**Khosrow Tabaddor, M.D.**  
Orthopaedic Surgeon  
Qualified Medical Evaluator

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(559) 222-2294

**SUPPLEMENTAL REPORT**

August 29, 2012

AIMS Acclamation  
Po Box 269120  
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF REEVALUATION:	November 1, 2011*
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 29, 2011
CLAIM NO:	VE0700184
FILE NO:	86351-5

**FEE DISCLOSURE**

**SUPPLEMENTAL CLARIFICATION:** This supplemental report is a clarification and thus there will be no charge.

In response to the letter from Kyle Hansen, attorney at law, I reviewed the rating determination done by disability evaluator and apologize for the clerical error, for which the total of whole person impairment should be as 3% of the whole person impairment. As a result of a partial lateral meniscectomy, this patient is entitled to 2% of the lower extremity, equal to 1% of whole person impairment. In addition, she is entitled to 5% of the lower extremity, equal to 2% of the whole person impairment as a result of patellofemoral pain syndrome. Using combined value chart, the patient is entitled to 3% of whole person impairment.



RE: ANDERSON, TIFFANY

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Thank you for the opportunity to evaluate this examinee. If I may be of additional assistance please correspond with me, in writing, at 8221 N. Fresno St, Fresno, Ca. 93720.

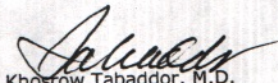
ATTESTATION

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 4<sup>th</sup> day of Sept 2012 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 v AIMS ACCLAMATION INSURANCE MANAGEMENT SE
(employee name) (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.

Table with 3 columns: Means of service, Date Served, Addressee and Address. Includes entries for Tiffany Anderson, AIMS ACCLAMATION INSURANCE MANAGEMENT SERVICES, and L/O Stockwell Harris Woolverton Muehl.

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

Date: 9/12/2012

Nick Dennie
(Signature of Declarant)

Nicholas Dennie
(Print Name)