

ATTACHMENT C

RESPONDENT'S ARGUMENT

Attachment C

FAX COVER SHEET

TO	Cheree Swedenskiy
COMPANY	CALPERS Executive Office
FAX NUMBER	19167953972
FROM	Mando Macayaon
DATE	2021-10-25 19:19:16 GMT
RE	REF NO: 2021-0105 - Cecilia Macayaon

COVER MESSAGE

Dear Ms. Cheree Swedensky, Assistant to the Board -

Please find Respondent Argument in the above captioned case.

Thank you.

CeciliaMacayaon

TO: Cheree Swedensky, Assistant to the Board
Calpers Executive Office
P.O. Box 94270
Sacramento, CA. 94229

DATE: 10/23/21

SUBJECT: Respondent Argument

Thank you for giving me this opportunity to argue with the medical evaluation of Dr. Tirmizi which lead to the proposed decision of the application for disability retirement as denied.

First of all, I was asked by my RN specialist if I could be interested in disability retiring. So I applied. (see document #a)

I appealed after being denied. An independent medical evaluator Dr. Tirmizi was appointed to evaluate my case.

Respondent argues for these reasons:

1. Dr. Tirmizi wrote that respondent was voluntarily closing her glottis and performing exhalation against closed glottis making the typical sound of wheezing, when asked to dissuade she breath normally. Respondent had no muscle control on her glottis to close and open her glottis but during her fast exhalation wheezing was loud and experiencing chest discomfort. Pursed lip breathing helped.

“Asthma is a chronic condition that affects the bronchial tubes, the airways are **inflamed** causing excess mucus production and **swelling** that narrows the passage way, which may cause spasm chest pain, cough and wheezing. Wheezing can be caused by obstruction or blockage in the vocal cord. **Wheezing is heard when there is a blockage of air flow in the windpipe trachea or back of the throat.** (Ambardekar, N. 2020). Also obstruction or blockage in the bronchial tubes in the chest.

With allergic Asthma wheezing can be triggered by exposure to different allergens: chemicals, physical activity, dust, smoke, fumes, sudden change of weather, experiencing strong emotion such as anger, fear excitement, yelling etc.” (my.clevelandclinic.org/health/wheezing)

Respondent was experiencing fatigue an allergen physical activity by walking from the parking lot to the office of the IME where she was short of breath and wheezing that could be heard from a distance. Respondent was experiencing chest discomfort. IME interpreted this situation as intentional wheezing.

IME mentioned that the primary doctor did not have actual examination and that mostly telemedicine with exaggerating complaints. This is not true, on 6/30/20 Dr. Ho saw respondent, having severe coughs, short of breath, advised to go to the hospital if needed for further check up. (see document #b)

During the pandemic flare up the respondent suffered coughs, chest discomfort and wheezing she called the primary doctor via telemedicine on many occasions.

On 12/23/20, respondent went to Kaiser Permanente urgent care for chest pain, Asthma exacerbation (flare up) low back pain, was given stat injection of solu-Medrol 125mg and prescribed 6 medications and medical instruction. (see document #c)

On 9/17/21 and on 10/19/21 respondent saw Dr Ho for coughs, tight chest and wheezing and back pain. He documented the wheezing and crackles in the lungs.(see document #d and #e)

2. Contrary to what the IME review of the physical requirements position as a registered nurse mostly walking or walking briskly. The respondent a registered nurse in the prison as front liner, provides skilled nursing care to the inmate patients in accordance with the prison policies and regulations. Position in this classification occasionally, bend, stoop, kneel, reach push and pull materials, has the ability to lift 50 to 100 pounds. In emergency stressful situation may push the gurney with the patient, walk briskly to the treatment room. The registered nurse push and pull the wound care cart during wound treatment and medication cart when passing medications.
3. Respondent had been consistent with the date she was sent home was March 22, 2020 not March 26, 2020 must be a typographical error.

The evaluation of the IME is biased, discriminative, and inaccurate because it is impossible for the respondent to have muscle control on her glottis close and open to intentionally produce a wheezing sound, even a normal individual cannot himself close and open his glottis to produce a wheezing sound unless he had a very special training. The reason for the wheezing is the blockage the swelling in the air passageways which produced wheezing on fast exhalation (Ambardekar,2020)

This unfair evaluation was a character assassination, very embarrassing, depressing, so stressful, discriminative because respondent was not white and elderly 81 years old. It had no respect for the dignity and value of an individual.

. I felt depressed mentally tortured and suicidal with this testimony.

References

Ambardekar, N. June 21, 2020, Asthma symptoms and signs. Retrieved from [webmd.com/living with asthma](http://webmd.com/living-with-asthma).

Cleveland Clinic Medical Professional, 9/24/2020, Wheezing. Retrieved from myclevelandclinic.org/health/symptomswheezing.

Indices

Documents # a, #b, #c, #d, #e

Sincerely,
Cecilia Macayaon
Cecilia Macayaon, RN
RESPONDENT

#2

Macayaon, Cecilia

BK

Bates, Karyn@CDCR <Karyn.Bates@cdcr.ca.gov>

Tue 8/25/2020 2:04 PM

To: You

Cc: Bates, Karyn@CDCR

□ □ □ □

Hello RN Macayaon,

I received your new off work order placing you off permanently. I spoke to Tiffany and she stated she provided you information on SDI and stated you may be interested in disability retiring.

Please call to discuss options that may be available to you. I left you a voicemail today.

Thank you,

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Karyn Bates

Return to Work Coordinator

Disability Management Unit

Cellphone: (279) 800-6274

Phone (916) 691-6129

Fax (916) 691-0991

karyn.bates@cdcr.ca.gov

Work hours: M-Th 7:00 to 4:30, Alt Fri 8:00 to 3:30

Back-up: Sandra Barton (916) 691-4998

10/25/2021 3:31PM (GMT-04:00)

#6

ADULT PROGRESS NOTE

NAME: Cecilia Macayaon AGE: 81 BIRTHDATE: [REDACTED] DATE: 6/30/2020
 TI: P: R: BP: HT: WT: AT RISK FOR TB YES: NO:
 LMP: LAST PAPSMEAR&RESULTS: LAST TETANUS: MA OR NURSE SIGNATURE:

PRESENT COMPLAINTS: J - Severe cough, Asthma, SOB
which need med as well
- Nervous person, will

INTERVAL MEDICAL HISTORY: - COVID-19 2-3 wk ago
 ALLERGIES:
 UNRESOLVED/CONTINUING PROBLEMS: [] PROBLEMS RESOLVED

NORM.	ABN.	NE.	PHYSICAL EXAMINATION-COMMENTS
			SKIN: no significant lesions
			HEAD: normocephalic, no headache
			EYES: perls, com satisfactory, vision WNL
			EARS: drums intact, hearing WNL
			NOSE: no abnormality
			THROAT: clear, no infection
			TEETH/GUMS: no caries, good repair, no lesions
			NECK: supple, no adenopathy
			CHEST: symmetrical, no pain
			BREAST: no masses
			LUNGS: clear no p & a, no ronchi, no rales
			HEART: regular rate, no cardiomegaly
			ABDOMEN: non-tender, soft, no masses
			SPINE: no abnormalities
			EXTREMITIES: no abnormalities
			LOW BACK: rom normal
			NEURO: str-2+, no abnormal findings
			RECTAL: no abnormalities
			PELVIC: <u> </u>

DX - C.O.P.D & asthma
bronchitis
- ? COVID 2 previous
Rx - advise pt give
2 R Rx further
work up, but pt
refused
- allentical 4, puffs 94% sat
- 10 puffs 50% sat, total 22
1 p puffs on 20% sat
Spoke to Mom.

ASSESSMENT:

HEALTH EDUCATION
 Breast Self Examination
 Dental Health
 Diagnosis/Prognosis
 Injury Prevention
 New Treatment
 New Medication (s)
 Nutrition/Exercise
 Sexual Practices/STD
 Substance Abuse
 Drugs, Tobacco, Alcohol
 Advanced Directives

CHARLES Y. HO, M.D.

AFTER VISIT SUMMARY



Cecilia Macayaon MRN: [REDACTED]

12/23/2020 2:00 PM URGENT CARE

Instructions from CHRISTINE LINH VUONG DO, D.O.
Your personalized instructions can be found at the end of this document.



Read the attached information
Additional instructions from CHRISTINE LINH VUONG DO, D.O.

What's Next

DEC 28 2020 **Test with JOANNA C LAO RN, R.N.**
Monday December 28 1:10 PM

FAMILY MEDICINE
2295 S VINEYARD AVE
ONTARIO CA
91761-7925
833-574-2273

Medications

NEW Medications

- Albuterol (PROVENTIL/VENTOLIN) 2.5 mg /3 mL (0.083 %) Inhl Neb Soln
- Ipratropium (ATROVENT) 0.02 % Inhl Soln
- predniSONE (ORASONE) 20 mg Oral Tab
- Doxycycline Monohydrate (AVIDOXY) 100 mg Oral Tab
- Cetirizine (ZYRTEC) 10 mg Oral Tab
- Acetaminophen (TYLENOL) 500 mg Oral Tab

Clinic Administered Medications Ordered

This Visit

methylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)

Today's Visit

You saw CHRISTINE LINH VUONG DO, D.O. on Wednesday December 23, 2020.
The following issues were addressed:

- CHEST PAIN
- ASTHMA, WITH ACUTE EXACERBATION (FLARE-UP)
- LEFT KNEE JOINT PAIN
- RIGHT HAND PAIN
- LOW BACK PAIN

Blood Pressure 140/71	BMI 28.34
Weight 150 lb	Height 5' 1"
Temperature (Temporal) 98.5 °F	Pulse 95
Respiration 18	Oxygen Saturation 97%

Medications Given

methylPREDNISolone Sod Succ (PF) (SOLU-Medrol PF) Last given at 2:43 PM

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hc/online/> or <https://healthy.kaiserpermanente.org/hc/online/> click "Sign Up Now", and enter your personal activation code: ZG8PW-XD5TG. Activation code expires 3/23/2021.

#1a

ADULT PROGRESS NOTE

NAME: Cecilia M. Macayaon AGE: 82 BIRTHDATE: [REDACTED] DATE: 9/17/2021
 P: 84 R: 18 BP: 158/100 HT: 50 WT: 149 AT RISK FOR TB YES: NO
 LMP: LAST PAPSMEAR & RESULTS: LAST TETANUS: MA OR NURSE SIGNATURE: [Signature]
 PRESENT COMPLAINTS: - 40-60 expirations & wheezing BMI:

INTERVAL MEDICAL HISTORY: - Back pain
 ALLERGENS: NKDA
 UNRESOLVED/CONTINUING PROBLEMS: [] PROBLEMS RESOLVED

NORM.	ABN.	NE.	PHYSICAL EXAMINATION-COMMENTS
✓			SKIN: no significant lesions
✓			HEAD: normocephalic, no headache
✓			EYES: pupils, eom satisfactory, vision WNL
✓			EARS: drums intact, hearing WNL
✓			NOSE: no abnormality
✓			THROAT: clear, no infection
✓			TEETH/GUMS: no caries, good repair, no lesions
✓			NECK: supple, no edema
✓	✓		CHEST: symmetrical, no pain
✓	✓		BREAST: no masses <u>large wheezing crackles, R/L</u>
✓			LUNGS: clear no p & a, no ronchi, no rales
✓			HEART: regular rate, no cardiomegaly
✓			ABDOMEN: non-tender, soft, no masses
✓			SPINE: no abnormalities
✓			EXTREMITIES: no abnormalities <u>R-S = touch & f</u>
✓	✓		LOW BACK: rom normal
			NEURO: ditto, no abnormal findings
			RECTAL: no abnormalities
			PELVIC: <u> </u>

ASSESSMENT: - Asthma with Bronchitis HEALTH EDUCATION
- T, B, A & V/A knee
 RX: [] Breast Self Examination
 [] Dental Health
 PLAN: Rx = 2- puffs #1 [] Diagnosis/Prognosis
 [] Injury Prevention
- advised to stop smoking [] New Treatment
 [] New Medication(s)
 [] Nutrition/Exercise
 RTC: [] Sexual Practices/STD
 [] Substance Abuse
 REFERRAL: [] Drugs, Tobacco, Alcohol
 [] Advanced Directives

[Signature]
 CHARLES Y. HO, M.D.

ADULT PROGRESS NOTE

#2

NAME: Cecilia Macayaon AGE: 82 BIRTHDATE: [REDACTED] DATE: 10/19/2021
 PI: 87 RI: W BP: 132/89 HT: 50 WT: 143 AT RISK FOR TB/YRS: NO:
 LMP: LAST PAPSMBAR & RESULTS: LAST TETANUS: MAJOR NURSE SIGNATURE: [Signature]
 PRESENT COMPLAINTS: - 40 "Asteroid" - 2 releases BMI:

INTERVAL MEDICAL HISTORY:

ALLERGIES: NEFA

UNRESOLVED/CONTINUING PROBLEMS:

() PROBLEMS RESOLVED

NORM.	ABN.	INE.	PHYSICAL EXAMINATION-COMMENTS
~			SKIN: no significant lesions
~			HEAD: normocephalic, no headache
~			EYES: pupils, eom satisfactory, vision WNL
~			EARS: drums intact, hearing WNL
~			NOSE: no abnormality
~			THROAT: clear, no infection
~			TEETH/GUMS: no caries, good repairs, no lesions
~			NECK: supple, no adenopathy
~			CHEST: symmetrical, no pain
~			BREAST: no masses
~	~		LUNGS: clear no-p & a, no ronchi, no rales <u>lung-where B & E</u>
~	~		HEART: regular rate, no cardiomegaly <u>crackles</u>
~	~		ABDOMEN: non-tender, soft, no masses
~	~		SPINE: no abnormalities
~	~		EXTREMITIES: no abnormalities
~	~		LOW BACK: rom normal
~	~		NEURO: dir=2+, no abnormal findings
~	~	~	RECTAL: no abnormalities
~	~	~	PELVIC:

ASSESSMENT: - Asthmatic bronchitis HEALTH EDUCATION

- Breast Self Examinations
- Dental Health
- Diagnosis/Prognosis
- Injury Prevention
- New Treatment
- New Medication (s)
- Nutrition/Exercise
- Sexual Practices/STD
- Substance Abuse
- Drugs, Tobacco, Alcohol
- Advanced Directives

REFERRAL:

[Signature]
 CHARLES Y. HO, M.D.