



ACCLAMATION INSURANCE
MANAGEMENT SERVICES
Loss Portfolio Management[®]
P.O. Box 269120 Sacramento, CA 95826

January 19, 2016

Tiffany Anderson
1900 Lake Shore Dr.
Lodi, CA 95242

RE: Injured Worker: Tiffany Anderson
Date of Injury: 06/19/2008
Claim Number: VE0700184
Employer: San Joaquin Mosquito Vector Control District

Dear Ms. Anderson:

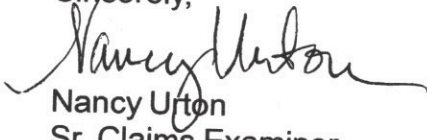
Thank you for your letter of January 5, 2016. The following is in response to your questions 1 through 4.

1. The claims adjusters involved in the handling of your cases are Lisa McCauley; Mackenzie Dawson, Karen Jellison, David Gutierrez and myself. The only one still employed by AIMS is myself and my title is Sr. Claims Examiner.
2. I do not understand the question posed, however, if your question is when were files created for your cases and why, the answer is that each case was created when you reported an alleged work injury and filed a claim form. Because you have filed multiple claims, each case has different dates.
3. The 6/29/11 knee claim was not denied. As far as I am aware that has not been any "withholding of funds" related to that injury as alleged in your letter. This date of injury has been subject to litigation since its inception and you have appeared for, and been properly served, all notices regarding this litigated case. The payment of any and all benefits for this injury have been addressed in the proper WCAB setting.
4. A copy of the denial of your exposure claim is enclosed for your review. This letter was originally sent to you on September 4, 2013. The letter clearly sets for the basis for the denial on both medical grounds and legal statute of limitations defense.

As you know, AIMS is represented by legal counsel. Any contact with AIMS should be through our attorney, Sara Skolnik.

Tiffany Anderson
VE0700184

Sincerely,



Nancy Urton
Sr. Claims Examiner
(916) 563-1900 ext. 242

Cc: San Joaquin Mosquito Vector Control District
Sara Skolnik: Stockwell, Harris, Windom, Woolverton & Muehl
1545 River Park Dr. Ste 330 Sacramento, CA 95815



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**You may lose important rights if you do not take certain actions within 10 days.
Read this letter and any enclosed fact sheets very carefully.**

September 4, 2013

Tiffany Anderson
2 North Arena Ave.
Lodi, CA 95242

RE: Injured Worker: Tiffany Anderson
Date of Injury: 06/01/2004
Claim Number: VE140000025
Employer: Vector-San Joaquin County Mosquito Vector Control District

**NOTICE OF DENIAL OF LIABILITY FOR WORKERS' COMPENSATION BENEFITS
UNREPRESENTED**

Dear Ms. Anderson:

Karen Jellison is handling your claim for Workers' Compensation benefits on behalf of the AIMS. This notice is to advise you of the status of benefits for your Workers' Compensation injury on 06/01/2004. Informative Fact Sheets are enclosed for your review.

After careful consideration of all available information, we are denying all liability for your claim of injury. Workers compensation benefits are being denied because we have no medical reports or information that support a cumulative trauma claim of injury to your internal system as a result of exposure as a result of your former job duties when you were employed. Also, this cumulative trauma period is beyond the Statute of Limitations.

Enclosed for your review with this notice is an informative fact sheet addressing questions about Qualified Medical Evaluators (QME) and Agreed Medical Evaluators (AME).

For injuries, which occur on or after January 1, 1990, there is a legal presumption before the Workers Compensation Appeals Board that your claim is compensable if it is not denied within 90 days of your returning an Employee Claim Form to your employer. That presumption can be rebutted only with information that could not be discovered within the 90-day period.

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claims administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of \$10,000.00.

The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please give me a call at (916)563-1900. However, if you are represented by an attorney, please contact your attorney. If you want further information on your rights to benefits or disagree with our decision, you may contact your local State Information & Assistance Office of the Division of Workers' Compensation by calling (209) 948-7980.

For recorded information and a list of offices, call (800)736-7401. You may also visit the DWC website at http://www.dir.ca.gov/DWC/dwc_home_page.htm

You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply the Workers' Compensation Appeals Board, or the Administrative Director.

You may claim additional benefits, but you should be aware that such a claim is subject to certain time limitations. Labor Code Section 5405 states that an injured worker has one (1) year from the date of either the last payment of temporary disability benefits or last furnishing of medical benefits to commence proceedings with the Workers' Compensation Appeals Board for the collection of benefits. Labor Code Section 5410 states that an injured worker shall have five (5) years from the date of injury to commence proceedings to collect benefits for new and further disability for temporary disability, permanent disability, or medical treatment.

If you have any questions or concerns, please feel free to call me at (916)563-1900.

Sincerely,

Karen Jellison
Examiner
(916)563-1900 242

cc: San Joaquin Co MVCD

Enclosures: Proof of Service
DWC Fact Sheet E - QME/AME (Rev. 3/12)
QME Panel Request Form 105a with attachment

PROOF OF SERVICE BY MAIL

I am employed in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action or proceeding. My business address is:

Acclamation Insurance Management Services, Workers' Compensation Division

On September 5, 2013 , I served the following checked foregoing document(s) as:

Denial of Claim Letter

On the person(s) indicated below, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully pre-paid in the United States mail at Los Angeles, California, address as followed:

Tiffany Anderson, 2 North Arena Ave. , Lodi, CA 95242

BY MAIL

I deposited such envelope in the mail at (city), California.

The envelope was mailed with postage thereon fully pre-paid.

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

Name

DIVISION OF WORKERS' COMPENSATION

Minimizing the impact of work-related injuries and illnesses. Helping resolve disputes over workers' compensation benefits. Monitoring the administration of claims.

FACT SHEET E

ANSWERS TO YOUR QUESTIONS ABOUT QUALIFIED MEDICAL EVALUATORS AND AGREED MEDICAL EVALUATORS

Qualified medical evaluators (QMEs) or agreed medical evaluators (AMEs) examine injured workers to determine the benefits they will receive if there is a disagreement over the treating physician's opinions.

QMEs are physicians licensed to practice in California as medical doctors, osteopaths, chiropractors, psychologists, dentists, optometrists, podiatrists or acupuncturists and are certified by the Division of Workers' Compensation Medical Unit to perform medical/legal evaluations.

AMEs are physicians selected by agreement between the defense and applicant's attorneys to perform medical/legal evaluations in a workers' compensation case. AMEs are only used if the injured worker is represented by an attorney.

What's the difference between a QME and an AME?

If you have an attorney, your attorney and the claims administrator may agree on a doctor without using the state system for getting a QME. The doctor they agree on is called an AME. If they cannot agree, they must ask for a QME.

I've been to the doctor. Why do I need to see a QME?

You and/or the claims administrator might disagree with what the treating doctor says. There could also be other disagreements over medical issues in your claim. A different doctor -- an AME or QME -- has to address these disagreements, which might include:

- Whether or not your injury was caused by your work
- Whether or not you need treatment for your injury (only if date of injury is before Jan. 1, 2013)
- Whether or not you need to stay home from work to recover
- Whether your condition is permanent and stationary
- Whether you have new and further disability
- A permanent disability rating.

Who makes the decision about going to a QME?

You, your attorney or the claims administrator can request a QME exam.

The DWC Medical Unit will provide whomever makes the request with a list (called a panel) of three QMEs. Each QME panel is randomly generated and the physicians listed are specialists of the type requested. One physician from the list is chosen to examine you and make a report on your condition. Once a QME is chosen for your claim, most disputes must go to that QME.

How do I request a QME exam?

Complete the "Request for QME panel" form and submit it to the DWC Medical Unit. See Information & Assistance (I&A) [guide 2](#) for help with this form.

NOTE: If your employer or claims administrator says there's a problem with your claim and sends you a "Request for QME panel" form, you have 10 days to complete the form, select the QME medical specialty and send the form to the DWC Medical Unit. If you do not submit the form within 10 days, the claims administrator will do it and will get to choose the kind of doctor you'll see.

What difference does it make who submits the form to request the QME?

Whoever submits the request form picks the specialty of the doctor for the exam. See I&A [guide 2](#) for more information. When you receive the panel, you will also receive a letter that explains how to set up the QME appointment and how to provide the QME with important information about yourself. Within 10 days of the date on the list, you must pick a QME from the list, make an appointment and tell the claims administrator. If you do not do this, the claims administrator may select the doctor and make the appointment for you.

Is there anything I can do if I disagree with what the QME says?

Yes, you have 30 days from the receipt of the report to decide if you agree with the QME's report or if you need more information. When you receive the report, read it right away and decide if you think it is accurate. If not, and you have an attorney, you should talk to him or her about your options.

If you don't have an attorney, first call the claims administrator. If that doesn't help, contact an I&A officer at your local Worker's Compensation Appeals Board (WCAB) district office. The I&A officer can help you figure out what's best in your case.

If you are in a union, you may be able to see an ombudsperson or mediator under the terms of your collective bargaining agreement or labor-management agreement.

I'm in a medical provider network (MPN). Does the QME process apply to me?

Yes, the QME process may still be utilized if you are part of a MPN.

I still have questions. Who do I contact?

If you have questions about requesting a QME panel, contact the DWC Medical Unit by phone at 1-800-794-6900 or by writing to the DWC Medical Unit, P O Box 71010, Oakland, CA 94612.

For more information, call 1-800-736-7401 or visit the DWC Web site at www.dwc.ca.gov to find a local I&A office. You may also download I&A guides and get information on workshops for injured workers.

The information contained in this fact sheet is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

March 2011

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT REQUEST FOR QME PANEL
UNDER LABOR CODE § 4062.1
UNREPRESENTED

(for date of injury on or after 1/1/2013. Please print or type)

Date of Injury (required): 06/01/2004 Claim Number (Required): VE14000025

Specialty Requested (Required): _____

Requesting Party (Required)(Check one box only)

Injured Worker Defense Attorney Claims Administrator

Reason QME panel is being requested (Check one box only):

§ 4060 (compensability exam) § 4061 (permanent disability dispute) § 4062 (non medical treatment dispute under 4062)

Employee Information (Required)

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address : _____

City: _____ State: _____ Zip Code: _____ Daytime Phone No: _____

If currently not living in state, enter the California zip code on date of injury: _____

If never resided in state, enter the California zip code agreed on for the evaluation: _____

Has the employee ever received a QME panel before? Yes No If yes, Panel Number (if known) _____

Name of QME seen: _____ Date of Exam: _____ Date of Injury: _____

Has that claim been settled or resolved? Yes No Is there a dispute about a current need for medical treatment: Yes No

Employer and Claims Administrator Information (Required)

Employer: Vector JPA

Claims Administrator Name: Acclamation Insurance Management Services (AIMS)

Adjustor name: Karen Jellison

Address : P.O. Box 269120 Sacramento, CA 95826

Phone: (916)563-1900

Defendant's Attorney

First Name _____ Last Name _____

Law Firm Name _____

Address/PO Box (Please leave blank spaces between numbers, names or words) _____

City _____ State _____ Zip Code _____ Phone Number _____

Date: _____ Print Name of Requestor _____ Signature of Requestor _____

*The completed form must be mailed to: Division of Workers' Compensation-Medical Unit-P.O Box 71010, Oakland, CA 94612
(510) 286-3700 or (800) 794-6900*

Note: Each employer or claims administrator submitting this form to request a QME panel must attach a copy of the correspondence and required notices sent to the injured employee with the panel request form

For Use with the QME Panel Request Form 105a

MD/DO SPECIALTY CODES

MAI Allergy and Immunology
MDE Dermatology
MEM Emergency Medicine
MFP Family Practice
MPM General Preventive Medicine
MHH Hand
MMM Internal Medicine
MM V Internal Medicine - Cardiovascular Disease
MME Internal Medicine – Endocrinology Diabetes and
Metabolism
MMG Internal Medicine - Gastroenterology
MMH Internal Medicine - Hematology
MMI Internal Medicine - Infectious Disease
MMN Internal Medicine - Nephrology
MMP Internal Medicine - Pulmonary Disease
MMR Internal Medicine - Rheumatology
MNB Spine
MPN Neurology
MNS Neurological Surgery (other than Spine)
MOG Obstetrics and Gynecology
MPO Occupational Medicine
MMO Oncology – Orthopaedic Surgery, Internal
Medicine or Radiology
MOP Ophthalmology
MOS Orthopaedic Surgery (other than Spine or Hand)
MTO Otolaryngology
MPA Pain Medicine
MHA Pathology
MPR Physical Medicine & Rehabilitation
MPS Plastic Surgery (other than Hand)
MPD Psychiatry (other than Pain Medicine)
MSY Surgery (other than Spine or Hand)
MSG Surgery - General Vascular
MTS Thoracic Surgery
MTT Toxicology
MUU Urology

NON-MD/DO SPECIALTY CODES

ACA Acupuncture
DCH Chiropractic
DEN Dentistry
OPT Optometry
POD Podiatry
PSY Psychology
PSN Psychology-Clinical Neuropsychology

Do not file this page with your form!