

State of California  
Division of Workers' Compensation  
Disability Evaluation Unit

66-16



DEU Use Only

EMPLOYEE'S DISABILITY QUESTIONNAIRE

This form will aid the doctor in determining your permanent impairment or disability. Please complete this form and give it to the physician who will be performing the evaluation. The doctor will include this form with his or her report and submit it to the Disability Evaluation Unit, with a copy to you and your claims administrator.

Applicant

Employee

Tiffany

First Name

Anderson

Last Name

SSN (Numbers Only)

1900 Lakeshore Drive

Street Address1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address2/PO Box (Please leave blank spaces between numbers, names or words)

International Address (Please leave blank spaces between numbers, names or words)

Lodi

City

CA

State

95242

Zip Code

Date of Birth 8/22/1970

MM/DD/YYYY

Date of Injury 6/19/2008

MM/DD/YYYY

San Joaquin County Mosquito & Vector Control

Employer

Nature of Employers Business

Claim Number 1 VE0700184

6119108

Claim Number 2 3126109

Claim Number 3 712109

Claim Number 4 612911

Claim Number 5 \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY:**

**How was your evaluating doctor selected? (check one)**

☐ From a list of doctors provided by the State of California, Division of Workers' Compensation

☒ Other (explain) Stockwell Harris opposing counsel

What is the name of the doctor who will be doing the evaluation? Khosrow Tabaddor, M.D.

When is your examination scheduled? 5/9/2016

What were your job duties at the time of your injury?

See attached documents  
National Pollutant Discharge Environmental system applicator

What is the disability resulting from your injury?

undetermined

How does this injury affect you in your work?

I was fired

Have you ever had a disability as a result of another injury or illness? not before my

If so, when? employment with San Joaquin County mosquito

Please describe the disability.

Franch

Date 5/9/16  
MM/DD/YYYY

Signature [Signature]

STATE OF CALIFORNIA  
Division of Workers' Compensation - Medical Unit  
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

6/19/2008

1. Employee Name (First, Middle, Last)

2. Social Sec No (Optional)

3. Date of Injury (Mo/ Dy /Yr)

1900 Lakeshore Drive

Lodi, CA

95242

(209) 331-0208

4. Street Address

City

Zip

5. Phone

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

**AIMS**

6. Name

P.O. Box 269120

Sacramento, CA

95826-9120

(916) 563-1900

7. Street Address

City

Zip

8. Phone

**EVENT DATES**

2/1/2016

5/9/2016

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there permanent impairment/disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did work cause or contribute to the injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If permanent disability exists, is apportionment warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a need for current or future medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Can this employee now return to his/her usual job?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there any abnormal physical or psychological examination findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are impairments described and measured using: (For non-psyche injuries) the AMA Guides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(For psyche injuries) the GAF and 2005 PD Schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Pending or Info. Not Sent
17. If the AMA Guides are used, are percentages of impairment stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there any relevant diagnostic test results (x-ray/laboratory)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. What are the diagnoses? (List) _____			
20. Were medical records reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Were other physicians consulted? _____	<input type="checkbox"/>	<input type="checkbox"/>	
22. Are there any unresolved disputed issues beyond the scope of your licensure or clinical competence that should be addressed by an evaluator in a different specialty?	<input type="checkbox"/>	<input type="checkbox"/>	
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 \_\_\_\_\_

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))

Savorn Arias, declare:  
(Print Name)

- I am over the age of 18 and I am not a party to this case.
- My business address is: 8221 N. Fresno St, Fresno, CA 93720
- 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

6/10/16

Tiffany Anderson, 1900 Lakeshore Drive Lodi CA 95242

B

6/10/16

AIMS, P.O. Box 269120 Sacramento CA 95826-9120

B

6/10/16

L/O Stockwell, Harris, Woolverton & Helphrey, 1545 River Park Drive, Suite 330 Sacramento CA 95815-

When report addresses PD:

6/10/16


Disability Evaluation Unit, DWC,

Stockton

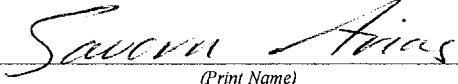
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed:

6/10/16



(Signature of Declarant)



(Print Name)

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  
(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.
- ☒ 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> (For each addressee, Enter A-E as appropriate)	<u>Date Served:</u>	<u>Addressee and Address:</u>
<u>B</u>	<u>6/10/2016</u>	<u>Tiffany Anderson, 1900 Lakeshore Drive Lodi CA 95242</u>
<u>B</u>	<u>6/10/2016</u>	<u>AIMS, P.O. Box 269120 Sacramento CA 95826-9120</u>
<u>B</u>	<u>6/10/2016</u>	<u>L/O Stockwell, Harris, Woolverton &amp; Helphrey, 1545 River Park Drive, Suite 330 Sacra</u>

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

Date: 6/10/2016

Nicholas Dennie  
(Signature of Declarant)

Nicholas Dennie  
(Print Name)


## **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  
P.O. Box 269120  
Sacramento, CA 95826-9120

RE:	ANDERSON, TIFFANY
DATE OF RE-EVALUATION:	May 9, 2016
EMPLOYER:	San Joaquin County Mosquito & Vector Control
DATE OF INJURY:	June 19, 2008 
CLAIM NO:	VE0700184
FILE NO:	86351-11

40 minutes were spent in a face-to-face evaluation with the examinee.

### **FEE DISCLOSURE**

**ML 102-95:** This is a Basic Qualified Medical Evaluation. **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 Monday, May 09, 2016 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 45-years-old, right-handed, 5'4 and 120 pounds.

### WORK HISTORY

She began working for San Joaquin County on April 09, 2004 and kept working until December 2011, when her job was terminated.

### DATE OF INJURIES

1. June 07, 2004, exposure 1.
2. January 21, 2005, exposure 2.
3. October 17, 2005, exposure 3.
4. June 19, 2008, injury to #1. MRI 7-28-08 surgery 9-22-08 RTW 1-5-09
5. March 26, 2009, injury to #2. MRI 4-7-09 RTW 5-2-09
6. July 02, 2009, injury #3. MRI 3-8-10 surgery RTW 8/30/10
7. June 29, 2011, injury #4.
8. June 29, 2011, exposure #4.
9. June 19, 2004, cumulative exposure.

She was working 8-12 hours a day, 5-7 days a week.

### INTERVAL HISTORY

Summary of previous examinations:

1. June 15, 2010, QME Evaluation (incorrectly the date of evaluation was marked as June 08, 2010. The date of the injury was June 15, 2010 and apparently it was as reported and requested by the insurance company). The injured worker, reported June 19, 2008; March 26, 2009 and July 02, 2009 injuries on the questionnaire. upon completion of examination my diagnosis was; status post arthroscopy surgery of the



right knee and lateral meniscus retear requiring second arthroscopic surgery and chondromalacia medial and femoral condyle.

I found the patient's condition to be permanent and stationary and addressed impairment, need future medical care, work restrictions apportionment to causation.

2. Supplemental Report on August 20, I reviewed her deposition transcript and made comments that found no new information to alter my opinion as previously expressed in my QME Report dated June 15, 2010.

3. Supplemental Report on September 07, 2010.

4. Reevaluation on November 01, 2011 as related to the date of injury for June 29, 2011. My diagnosis was contusion to the right knee and leg as the result of the claimed injury of June 29, 2011, and resolved soft tissue contusion of the right leg. I expressed my opinion on Page 12 and addressed the type of treatment needed in order to control her aches and pains.

5. Qualified Medical Evaluation Report of March 27, 2012, as a result of the date of injury June 29, 2011. I addressed subjective complaints, objective findings, and impairment ratings. I also addressed the need for future medical care, work restrictions, apportionment and causation.

6. On August 29, 2012, a Supplemental Report in response to a letter received from Attorney at Law, Kyle Hanson. I recalculated the impairment ratings based upon partial latera meniscectomy and patellofemoral pain syndrome.

7. On April 17, 2014, a Supplemental Report, I reviewed the medical records and a response letter from Kyle Henson, and I responded to all the questions asked.

8. On June 18, 2014, a Supplemental Report, I responded to a letter received from Ms. Anderson.

#### EXAMINATION

At 3:30 p.m., as scheduled, Ms. Anderson appeared in our office accompanied by a male companion, stating that the court had allowed her to have someone be present at the time of the interview and examination. It should be noted that she had missed two previous appointments without canceling in a timely manner. Yet, my office provided

her with half an hour of time, from 3:30 to 4:00 p.m., for interview and reexamination on May 9, 2016.

One hour prior to her arrival to the office, a man appeared with a recording device, stating that the insurance company had sent him to record the appointment with Ms. Anderson. I had no prior notification of this development, and the man himself stated that he thought he was there for a deposition of Ms. Anderson.

Upon her arrival, Ms. Anderson submitted her completed questionnaire that our office had asked her to complete. In addition to responding to the questionnaire, she had also included an additional 20 pages of unsolicited information. I was told by the man in charge of the recording device that the transcript of the interview would be provided to my office. I have not received any transcript as yet.

The summary of the dates of injuries as described by the patient are as follows:

1. June 08, 2004, she developed rash on partial body, mainly legs, while she was inspecting properties and apparently reported and received treatment about two months and her condition improved. She is still getting rashes and has not made any settlement. She complains that as a result of that, she has developed rashes on her chest, back, head, right and left arm. She did not remember if she missed any work as a result of this injury.
2. January 21, 2005, she was exposed to formaldehyde and developed rashes while she was driving a truck and a coworker was spraying an area. She developed rashes in all body parts reported and received treatment for approximately three months. She claims that exposure later affected her lungs and she developed breathing problems and anxiety and received treatment at Kaiser. She took her vacation and sick leave.
3. October 11, 2005, while she was inspecting the ditch at McDonald Island, fell inside of a ditch and developed rash, cold, flu, headaches and received treatment using her health insurance.
4. June 19, 2008, she was assigned to a new job and climbing on and off the back of her truck and injured her right knee, developed swelling and pain and she claimed a workers compensation injury and underwent right knee surgery. She was out of work for approximately six months.

5. March 29, 2009, she claims that her right knee became swollen when she was picking up branches and bushes. She reported the incident, and received some treatment. Apparently the workers compensation denied further treatment, but she took two months of vacation and then returned to regular duty.

6. July 02, 2009, she did not recall the nature of the industrial accident and a second surgery on the right knee was required, which was on March 08, 2010. She stayed off of work from July 02, 2009 until November 2009. On December 2009, she returned to work for 30-days, and performed modified duty. She was paid partially as a result of temporary disability.

7. June 29, 2011, she was on property doing daily duties walking along the side of a mound, when the right knee was injured hitting a metal stake into her surgical scar. She claimed that it cut her open from the knee all the way down to the ankle. She reported it. Four days later she was seen by Dr. Eck, but no treatment was provided. She received oil and massage therapy on her own from a massage therapist.

She handed me several typed pages asking questions, making accusations in terms of the medical treatment received, periods of temporary disability, permanent and stationary status and her benefits.

#### JOB DESCRIPTION

She described her job duties, in her handwriting, on the first page of the questionnaire as follows: "....My job description requires a California State Department of Public Health Certification in Category A-Pesticide Application and Safety Training for Applicators of Public Health Pesticide and Category B-The Biology and Control of the Mosquitoes in California."

She further states that her job requires that she "be an expert in pesticide applications, keeping records in compliance with all governing laws and agency well versed in county agriculture and crops, US waterways, irrigation districts, maintained driving safety at night and in isolated unknown territory and by day in the heavy traffic while reading maps and treating storm drains. The job required to hold 25-pound bucket of chemicals in her hand." She also stated that she had to drive and operate work trucks with 50-gallon tanks and 200-gallon tanks. She had to work at the White Slug Fish Hatchery pulling 50-100 feet across the ponds for the fish to use, in attempt of pesticide reduction. She claims that the biological and chemical use in agriculture was never disclosed to employees who handled the water and fish daily. She was

working in dirty water by pollution, toxic organic chemicals and animal waste water, as well as human waste water, which was a routine task.

#### PRESENT COMPLAINTS

On Page 5 of the questionnaire, in discussing her present complaints, she states "...in terms of medical fraud, I was exposed to formaldehyde by your client from 2004 until 2010 and told by county DEA office in 2011. From 2006-2010, I was involved in a stress claim, your client was guilty of fraud and using unpaid claims money. My claims have been valid and the last time I appeared at your office, you told me to leave..." She continues, "...I have lost over \$1,000,025 dollars in wages and benefits because you refuse to abide by an oath and hide behind the work comp laws. I am in severe need of medical treatment and have been neglected care and you play the pivotal role in providing me medical care...."

She claims that her mother died. The rest of her handwriting was illegible, and the undersigned was not able to decipher the claim.

On the same page 5 of the questionnaire, and on the pain drawing chart, she claims having sharp pain to right and left shoulders. She marked having sharp pain in the right and left elbows and sharp pain in the lower back, sharp pain and dull pain in her right hand, sharp and dull pain to the right and left knee, and dull pain to the right and left foot, and neck pain and headaches.

On Page 6 of the questionnaire, she states that the intensity of her aches and pains is about 8 on a scale of 0-10 and there is stiffness, tingling, numbness, weakness, swelling, grinding, locking and giving way without explanation of what body parts. She claims she cannot return to her occupation.

Once I began asking her about her present complaints of having pain in different body parts starting from her neck pain and headaches, her behavior and demeanor drastically changed. She became evasive, unresponsive, and accusatory. For example, when I asked her to provide specific description of her complaint and the incident she believed caused the injury and pain, she would not answer the questions directly. As to her headaches, she asserted that it started in 2004 and 2005, and the neck pain in 2011, but could not relate her symptoms to any of her industrial accidents. I made several attempts to clarify the situation but was met with persistent indirect and indecipherable responses. In addition, she accused me of being an agent of the insurance company and her employer.

RE: ANDERSON, TIFFANY

Page 7

Based on her behavior described above, I stopped the interview and recommended that we continue it on another date. After a short break, I returned in the hopes of being able to complete the evaluation. Ms. Anderson was still present in the office waiting room. She was returned to the examination room, but once I tried to question her about her current complaint, I was met with the same behavior. Therefore I had to stop the interview again. Because of her attitude and mannerism, I was not able to complete my interview and perform a physical examination in the required unbiased mode.

Should the parties decide to have this examination completed, I need to have Ms. Anderson directly answer the questions posed to her, and refrain from accusing me, the insurance company, or any of the doctors of collusion or illegal activities. She needs to be coherent and clear regarding her complaints and what she believes caused her injuries. Without her cooperation and compliance, I will not be able to adequately and appropriately evaluate Ms. Anderson.

By way of a generalized observation and my previous evaluations of Ms. Anderson, it appears that many of her complaints stem of allegations of chemical exposure. Thus, she would benefit from an evaluation by a qualified dermatologist or allergy specialist.

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,

RE: ANDERSON, TIFFANY

Page 8



Khosrow Tabaddor, M.D.  
Orthopaedic Surgeon

Signed this 6 day of June 2016 in LA County in the State of California.