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300141-090

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
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 15, 2010
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

RE: ANDERSON, TIFFANY

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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 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,

RE: ANDERSON, TIFFANY

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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

RE: ANDERSON, TIFFANY

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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.

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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.

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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

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

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

NEUROLOGICAL EXAMINATION

	<u>Right</u>	<u>Left</u>
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 re-tear of the lateral meniscus and arthroscopic surgery, right knee.
3. Chondromalacia, medial femoral condyle.

DISCUSSION

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 lateral meniscus along with small joint effusion. She continued under care of Dr. Murata although on 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.

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.

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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.

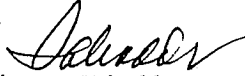
"I hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration for any referral for examination or evaluation by a physician."

"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."

RE: ANDERSON, TIFFANY

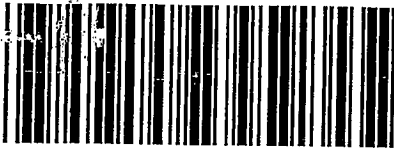
Page: 11

Sincerely yours,

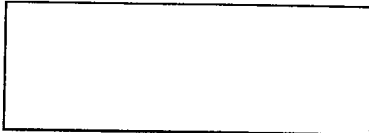


Khosrow Tabaddor, M.D.

Signed this 12 day of July 2010 in LA County in the State of California.
Orthopaedic Surgeon



State of California
 Division of Workers' Compensation
 Disability Evaluation Unit



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.

Employee

Tiffany

First Name

MI

Anderson

Last Name

549-23-5133

SSN (Numbers Only)

2 North Avena Ave.

Street Address 1/PO Box (Please leave blank spaces between numbers, names or words)

Street Address 2/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 Investor Control Dist.

Employer

Nature of Employers Business

Claim Number 1 **VE0700184**

Claim Number 2 _____

Claim Number 3 _____

Claim Number 4 _____

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) Dr. Tabaddor was selected for me.

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

When is your examination scheduled? 6/15/2010

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

pesticide applicator field technician

What is the disability resulting from your injury?

R Knee

How does this injury affect you in your work?

my employer does not accomodate mod. full duty and my knee seems to not like full duty

Have you ever had a disability as a result of another injury or illness? NO

If so, when? _____

Please describe the disability.

Date 6-15-2010
MM/DD/YYYY

Signature [Signature]

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)*

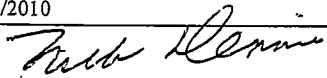
Claim No.: VE0700184 EAMS or WCAB Case No. (if any): _____

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.
 - 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.
 - 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> <i>(For each addressee, Enter A-E as appropriate)</i>	<u>Date Served:</u>	<u>Addressee and Address:</u>
B	7/15/2010	Tiffany Anderson, 2 North Avena Ave. Lodi CA 95242
B	7/15/2010	McKenzie Dawson, P.O. Box 269120 Sacramento CA 95826-
B	7/15/2010	L/O Ronald M. Stein, 4521 Quail Lakes Dr. Stockton CA 95207-
B	7/15/2010	L/O Stockwell, Harris, Woolverton, Muehl, 1545 River Park Dr. Ste. 330 Sacramento CA

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

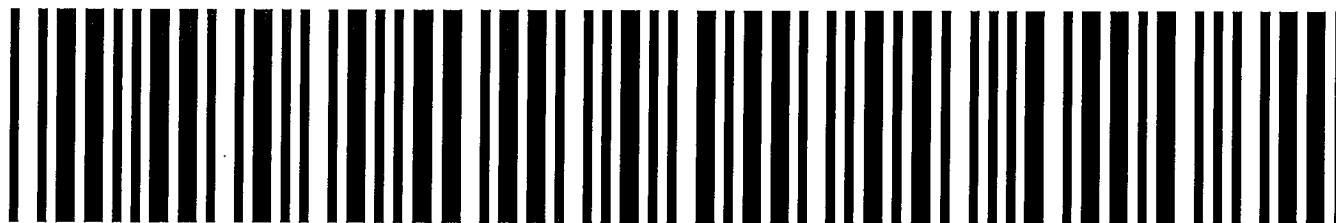
Date: 7/15/2010


(Signature of Declarant)

Nicholas Dennie

(Print Name)

DOCUMENT SEPARATOR SHEET



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Author KHOSROW TABADDOR MD

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MM/DD/YYYY



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Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

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

SUPPLEMENTAL REPORT

August 20, 2010

AIMS
PO Box 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF EVALUATION:	June 8, 2010
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 19, 2008
CLAIM NO:	VE0700184
FILE NO:	86351-1

FEE DISCLOSURE

ML 106-95: This is a Qualified Medical Evaluation Supplemental Report. This represents the summary of total time spent on record review, (including any prior reports, supplementals, examinee questionnaire, notes and any additional records provided), the review of special studies (Including x-rays, MRIs and laboratory results if available), and the preparation of a narrative report and its review & final editing. **Total time spent was 45 mins.**

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

I was provided with a deposition transcript of Ms. Tiffany Anderson, which mainly reflects her work history in the past prior to being hired by San Joaquin County. She denied being involved in any accident or injury or received any treatment. She described injury to the right knee in 2008, which was tearing the lateral meniscus.

RE: ANDERSON, TIFFANY

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She described the nature of the injury and the type of treatment received to include surgery. She also indicated that she stayed off work about six months. She returned to work in 2009. She also re-injured the knee on 3/26/09. Her job descriptions were reviewed and discussed. She described the surgeries received as well as physical therapy and medication. Three separate claims of injury on June 19, 2008, March 26, 2009, and July 2, 2009 were discussed. In her deposition, she mentioned of her problem with the right knee prior to the claimed injuries while she was employed at San Joaquin County. She also mentioned about the injury to the ankle at home while she was chased by her husband. She also addressed her prior problem to the neck, which required chiropractic treatment. She described the type of activities done including riding bicycle and going to gym. She addressed her ability to performing activities of daily living.

COMMENTS

Upon review of the deposition transcript, I found no new information to alter my opinion as expressed in QME Report dated June 8, 2010.

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 yours,



Khosrow Tabaddor, M.D.
Orthopaedic Surgeon

Signed this 20 day of Aug 2010 in LA County in the State of California.

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

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

Claim No.: VE0700184 EAMS or WCAB Case No. (if any): _____

I, Nicholas Dennie, declare:

1. I am over the age of 18 and I am not a party to this case.
2. My business address is: 8221 N. Fresno St, Fresno, CA 93720
3. On the date shown below, I served this QME Findings Summary Form with the original, or a true and correct copy of the original, comprehensive medical-legal report, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- X** placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service.
(Messenger must return to you a completed declaration of personal service.)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

<u>Means of service:</u>	<u>Date Served:</u>	<u>Addressee and Address:</u>
<small>(For each addressee, Enter A-F as appropriate)</small>		
<u>B</u>	<u>8/30/2010</u>	<u>Tiffany Anderson, 2 North Avena Ave. Lodi CA 95242</u>
<u>B</u>	<u>8/30/2010</u>	<u>McKenzie Dawson, P.O. Box 269120 Sacramento CA 95826-</u>
<u>B</u>	<u>8/30/2010</u>	<u>L/O Ronald M. Stein, 4521 Quail Lakes Dr. Stockton CA 95207-</u>
<u>B</u>	<u>8/30/2010</u>	<u>L/O Stockwell, Harris, Woolverton, Muehl, 1545 River Park Dr. Ste. 330 Sacramento CA</u>

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

Date: 8/30/2010

Nick Dennie
(Signature of Declarant)

Nicholas Dennie
(Print Name)

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Author KHOSROW TABADDOR MD

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MM/DD/YYYY



Khosrow Tabaddor, M.D.

Orthopaedic Surgeon
Qualified Medical Evaluator

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

SUPPLEMENTAL REPORT

September 7, 2010

AIMS
PO Bóx 269120
Sacramento, CA 95826

RE:	ANDERSON, TIFFANY
DATE OF EVALUATION:	June 8, 2010
EMPLOYER:	San Joaquin County
DATE OF INJURY:	June 19, 2008
CLAIM NO:	VE0700184; 4492598
FILE NO:	86351-2

FEE DISCLOSURE

ML 106-95: This is a Qualified Medical Evaluation Supplemental Report. This represents the summary of total time spent on record review, (including any prior reports, supplementals, examinee questionnaire, notes and any additional records provided), the review of special studies (Including x-rays, MRIs and laboratory results if available), and 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 dated August 9, 2010, I draw your attention to the operative findings of Dr. Murata, which clearly describes that the patient is suffering from chondromalacia of medial femoral condyle, grade IV, which is rather advanced and also subjective complaints of pain, which required taking medication. My

RE: ANDERSON, TIFFANY

Page: 2

recommendation is prophylactic aiming to prevent further exacerbation or causing additional injury. My assessment was based upon last evaluation, of June 8, 2010 and if the patient's condition has been improved to that extent, then she should only be precluded from jumping or running.

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 yours,



Khosrow Tabaddor, M.D.
Orthopaedic Surgeon

Signed this 8 day of Sept 2010 in CA County in the State of California.

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
AME or OME 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; 4492598 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>	<u>Date Served:</u>	<u>Addressee and Address:</u>
<small>(For each addressee, Enter A-E as appropriate)</small>		
<u>B</u>	<u>9/16/2010</u>	<u>Tiffany Anderson, 2 North Avena Ave. Lodi CA 95242</u>
<u>B</u>	<u>9/16/2010</u>	<u>McKenzie Dawson, P.O. Box 269120 Sacramento CA 95826-</u>
<u>B</u>	<u>9/16/2010</u>	<u>L/O Ronald M. Stein, 4521 Quail Lakes Dr. Stockton CA 95207-</u>
<u>B</u>	<u>9/16/2010</u>	<u>L/O Stockwell, Harris, Woolverton, Muehl, 1545 River Park Dr. Ste. 330 Sacramento CA</u>

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

Date: 9/16/2010

Nick Dennie
(Signature of Declarant)

Nicholas Dennie
(Print Name)