Department of Industrial Relations
Division of Workers' Compensation - Medical Unit
P. O. Box 71010
Oakland, CA 94612

(For DWC use only)

COMPLAINT AGAINST

Khosrow — Physician's First Name
Tabaddor — Physician's Last Name

333 San Carlos Way, Suite B
Address where the Evaluation took place

Stockton — City
95207 — Zip Code
559-222-2294 — Phone Number

6/8/10, 8/20/10, 11/1/11, 3/27/12, 8/29/12, 4/17/14, + — Date of Evaluation
1114339 — QME Panel Number

Panel Qualified Medical Evaluation ☑ Agreed Medical Evaluation ☐

COMPLAINANT

Tiffany — First Name
Anderson — Last Name

1900 Lakeshore Drive
Mailing Address

Lodi — City
CA — State
95242 — Zip Code

209-331-0208 — Daytime Phone Number
n/a — Fax Number
tiffanyanderson@me.com — E-mail Address

If you are making a complaint and you are not the injured worker, please list the name of the injured worker.

Name of Injured Worker: _____

INFORMATON ABOUT THE CLAIM

If you are the injured worker, please list the name of the insurance company/employer and the name and telephone number of your claims adjuster.

Nancy Urton — Name of Claims Adjuster
916-563-1900 — Phone Number of Claims Adjuster

AIMS — Insurance Company or Employer
VE0700184 — Claim Number

If your complaint involves an examination performed by a Qualified Medical Examiner in a case pending before the Workers' Compensation Appeals Board, please list the case and the case number. If the WCAB has held a hearing or issued any orders about this examination, please attach the minutes of hearing or the Board order to this complaint.

Tiffany Anderson vs. San Joaquin County Mosquito And Vector Control District; Acclamation Sacramento
Case Name

ADJ7004221, ADJ7004227, ADJ7010682, ADJ7976768, ADJ9066508
Case Number(s)

GIVE US THE DETAILS LOF YOUR COMPLAINT

Please list the details of your complaint and attach any documents that you believe would be useful for the investigation. Use as many additional sheets paper as necessary to tell us about your complaint.

1. Excessive number of appointments with Dr. Tabaddor. Defense counsel recently admitted to me that my case is valued by them at a specific settlement amount and each new medical appointment diminishes my settlement amount. So each appointment with Dr. Tabaddor (compelled or otherwise), has reduced my overall recovery. Dr. Tabaddor has only seen me for my right knee. My right knee has required three surgeries with the last one occurring on November 28, 2011. I have been scheduled to see Dr. Tabaddor as below. At least eight of these dates were after that last knee surgery:

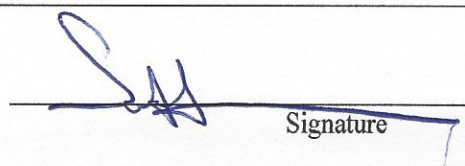
June 8, 2010
August 20, 2010
November 1, 2011
March 27, 2012
August 29, 2012
April 17, 2014
October 13, 2014
January 5, 2015
September 21, 2015
January 18, 2016 (MLK Day)
May 9, 2016 (future appointment, I am again being compelled to attend)

I have calculated from AIMS payment records that Dr. Tabaddor has made no less than $3,750 for seeing me.

2. Dr. Tabaddor has consistently refused to refer my other injuries to experts as a QME should do. I asked him repeatedly for help with my exposure claims and he refused to make a referral. As a result, I have gone years without any medical care. By comparison, my exposure QME referred me out for tests and for a psychiatric assessment.

3. Dr. Tabaddor has overall been both incompetent and very rude towards me. In his initial "Re-Evaluation" report from the November 1, 2011 examination, Dr. Tabaddor erroneously concluded that I did not require surgery for the June 29, 2011 injury. Four weeks later my primary physician did operate on my knee. Dr. Tabaddor caused me a loss of compensation by not immediately recognizing the June 29, 2011 injury as a new injury. On October 13, 2014, Dr. Tabaddor threw me out of his office because I asked him if he was free of any conflict of interest with the defense counsel and why he had refused to refer out my other medical needs. This ejection caused me emotional trauma and wasted my time as both my mother and cousin were then in hospice care. I wouldn't just have left (as he's said) when I took the time to appear. On January 5, 2015, I refused to appear for Dr. Tabaddor as my mother had just died two weeks prior. I appeared at the September 21, 2015 appointment but this time Dr. Tabaddor failed to show up. I was never given a reason for his non-appearance nor given any advance notice that I needn't appear. My appointment was reset to January 18, 2016. After I had requested a reschedule, opposing counsel obtained an order compelling me to attend but she failed to keep my timeslot open with Dr. Tabaddor. Dr. Tabaddor's assistant refused to acknowledge my appearing so I resorted to creating time-dated photographic evidence. And now I've been scheduled to see Dr. Tabaddor in two month's time and am again under an order to attend. I will attend but I don't see the purpose or need when Dr. Tabaddor will again dismiss all of my knee limitations and find that I am permanent and stationary. Dr. Tabaddor has already stated that, many years ago. And I have not sustained any additional knee injury since the one in 2011. Dr. Tabaddor treats me with disdain so his only motive in seeing me again has to be his financial gain at my overall detriment.

Date: 3/9/2016



Signature

STATE OF CALIFORNIA
sion of Workers' Compensation - Medica
P.O. Box 71010, Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

QUALIFIED MEDICAL EVALUATOR'S FINDINGS SUMMARY FORM
UNREPRESENTED INJURED EMPLOYEE CASES ONLY

EMPLOYEE

Tiffany Anderson		549-23-5133	6/29/2011
1. Employee Name (First, Middle, Last)		2. Social Sec No (Optional)	3. Date of Injury (Mo/ Dy /Yr)
2 N Avena Ave	**Lodi, CA**	**95240**	**(209) 625-8575**
4. Street Address	City	Zip	5. Phone

CLAIMS ADMINISTRATOR *(if none, enter Employer information)*

AIMS ACCLAMATION INSURANCE MANAGEMENT SERVICES

6. Name

P.O. Box 269120	Sacramento, CA	95826-9120	(916) 563-1900
7. Street Address	City	Zip	8. Phone

EVENT DATES

12/29/2011	3/27/2012	
9. Date of Appointment Call	10. Date of initial Examination	11. Date of Referral for Medical Testing/Consultation
12. Date AME/QME's Report Served on all Parties		12b. Date(s) of all prior report(s) served by this QME?

DISPUTED MEDICAL ISSUES AND CONCLUSIONS

13. The following medical issues will be used to determine the injured employee's eligibility for workers' compensation benefits.

(Check the appropriate box)

	Yes	No	Pending or Info. Not Sent
a. Has the condition reached permanent and stationary status or maximum medical improvement?	☒	☐	☐
b. Is there permanent impairment/disability?	☐	☒	☐
c. Did work cause or contribute to the injury or illness?	☒	☐	☐
d. If permanent disability exists, is apportionment warrented?	☐	☒	☐
e. Is there a need for current or future medical care?	☒	☐	☐
f. Can this employee now return to his/her usual job?	☒ Yes	☐ No	

If yes:

i. Without restrictions	☐ Yes	☐ No	If YES, Date: _____
ii. With restrictions	☒ Yes	☐ No	If YES, Date: _____

BASIS FOR CONCLUSIONS

(Check the appropriate box)

	Yes	No	Pending or Info. Not Sent
14. Are there subjective complaints.	☒	☐	☐
15. Are there any abnormal physical or psychological examination findings?	☒	☐	☐
16. Are impairments described and measured using:			
(For non-psyche injuries) the AMA Guides?	☒	☐	☐
(For psyche injuries) the GAF and 2005 PD Schedule?	☐	☐	☒

	Yes	No	Pending or Info. Not Sent
17. If the AMA Guides are used, are pernentages of impairment stated?	☒	☐	☐
18. Are there any relevant diagnostic test results (x-ray/laboratory)?	☐	☒	☐
19. What are the diagnoses? (List)			
20. Were medical records reviewed?	☒	☐	☐
21. Were other physicians consulted?	☐	☒	
22. Are there any unresolved disputed issues beyond the scope of your licensure or clinical competenct that should be addressed by an evaluator in a different specialty?	☐	☒	
23. If the answer to #22 is yes, what disputed issue(s)?			
24. Based on the answer in #23, what specialty (or specialties)?			

QME

22. Signature _____ Date 4-10-12

23. Name **Khosrow Tabaddor, M.D.** Specialty **Orthopaedic Surgeon**

24. Street Address **8221 N. Fresno St** City **Fresno** Zip **93720**

25. Phone **(559) 222-2294** Cal. License No.: **A 0040537**

Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Dianna A , declare:
(Print Name)

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:

B 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.

Means of service: *(For each addressee, Enter A-F as appropriate)*	Date:	Addressee and Address:
B	4-30-12	Tiffany Anderson, 2 N Avena Ave Lodi CA 95240
B	4-30-12	Mackenzie Dawson, P.O. Box 269120 Sacramento CA 95826-9120
B	4-30-12	L/O Stockwell Harris Woolverton Muehl, 1545 River Park Dr Ste 330 Sacramento CA 9

When report addresses PD:

	4-30-12	Disability Evaluation Unit, DWC, Stockton

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

Date Signed: 4-30-12

(Signature of Declarant)

Dianne A.
(Print Name)

EGH
300141-040

Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

QUALIFIED MEDICAL RE-EVALUATION

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:	86351-3

FEE DISCLOSURE

ML 103-95: This is a Complex Qualified Medical Evaluation, as a result of meeting the requirements of 3 complexity factors, which are listed below:

- 2 hour(s) of record review time (1 factor)
- 45 minutes of face to face time
- Addressing issues of causation (1 factor)
- Addressing issues of apportionment when the physician addresses: (1 factor)
  - 2+ injuries to 2 **DIFFERENT** body system or regions

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

Thank you for the opportunity to evaluate Tiffany Anderson on Tuesday, November 01, 2011 in my office at 333 San Carlos Way, Ste. B, Stockton, CA, 95207.

The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and

focuses on those areas in question. No treatment relationship is established or implied.

This medical-legal evaluation is based only on the current information and records submitted. It is solely the treating physician's responsibility to determine their patient's differential diagnoses and subsequent needs for medical treatment. This would be inclusive of all psychiatric conditions, vascular diseases, neuromuscular disorders, central nervous system disorders, auto-immune diseases, internal medicine disorders and all tumors, benign or malignant, even if they are undiagnosed or currently occult.

She is 40-years-old, 5'4" and 155 pounds, and she was working for San Joaquin County started in 4/04 and continued working until present. Date of the new injury is 6/29/11. She has been working eight hours a day and five days a week. Her job is a Pesticide Applicator located in Escalon. Her primary source is to treat insects found in pounds and irrigated pesters.

I saw her previously on 6/8/10. At that point, based upon her prior claim of injury to the right knee of June 19, 2008 to March 26, 2009, I found her condition to be permanent and stationary and addressed the impairment, need for future medical care, work restrictions, and apportionment to causation. She came back to this office stating that on 6/29/11, she sustained a new injury to the right knee on 6/29/11, when she was walking around a dairy pond and weeds were high and the metal stake or T-bar was hidden in the grass. She hit her knee against the metal bar and according to the patient, that cut her leg about 18-cm down to the leg and she continued working. On 7/16/11, she was examined by a doctor and was given medication. She was then examined by another doctor, who gave her shot for tetanus and requested antibiotics. She was released to full-duty. According to the patient, she was referred for MRI of the knee, and received about 16 visits of physical therapy, which helped her to some extent to reduce the swelling. Overall, she feels her condition has been approved. She is currently working and her job is mainly checking and treating swimming pools in residentials. She is currently under care of Dr. Murata and takes Norco six to eight tablets a day, Xanax four tablets a day, and ibuprofen 800 mg three times a day.

PRESENT COMPLAINTS

She complains of constant right knee pain, which is sharp to dull and radiates up to the thigh and leg. She complains that her upper right knee is swollen and pain is associated with some burning sensation. She also feels there is a bruising on the

outside of her right knee. At night, she gets restless leg syndrome with dull pain. She also starts feeling some pain in the left knee. She describes the intensity of pain on a scale of 0 to 10 is about 7, and with medication drops to 5. Pain is associated with stiffness of the lower leg, tingling and numbness of the joint line, and swelling of the upper thigh. She also complains of having grinding in the right knee. There is no weakness, no locking, and no giving-way. Standing about 20 minutes cause pain. She is not using any assistive devices. She is currently working in her job duties with the restrictions within her ability.

PAST HISTORY

She was involved in a motor vehicle accident in December of 2010, which apparently did not cause any injury or received any treatment. She was working full-time without any restrictions when this incident happened.

PATIENT PROFILE

Unchanged.

ACTIVITIES OF DAILY LIVING

She has problem with standing and walking. Lifting over 20 pounds cause pain. She has some sleep disturbances as a result of anxiety and unusual stress. She has been having this problem since 2006.

REVIEW OF MEDICAL RECORDS

06/20/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Climbing up and down bed of truck, developed R knee pain and swelling, 5-7 out of 10. DX: R knee effusion; ACL sprain, R knee. TX: Prescribed Propoxyphene/Acetaminophen 100/650mg. WORK STAT: RTW w/ modified work. (Pg. 250)

06/20/08 – X-ray of Right Knee by David Wong, M.D. DOI: NA. IMP: Negative R knee. (Pg. 249)

06/23/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: 5-7 out of 10 R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue medication and home exercise. Prescribed physical therapy 2 x/wk for 3 wks. WORK STAT: RTW w/ modified work. (Pg. 245)

06/30/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued 3 out of 10 R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue medication. Prescribed physical therapy. WORK STAT: RTW w/ modified work. (Pg. 240)

07/08/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued 3 out of 10 R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue TENS unit and Ibuprofen 800mg. WORK STAT: RTW w/ modified work. (Pg. 234)

07/15/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue medication and physical therapy. WORK STAT: RTW w/ modified work. (Pg. 228)

07/22/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL Sprain. SPEC STUD REQ: MRI of R knee. TX: Continue Ibuprofen 800mg. WORK STAT: RTW w/ modified work. (Pg. 223)

07/28/08 – MRI of Right Knee by W. Aubrey Federal, M.D. DOI: NA. IMP: Anterior horn medial meniscus tear. (Pg. 221)

07/29/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. TX: Continue Propoxyphene/Acetaminophen 100/650mg. WORK STAT: RTW w/ modified work. REF: Orthopedic consultation. (Pg. 217)

08/05/08 - Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. WORK STAT: RTW w/ modified work. REF: Orthopedic consultation w/ Dr. Murata. (Pg. 210)

08/07/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Increasing onset of R knee pain and swelling. DX: R knee lateral meniscus tear. TX: R knee arthroscopy needed. WORK STAT: RTW w/ modified work. (Pg. 208)

08/12/08 – Donald Rossman, M.D. (Occ.Med.) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee effusion; ACL sprain. WORK STAT: RTW w/ modified work. REF: Transfer care to Dr. Murata. (Pg. 204)

08/22/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain. DX: R knee lateral meniscus tear. TX: R knee arthroscopy needed. WORK STAT: RTW w/ modified work. (Pg. 202)

09/22/08 – Operative Report by Gary Murata, M.D. (Orthopedic) DOI: NA. PROCEDURE: R knee arthroscopy w/ partial lateral meniscectomy, chondroplasty of medial femoral condyle. PREOP DX: R knee lateral meniscus tear. POSTOP DX: Complex lateral meniscus tear, grade II chondromalacia medial femoral condyle. (Pg. 192)

09/25/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Improved R knee pain. DX: s/p R knee arthroscopy, partial lateral meniscectomy. TX: Prescribed physical therapy. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 3 wks. (Pg. 191)

10/16/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Improved R knee pain. DX: S/p R knee partial lateral meniscectomy. TX: Continue physical therapy 2 x/wk for 4 wks. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 2 wks. (Pg. 187)

10/30/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain. DX: S/p R knee arthroscopy, partial lateral meniscectomy. TX: Continue physical therapy and Vicodin. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 2 wks. (Pg. 182)

11/18/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: S/p R knee arthroscopy, partial lateral meniscectomy. TX: continue physical therapy and home exercise. FU VISIT: 1 month. (Pg. 180)

12/17/08 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling, improving. DX: S/p R knee arthroscopy, partial lateral meniscectomy. TX: Continue home exercise. FU VISIT: 1 month. (Pg. 175)

01/09/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain, diffuse along anterior joint line. DX: S/p R knee partial lateral meniscectomy. TX: Continue Hydrocodone 7.5mg. (Pg. 174)

01/20/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Some pain along anteromedial joint line, R knee. DX: S/p partial lateral meniscectomy. TX: Continue home exercise. FU VISIT: 6 wks. (Pg. 173)

03/03/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain. DX: Partial lateral meniscectomy. TX: Continue Hydrocodone. WORK STAT: RTW w/ full duty. (Pg. 172)

03/25/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: R knee pain and swelling. DX: Aggravation of R knee pain s/p R knee arthroscopy, partial lateral meniscectomy. TX: Prescribed Motrin 2400mg/day. WORK STAT: Off work. DISABILITY: TTD. (Pg. 170)

03/31/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08.cc Continued R knee pain and swelling. DX: Aggravation of R knee s/p R knee arthroscopy w/ partial lateral meniscectomy. SPEC STUD REQ: MRI of R knee. WORK STAT: RTW w/ modified work. (Pg. 169)

04/07/09 – MRI of Right Knee by Daniel Dietrich, M.D. DOI: NA. IMP: Near circumferential horizontal tearing of lateral meniscus. ACL mildly attenuated. Small joint effusion and marrow, elongated Baker's cyst. (Pg. 168)

04/10/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Severe R knee pain lateral and anterior joint line. DX: R knee pain, possible recurrent lateral meniscus tear. TX: Continue physical therapy 2 x/wk for 3 wks. Continue Motrin. WORK STAT: Off work. DISABILITY: TTD. FU VISIT: 3 wks. (Pg. 165)

04/28/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Slight improvement in R knee strain. TX: Prescribed physical therapy 1 x/wk for 4 wks. WORK STAT: RTW w/ full duty. FU VISIT: 2 wks. (Pg. 160)

05/19/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Improved R knee strain s/p partial lateral meniscectomy. TX: Continue physical therapy. WORK STAT: RTW w/ full duty. FU VISIT: 3 wks. (Pg. 155)

06/09/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: R knee pain s/p partial lateral meniscectomy. WORK STAT: RTW w/ full duty. FU VISIT: 1 month. (Pg. 153)

07/07/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: S/p partial lateral meniscectomy, R knee. WORK STAT: RTW w/ modified work. FU VISIT: 1 wk. (Pg. 152)

09/08/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain and swelling. DX: Anterior and lateral joint line R knee pain, s/p partial lateral meniscectomy. WORK STAT: RTW w/ modified work. REF: Orthopedic second opinion consultation. (Pg. 150)

10/06/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: R knee pain and intermittent swelling. DX: R/o recurrent lateral meniscus tear, R knee. SPEC STUD REQ: MRI of R knee. WORK STAT: RTW w/ modified work. (Pg. 148)

12/11/09 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Anterior R knee pain, some lateral joint pain, swelling. DX: Recurrent lateral meniscus tear w/ meniscus cyst. TX: R knee arthroscopy and excision of cyst needed. WORK STAT: RTW w/ modified work. (Pg. 146)

01/20/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Some improvement in R knee. DX: R knee recurrent lateral meniscus tear w/ lateral meniscus cyst. TX: Repeat R knee arthroscopy w/ possible open excision of meniscus cyst needed. WORK STAT: RTW w/ modified work. FU VISIT: 4 wks. (Pg. 145)

02/17/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued lateral R knee pain and swelling. DX: Recurrent medial meniscus tear, small ganglion or meniscus cyst. TX: R knee arthroscopy needed. WORK STAT: RTW w/ modified work. FU VISIT: 4 wks. (Pg. 144)

03/03/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain over lateral joint line w/ swelling. DX: Recurrent lateral meniscus tear, lateral meniscus cyst, R knee. TX: R knee arthroscopy needed. Continue medication. (Pg. 142)

03/08/10 – Operative Report by Gary Murata, M.D. (Orthopedic) DOI: NA. PROCEDURE: R knee arthroscopy w/ microfracture of medial femoral condyle,

partial lateral meniscectomy. PREOP DX: Recurrent lateral meniscus tear, R knee. POSTOP DX: Grade IV chondromalacia medial femoral condyle, 1.5 cm circular lesion; recurrent lateral meniscus tear. (Pg. 139)

04/13/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Improved R knee pain. DX: S/p partial lateral meniscectomy, chondroplasty of medial femoral condyle. TX: D/C crutches. Prescribed physical therapy 2 x/wk for 4 wks. FU VISIT: 4 wks. (Pg. 137)

06/03/10 – Deposition of Ms. Tiffany Anderson, pgs 1 to 70. (Pg. 2)

06/08/10 - Khosrow Tabaddor, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Dull R knee pain and swelling, numbness and tingling around joint, weakness and swelling. DX: S/p R knee arthroscopy; s/p retear of lateral meniscus and arthroscopy; chondromalacia, medial femoral condyle. TX: Future medical care to include medication, reevaluation, physical therapy, intraarticular injections. DISABILITY: P&S. IMPAIRMENT: 4% WPI; apportionment 70% to 6/19/08 injury and 30/5 to 6/26/09 injury. . WORK STAT: RTW w/ modified work. (Pg. 121)

08/09/10 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. Review of Records. (Pg. 118)

08/20/10 - Khosrow Tabaddor, M.D. (Orthopedic) DOI: 6/19/08. Review of Medical Records. (Pg. 115)

09/07/10 – Khosrow Tabaddor, M.D. (Orthopedic) DOI: 6/19/08. Review of Medical Records. (Pg. 112)

01/06/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Increasing R knee pain and swelling. DX: S/p R knee arthroscopy, partial lateral meniscectomy, microfracture of medial femoral condyle. TX: Continue medication. FU VISIT: 1 month. (Pg. 111)

04/23/11 - James Shaw, M.D. (pain management) DOI: 6/19/08. C.C.: R knee pain, 5 out of 10. DX: R knee internal derangement; arthropathy; myalgia and myositis. TX: Prescribed medication. WORK STAT: RTW w/ modified work. (Pg. 102)

05/20/11 - James Shaw, M.D. (pain management) DOI: 6/19/08. C.C.: Continued R knee pain laterally, patellofemoral area and lateral joint line pain. DX: R knee internal

derangement; arthropathy; myalgia and myositis. TX: Continue medication and exercise. WORK STAT: RTW w/ modified work. (Pg. 98)

07/12/11 – James Shaw, M.D. (pain management) DOI: 6/19/08. C.C.: 10 out of 10 R knee pain. DX: R knee internal derangement; arthropathy; myalgia and myositis. TX: Continue massage therapy, physical therapy. Continue Ibuprofen 800mg. WORK STAT: RTW w/ modified work. (Pg. 93)

07/28/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued R knee pain, severe medial joint pain and catching. DX: Possible meniscus tear. SPEC STUD REQ: MRI of R knee. WORK STAT: RTW w/ full duty. (Pg. 91)

08/09/11 – MRI of Right Knee by Daniel Dietrich, M.D. DOI: NA. IMP: Prior surgical truncation of lateral meniscus w/ recurrent tear of body and anterior horn. May be tear of superior meniscocapsular ligament adjacent to periphery of posterior horn. Trace joint fluid and possible mild pes anserine tendinopathy. (Pg. 89)

08/16/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Continued anterior medial joint pain. DX: Recurrent lateral meniscus tear. TX: Prescribed Motrin 800mg. Continue physical therapy x8 sessions. WORK STAT: RTW w/ modified work. FU VISIT: 4 wks. (Pg. 87)

08/26/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. Review of Records. (Pg. 84)

09/22/11 - Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. Review of Records. (Pg. 81)

09/27/11 – Jon Eck, M.D. DOI: 6/29/11. C.C.: Struck R knee w/ onset of pain. DX: R knee injury. DISABILITY: P&S as of 7/18/11. IMPAIRMENT: 0% WPI. (Pg. 79)

09/29/11 – Gary Murata, M.D. (Orthopedic) DOI: 6/19/08. C.C.: Increasing swelling in knee. DX: R knee pain. WORK STAT: RTW w/ modified work. REF: Infectious Disease consultation. FU VISIT: 2 wks. (Pg. 76)

PHYSICAL EXAMINATION

LOWER EXTREMITIES

HIPS

Examination of right and left hips was within normal limits. There was no evidence of tenderness and movements of the hips in flexion, abduction, internal rotation, and external rotation tested were symmetrical and pain-free.

RIGHT KNEE

Inspection of the right knee revealed a small scar over the anterior aspect of tibia distal to the knee joint. Tenderness to touch detected on the medial and lateral aspects of the right knee. Palpation of patellar tendon was tender. Friction of patella over the distal end of femur caused pain. There was no evidence of swelling and range of motion of the right and left knee was within normal limits. There was no evidence of anteroposterior instability. Valgus and varus stress tests of the knee joint on right knee were within normal limits. Palpation of the quadriceps and hamstring detected diffuse areas of tenderness.

LEFT KNEE

Inspection of the left knee showed no evidence of swelling, skin discoloration, or abrasions. Palpation of the knee was nontender. Movements of the right and left knees in flexion and extension did not cause any pain. There was no evidence of anteroposterior or lateral instability. Lachman and McMurray tests negative.

ANKLES

Inspection of the right and left ankles showed no evidence of swelling. Palpation of the right and left ankles was nontender. Movements of right and left ankles in dorsiflexion, plantar flexion, inversion, and eversion tested were pain-free.

MEASUREMENTS

Measurements of the lower extremities are as follows:

Circumferential girth measurements at:	Right	Left
Upper pole of Patella:	17	16¾
5" above superior pole/patella:	21	21
Calf measurement:	15	15

NEUROLOGICAL EXAMINATION

	Right	Left
1. Patellar Tendon	2-3+	2-3+
2. Achilles Tendon	2-3+	2-3+

SENSATION: Sensation to light-touch and pinprick were within normal limits in lower extremities.

GAIT

There was no evidence of abnormal gait. However, deep squatting increase pain to the right knee and also tiptoe and heel walking increase pain to the knee joint.

DIAGNOSES

1. Contusion to the right knee and leg as a result of claimed injury of 6/29/11.
2. Resolved soft-tissue contusion of the right leg.

DISCUSSION

I have had the opportunity to reexamine Ms. Tiffany Anderson on November 1, 2011, for injuries sustained during the course of her employment on 6/29/11. According to the history described by the patient, she injured her right knee and leg while she was working around the dairy pond and struck her knee against a metal bar. She claimed that there was an 18-cm cut in her leg, although upon today's physical examination, I found no evidence of a scar and if there were any just superficial scratches, apparently they are healed without any residuals. Upon review of submitted medical records, I

noted that the majority of these medical records were reviewed prior to my evaluation on 6/18/08. Subsequent to my QME assessment, the patient continued under the care of Dr. Gary Murata receiving medication and office visit. She was also under the care of Dr. James Shaw, a pain management specialist, and the patient continued to be symptomatic and the last time she was examined by Dr. James Shaw was on 5/20/11, having persistent pain to the right knee and the doctor felt that she was suffering from myalgia and myositis and arthropathy. Dr. James Shaw examined the patient after the claimed injury of 6/29/11, and only addressed increased pain to the right knee and suggested massage therapy, physical therapy, and ibuprofen. Dr. Murata examined the patient on 7/28/11, and requested MRI of the right knee. Repeat MRI of the right knee on 8/9/11, revealed prior surgical truncation of the lateral meniscus with possible recurrent tear of the body in anterior horn. In addition, noted trace joint fluid and possible mild pes anserinus tendinopathy. Dr. Murata continued treating the patient advising medication, office visit, and Dr. John Eck examined the patient on 9/27/11, and found the patient's condition to be permanent and stationary and addressed impairment is 0% of the whole person impairment. Dr. Murata on 9/29/11, felt that the patient needs to be referred to an infectious disease specialist.

Upon today's physical examination, review of submitted medical records, and the entire file, there are several issues and my opinions are as follows:

1. This patient most likely has sustained a separate injury to the right knee and leg, which was basically contusion and soft-tissue injuries and responded to the treatment and recovered. I do not see a need for further treatment that there is no impairment and no apportionment applies. This injury did not cause any aggravation to her knee symptomatology as a result of previous industrial accidents.

2. This patient's subjective and objective complaints do not match and there seems to be a psychological overlay. In fact, the patient has been suffering from anxiety, depression, and unusual stress, for which she is under care since 2006. That, per se, to some extent, may cause magnifying her subjective complaints.

3. The patient is been taking Norco six to eight tablets a day and concerning the nature of the injury to her right knee, this is extremely a high dose of narcotics to be taken by an individual of her age and physical condition. In fact, the narcotics may add to the problem of anxiety and depression and advise that this medication to be replaced by perhaps other nonnarcotic, analgesics, or

6-15-10 | 6-8-1 Copy used in full working EG1+Chrts 300141-040 File

(1)

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

MAILING ADDRESS
8221 N. Fresno St
Fresno, CA 93720
(559) 222-2294

QUALIFIED MEDICAL EVALUATION

AIMS
PO Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF EVALUATION: →	June 8, 2010 6-15-10
EMPLOYER:	San Joaquin County
DATE OF INJURY: →	June 15, 2010 Incorrect Date(s)
CLAIM NO:	VE0700184
FILE NO:	86351-0

FEE DISCLOSURE

ML 103-95: This is a Complex Qualified Medical Evaluation, as a result of meeting the requirements of 3 complexity factors, which are listed below:

- 2 hour(s) of record review time (1 factor)
- 60 minutes of face to face time
- Addressing issues of causation (1 factor)
- Addressing issues of apportionment when the physician addresses: (1 factor)
  - 3+ injuries to the **SAME** body system or region
  - 2+ injuries to 2 **DIFFERENT** body system or regions

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

Thank you for the opportunity to evaluate Tiffany Anderson on Tuesday, June 15, 2010 in my office at 333 San Carlos Way, Ste. B, Stockton, CA, 95207.

The history and physical examination is not intended to be construed as a general or complete medical evaluation. It is intended for medical legal purposes only and

focuses on those areas in question. No treatment relationship is established or implied.

This medical-legal evaluation is based only on the current information and records submitted. It is solely the treating physician's responsibility to determine their patient's differential diagnoses and subsequent needs for medical treatment. This would be inclusive of all psychiatric conditions, vascular diseases, neuromuscular disorders, central nervous system disorders, auto-immune diseases, internal medicine disorders and all tumors, benign or malignant, even if they are undia[illegible] currently occult.

← from 2009 modified or office work has been avail.

She is 39-years old. She is right-handed, 5'4", 150 pounds, and she was working for San Joaquin County. She started working in April 2004 and continued working until December 2009. She has not worked since then because there is no modified-duty available. Before, she was working as a Library Aide. The dates of injury are 6/19/08, 3/26/09, and 7/2/09. She was working eight to 12 hours a day and five to six days a week and sometime usually she worked up to 12 hours and other parts of the year she was working eight hours. Her job is a Pesticide Applicator involved controlling mosquitoes, and the job required inspection of mosquito sources and applying control measures in compliance with state laws. This includes safe application of pesticides and the efficient operation of spray equipment and motor vehicles and similar equipments. The job required operating spray equipment, motor vehicles, and similar equipment using a district survey and inspect the assigned areas for mosquito breeding. Job also required performing routine maintenance on vehicles and spray equipment. She had to make daily report of work performed, and the physical demands of her job required 50% of the time on her feet standing, walking, bending, squatting, climbing, kneeling, and twisting involved. The job also required simple grasping, power grasping, pulling, pushing, and lifting was about 40 to 50 pounds. She was driving trucks as stated and was working near hazardous equipment and machinery and is walking over uneven ground, exposed to dust, fumes, noise, and extreme temperature.

HISTORY OF INJURY

On 6/19/08, she was treating land and performing her usual duties and walking and applying pesticides when her right knee became swollen and painful. According to the patient, the job required jumping over fences, in and out of trucks, and due to the increased pain the following day, she saw a physician in Stockton. She was under care approximately three months. She received medication, physical therapy, x-rays,

and bracing. She was then examined by Dr. Murata who performed surgery in September 2008. She returned to work in January 2009 doing her regular duty until March 2009 when she experienced increased pain and swelling to the knee. She stopped working until June of 2009, and within this period, she received physical therapy, medication, and repeat MRI was done. She returned doing the regular duty until July of 2009 when she was climbing fences and applying pesticides wearing brace and developed pain to the right knee. Updated MRI reviewed some changes and the doctor recommended surgery. Second operative procedure was performed on the right knee in March 2010. She stopped working in November. She did only one month of office work. She has not worked since December, because there is no modified-duty available.

She is currently under care of Dr. Murata and takes hydrocodone as needed. She also takes ibuprofen 600 mg one tablet a day. She also gets periodically physical therapy to control her swelling to the right knee.

PRESENT COMPLAINTS

She complains of having dull pain to the right knee associated with swelling. Standing about 10 minutes causes pain, although she has no problem with walking. She describes her intensity of pain on a scale of 0 to 10 is about 3 and associated with stiffness. There was some tingling and numbness around the joint, and she feels there is weakness and swelling of the right knee. There is no grinding, locking, or giving-way. She is not using any assistive devices. She has difficulty running. Physically, she is most likely capable of returning to her job, although has a fear of re-injury. In terms of lifting, she was capable of lifting about 50 pounds and feels that she can lift the same amount at the present time.

PAST HISTORY

She had a work-related injury, which was exposure to some unknown chemicals or vegetation that caused skin rashes. She denied being involved in motor vehicle accident. No sports injuries and never received any impairment disability settlement. She has had no major medical problem and no surgeries except for two normal deliveries.

PATIENT PROFILE

all stopped

She is divorced, has two children, and has one year of college education after high school. She does not smoke or drink alcoholic beverages. There is no history of drug or alcohol dependency. Her hobbies and sports activities involved walking and reading, and she goes to the gym to do yoga and exercises.

ACTIVITIES OF DAILY LIVING

Except for standing for long period of time, the rest is unaffected. She has no discomfort with the self-care, personal hygiene, communication, sensory function, nonspecialized hand activity, travel, sexual function, or sleep.

REVIEW OF MEDICAL RECORDS

06-20-08 – R Knee 3 V – Soft tissues and osseous structures intact without obvious fracture or dislocation. Joint space maintained without narrowing.

06-20-08 – Doctor's First Report, Donald Rossman, M.D. – Climbing up and down the bed of a truck for two days, developed R leg injury. DX: Knee effusion, R. ACL sprain, R. TX: Propoxyphene/APAP and modified work.

06-23-08 – PR-2, Donald Rossman, M.D. – Ongoing constant pain, stiffness, and swelling. DX: Unchanged. TX: Medications, splint, and HEP. Begin PT. Modified work.

06-30-08, 07-08-08 - PR-2, Donald Rossman, M.D. – Improving. Continue PT and conservative treatment. D/C knee support. Add ibuprofen, TENS, and knee brace. No modified duty available. She is off work.

07-15-08 - PR-2, Donald Rossman, M.D. – Worsening. Continue PT with increased frequency. Continue medication and modified duty.

07-22-08 - PR-2, Donald Rossman, M.D. – About the same. Request MRI of R knee. Finish PT. Continue ibuprofen.

07-28-08 – MRI R Knee – Anterior horn medial meniscus tear.

07-29-08 - PR-2, Donald Rossman, M.D. – MRI reviewed. Recommend ortho surg referral.

08-05-08 - PR-2, Donald Rossman, M.D. – Ongoing pain/symptoms. DX: Unchanged. TX: NCS. Ortho consult. Modified work.

08-07-08 – Orthopaedic Consultation, Gary T. Murata, M.D. – R knee discomfort. DX: Lateral meniscus tear of R knee. TX: Has failed conservative treatment. Candidate for arthroscopic surgery.

08-12-08 - PR-2, Donald Rossman, M.D. – Transfer care to Dr. Murata.

08-22-08 – Followup, Gary T. Murata, M.D. – Very symptomatic. Willing to proceed with arthroscopic surgery. MRI positive for anterior horn lateral meniscus tear.

09-17-08 – Preop H&P - Gary T. Murata, M.D.

09-22-08 – Op Report, Gary T. Murata, M.D. – Postop Diagnosis: Complex tear lateral meniscus. Grade II chondromalacia of medial femoral condyle. Procedure: R knee arthroscopy w/ partial lateral meniscectomy, chondromalacia of medial femoral condyle.

09-25-08 – Followup, Gary T. Murata, M.D. – Walking without crutches. Fair amount of soreness. Guarded range of motion. Start PT. Instructed on HEP in the meantime. Sutures removed.

10-16-08 10-30-08 - Followup, Gary T. Murata, M.D. – Pain improved. Continue PT. Decrease Vicodin and use ibuprofen.

11-18-08 - Followup, Gary T. Murata, M.D. – Fair amount of pain and swelling. Use ice, continue HEP and PT. Try to reduce Norco.

12-17-08, 01-09-09, 01-20-09, 03-03-09 - Followup, Gary T. Murata, M.D. – Continued improvement. Continue HEP. Low impact exercises. Return to work.

03-09-09, 03-31-09 - Followup, Gary T. Murata, M.D. – Noticed pain and swelling. Received anti-inflammatories from doctor on call. Swelling improved. Has not been working. DX: Aggravation of knee, S/P lateral meniscectomy. TX: Motrin, ice, and consider MRI.

04-07-09 – MRI R Knee – Near circumferential horizontal tearing of lateral meniscus. ACL May be mildly attenuated, but appears intact. Small joint effusion and narrow, elongated Baker's cyst.

04-10-09 - Followup, Gary T. Murata, M.D. – MRI reviewed. Painful R knee. Try another course of therapy. Continue exercises.

04-28-09 - Followup, Gary T. Murata, M.D. – Pain/swelling R leg. Some improvement with PT. Given another prescription for PT.

05-19-09 - Followup, Gary T. Murata, M.D. – Improvement of recent R knee strain with partial lateral meniscectomy. Continue PT. Can return to work regular duty next week.

06-09-09 - Followup, Gary T. Murata, M.D. – Continued pain. Continue full duty.

07-07-09 - Followup, Gary T. Murata, M.D. – Symptoms much worse last week. Recommend light duty.

09-08-09 - Followup, Gary T. Murata, M.D. – Ongoing pain/symptoms. Would like to get another orthopaedic opinion.

10-06-09 - Followup, Gary T. Murata, M.D. – Patient feels she has a re-tear of her meniscus. Will order MRI. Continue modified work in the meantime.

12-11-09, 01-20-10, 02-17-10, 03-03-10 - Followup, Gary T. Murata, M.D. – Very symptomatic. Recommend repeat arthroscopic surgery and modified work. Continue home exercises.

03-08-10 – Op Report, Gary T. Murata, M.D. – Postop Diagnosis: Grade IV chondromalacia of medial femoral condyle. 1.5 cm circular lesion. Recurrent lateral meniscus tear. Procedure: Arthroscopy of R knee with microfracture of medial femoral condyle and partial lateral meniscectomy.

04-13-10 - Followup, Gary T. Murata, M.D. – Much improvement of pain. No effusion. Good range of motion. Stop crutches. Avoid high-impact activities. Recommend PT.

PHYSICAL EXAMINATION

LOWER EXTREMITIES

Inspection of the lumbar spine showed no evidence of skin discoloration or abrasions. Movements of hips, knees, and ankles in all directions tested, which were symmetrical and pain free.

HIPS out of alignment

Examination of right and left hips was within normal limits. There was no evidence of tenderness and movements of the hips in flexion, abduction, internal rotation, and external rotation were symmetrical and pain free.

RIGHT KNEE

Inspection of right knee revealed scars related to arthroscopic surgery. Palpation of right knee detected tenderness on the medial aspect as well as lateral aspect of the knee joint corresponding with the joint line. Palpation of patellar tendon was tender. Range of motion of the right knee is within normal limits and symmetrical to the left. There is no evidence of swelling and no evidence of anteroposterior or lateral instability. Lachman and McMurray tests were negative.

LEFT KNEE

Inspection of left knee showed no evidence of swelling, skin discoloration, or abrasions. Palpation of the knee was nontender. Movements of the left knee in flexion and extension did not cause any pain. There was no evidence of anteroposterior or lateral instability. Lachman and McMurray tests negative.

RIGHT AND LEFT ANKLE

Inspection of the ankles showed no evidence of swelling. Palpation of the ankles was nontender. Movements of ankles in dorsiflexion, plantar flexion, inversion, and eversion tested, which were pain free.

Measurements of the lower extremities are as follows:

Circumferential girth measurements at: Right Left

Upper pole of Patella:	16½	16
5' above superior pole/patella:	20½	20
Calf measurement:	15	15

NEUROLOGICAL EXAMINATION

	Right	Left
4. Patellar Tendon	2-3+	2-3+
5. Achilles Tendon	2-3+	2-3+

Sensation: Within normal limits.

GAIT

There was no evidence of abnormal gait.

DIAGNOSES

1. Status post arthroscopic surgery of the right knee.
2. Status post retear of the lateral meniscus and arthroscopic surgery, right knee.
3. Chondromalacia, medial femoral condyle.

DISCUSSION

← 7/2/09

I have had the opportunity to examine Ms. Tiffany Anderson on June 15, 2010, for injuries sustained during the course of her employment; initially on 6/19/08 and subsequently on 3/26/09 and 7/2/09. Based upon the history described by the patient and review of submitted medical records on 6/19/08, during the course of her employment, she developed pain to the right knee associated with swelling, and it developed as a result of the physical demands of her job which required jumping over fences. She reported that initially she was examined by Dr. Rossman and she was diagnosed with having sprain of the knee and recommended medication and modified-duty. She remained under care of Dr. Rossman, and due to the persistent pain, she was referred for MRI of the right knee. This study, which was done on 7/20/08 revealed a tear of the anterior horn of the lateral meniscus. Dr. Murata examined the patient on 8/7/08 and recommended that the patient would be a candidate for arthroscopic surgery. The treatment transferred to Dr. Murata and initial

arthroscopic surgery was performed on 9/22/08. Dr. Murata performed partial lateral meniscectomy and also chondroplasty of grade II chondromalacia of medial femoral condyle. She continued under care of Dr. Murata, and later Dr. Murata recommended that she may return to work. Following return to work, she noticed having pain and was reexamined by Dr. Murata and only received medication and recommended MRI. MRI of the right knee done on 4/7/09 revealed horizontal tear of the latera ← due to 7/2/09 third injury along with small joint effusion. She continued under care of Dr. Murata a 6/9/09, Dr. Murata recommended that she may return to full-duty. On 7/7/09, she was reexamined by primary treating physician and Dr. Murata who felt that her condition was getting worse and recommended light-duty. Due to the persistent and ongoing pain and symptoms, Dr. Murata performed second arthroscopic surgery on 3/8/10. At that point, he found that the previously diagnosed chondromalacia of medial femoral condyle was at grade IV although the size of the lesion was still 1.5 cm. In addition, he diagnosed recurrent lateral meniscus tear and performed partial lateral meniscectomy. She has been under care of Dr. Murata and receives medication, office visits, and physical therapy.

This patient has obtained a maximum medical improvement and her condition can now be declared as permanent and stationary.

only 3 mos. post ← 2nd knee surgery ?

SUBJECTIVE COMPLAINTS

Constant slight right knee pain reaching to less than moderate level with prolonged standing and has difficulty with running.

OBJECTIVE FINDINGS

Operative Report and MRI findings as described above.

IMPAIRMENT RATINGS

Based upon AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, Page 544 and Page 546, Table 17-31 and 17-33, patient underwent twice partial meniscectomy and approximately 40% of the meniscus has already been removed. In that respect, she is entitled to 2% of whole person impairment. In addition, because of patellofemoral pain, she is entitled to 2% of whole person impairment. Using Combined Value Chart, the patient is entitled to a 4% of whole person impairment.

NEED FOR FUTURE MEDICAL CARE

She requires the use of medication such as analgesics and antiinflammatory agents. In the case of flareups, examination by an orthopedic surgeon is advised. At that point, she may benefit from short course of physical therapy, use of prescribed medications, and intraarticular injections or corticosteroids.

WORK RESTRICTIONS

She may return to her previous occupation although should be precluded from jumping, running, and prolonged periods of standing. She should be allowed to rest five minutes after standing about 20 to 30 minutes.

APPORTIONMENT AND CAUSATION

Based upon the history as provided by the patient, the Guideline of SB 899, and review of submitted medical records, it is with reasonable medical probability, the cause of her current orthopedic symptomatology is due to the specific incident of 6/19/08 and aggravated as a result of incident of 3/26/09 and apportionment applies as 70% due to the 6/19/08 and 30% due to the 6/26/09. This is based upon the operative report, MRI findings, and the nature of injuries she sustained.

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." In the preparation of the report Beth Domingos, arranged all of the records in chronological order and prepared a summary of records. I personally then reviewed all of the available medical records and the summary prior to using all or parts of it in the preparation of my report. The entire report was then personally reviewed by me and signed on the date and county as indicated.

"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."