

**Khosrow Tabaddor, M.D.**

Orthopaedic Surgeon  
Qualified Medical Evaluator

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**SUPPLEMENTAL REPORT**

February 15, 2017

Disability Evaluation Unit  
31 East Channel Street, Room 417  
Stockton, CA-95202-2314

RE:	ANDERSON, TIFFANY
DATE OF RE-EVALUATION:	September 12, 2016
EMPLOYER:	San Joaquin County Mosquito & Vector Control
DATE OF INJURY:	June 19, 2008
CLAIM NO:	VE0700184
FILE NO:	86351-15

**FEE DISCLOSURE**

**ML 106-95:** This is a Qualified Medical Evaluation Supplemental Report. This represents the summary of total time spent on record review, the preparation of a narrative report and its review & final editing. **Total time spent was 30 mins.**

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

In response to your letter received from Sara Grumley and based upon the question asked, my response is as follows:

RE: ANDERSON, TIFFANY

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Based upon the history as described by the patient, the claimed industrial accident of 6/29/11 was simply a soft tissue contusion at the proximal tibia and had no impact on her knee. She recovered without any specific treatment, and she was capable of performing duties without any restrictions. There was no period of temporary disability, no aggravation of preexisting injuries, and the surgery performed on the 11/28/11 was actually as a result of her prior lateral meniscus injuries of 6/19/08 and 6/26/09, and unrelated to 6/29/11 industrial accident.

Thank you for the opportunity to review this additional information. 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,

  
Khosrow Tabaddor, M.D.  
Orthopaedic Surgeon

Signed this 20 day of Feb 2017 in CA County in the State of California.

State of California  
**DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT**  
**AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))**

**Case Name:** Tiffany Anderson v AIMS  
*(employee name)* *(claims administrator name, or if none employer)*

**Claim No.:** VE0700184 **EAMS or WCAB Case No. (if any):** \_\_\_\_\_

I, Mai Vue, 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.

**Means of service:**  
*(For each addressee, Enter A-F as appropriate)*

**Date Served:**

**Addressee and Address:**

Means of service	Date Served	Addressee and Address
B	2/25/2017	Tiffany Anderson, 515 Yokuts Dr. Lodi CA 95240
B	2/25/2017	AIMS, P.O. Box 269120 Sacramento CA 95826-9120
B	2/25/2017	L/O Stockwell, Harris, Woolverton and Helphrey, 1545 River Park Drive, Ste. 330 Sacra

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

Date: 2/25/2017

Mai Vue

*(Signature of Declarant)*

Mai Vue

*(Print Name)*