

ATTACHMENT C
RESPONDENT(S) ARGUMENT

" Respondents Argument "

Receive

ATTACHMENT C

May 9, 2014

MAY 9 2014

To all concerned:

My name is Paulette Manning; I was a Correctional Case Records Analyst (CCRA) for the California Institution for Men (CIM). On Friday July 27, 2010 as I was walking out of my office (there were no windows) I turned to my right, I could see the inmate trying to warn me but it was too late, I slipped and flew approximately 4 feet in the air (I weighed 131 pounds) and landed on the hard institution floor. The noise was so loud it could be heard in the back of the institution. Several officers and counselors ran to see what was going on; why was I on the floor; because there was no tape or cones. One of the counselors also slipped and fell as he was trying to assist me. My office is right across from the associate warden, who also came to see what was going on. I was immediately sent to US Healthworks in Chino. Upon my arrival I was given an x-ray, prescribed to pain medication and sent back to work with limited duties. When I arrived at work my supervisor, Andrew Shaw asked me why I would come back to work. I informed him that US Healthworks sent me back. He told me to go home. On Sunday July 29th my sister died from a battle with cancer. I was placed on bereavement for approximately 3 weeks.

Upon returning to work as I began to do my normal job duties my began to feel pain in my back, neck, right shoulder, wrists/hands the pain was unlike any pain I had ever felt before, so I took the pain pills as instructed (as needed), as soon as the medication took effect, I was dizzy and could not function. As stated earlier, my office is across from the warden; she took one look at me and had my supervisor call me daughter to take me home. Since I could not take the pain medication and be functional I continued to work in pain.

A CCRA position highly complexed, we must accurately process our cases. This means audits.

I worked in Central records, which is a reception center. We receive and release inmates daily. Reception Center inmates are not there for more than 6 months. To release an inmate the CCRA must pull the c-files from the shelf place this involves repetitive reaching above the shoulder or below , bending, squatting, kneeling and pushing and pulling of the cart full of c-files as noted in my "physical requirement of Position/Occupational Title" a CCRA performs these duties for approximately 3-6 hours. Also, some inmates' c-files can weigh as much as 10 pounds and some have up to 3 volumes weighing 5-10 lbs. each. We put the c-files in a cart we push/ pull the carts that hold the c-files, this cart can hold up to 20 c-files.

We now begin our audits at our desk, this involves 3-6 hours of repetitive sitting, neck bending, lifting reaching above/below shoulder, waist twisting, as stated in my "physical requirement of Position/Occupational Title" In completing an audit a CCRA utilizes tools such as the Departmental manual, (this weighs up to 8 lbs.), the California penal code, Notebook, etc. which require occasional lifting.

When the CCRA has completed the audit we place the c-files in the cart, push the cart to the Correctional Counselor III CCIII), who reviews it. When the CCIII is done we are called to come and pick

up our c-files. This involves pushing and pulling as stated in "physical requirement of Position/Occupational Title".

Inmates submit "request for information" as an analyst we must respond to their request. We have to go look for the c-file, this involves reaching above and below the shoulder, lifting.

Often times we may need a commissioner's signature on a c-file, we have to take the c-file (weighing up to 10 lbs.) into the back where the inmates are housed, and wait on the commissioner, get signature, carry this c-file back into records.

Analyst must also process inmates disciplinary actions, this means we have to do another audit and recalculate the inmates date. This process involves repetitive neck twisting and waist twisting. Using the calculator, OBIS, also data entry.

CCRA audits are completed manually, we write almost frequently for 3-6 hours daily, this involves repetitive sitting, repetitive use of the hands, keyboard use lifting/carrying up to 10 lbs. as stated in the "physical requirement of Position/Occupational Title".

When I lift the c-files I began to get headaches, neck pain and muscle spasms in my right shoulder. When I would bend down to look for c-files first my ears start ringing, then they get clogged, then I get a bad headache. My back hurt so bad that my supervisor had one of the clerks to assist me. When at the keyboard entering data, my elbows started hurting.

Dr. Martinson states in her letter dated July 12, 2012 page 14 "I see no reason why she could not perform the simple grasping, power-grasping keyboard and mouse use that her job requires". The position of a CCRA requires much more than stated above. The work is a CCRA is very physical as I explained a small example of the duties.

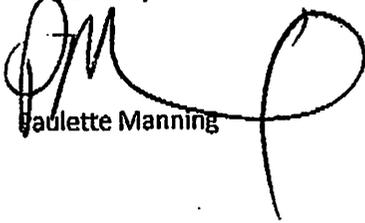
During the hearing I asked Dr. Martinson at my Hearing February 6, 2014 if during her examination of me, did she exam me to see if I was able to lift? She said no. When I went to ask her then how she could make an accurate determination on my ability to lift, the Judge told me I was being argumentative.

Dr. Martinson never conducted a functional capacity test to evaluate if I was capable or incapacitated from performing my job duties.

I feel as though I should be granted my medical disability because I am incapacitated from performing my job duties. Dr. Martinson decision is incorrect. She minimized my job duties to those of a clerical staff position. I was a CCRA our job is highly complexed and physical.

Please see attached

Respectfully Submitted

A handwritten signature in black ink, appearing to be 'PM' followed by a large loop and a vertical line extending downwards.

Paulette Manning



Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

This form must be completed by the member and their employer to supplement, if any, the physical requirements listed on the member's duty statement/job description.

Member Information

Paulette D. Manning
 Name of Member (First Name, Middle Initial, Last Name) Social Security Number

Correctional Case Records Analyst California Institution for Men/CDCR
 Position/Occupational Title Name of Employer

P.O. Box 128
 Worksite Street Address

Chino CA 91708
 City State ZIP

Section 2

Physical Requirements Information

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

Activity	Never	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly Over 6 hours	Distance/Height
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending (neck)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending (waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting (neck)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting (waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching (above shoulder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching (below shoulder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing & Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Grasping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive use of hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Keyboard Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouse Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 - 10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 - 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 - 50 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 - 75 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 - 100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 + lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 2.

RECEIVED
 OCT - 7 2011
 CALPERS/CSED
 CHINO

STATE
 COMPENSATION
 INSURANCE
FUND

**HEALTH CONSULTANT
 UTILIZATION REVIEW ASSESSMENT**

Date: February 24, 2011

To: Jack Akmakjian, M.D.

Injured Employee Name: Paulette Manning

DOB: 10/18/1960

Tracking #: E000005399965

Claim Number: 05614308

DOI: 7/27/10

Treatment Request:

Prospective request from a report dated 1/20/11, received in UR on 2/16/11 for:

- [REDACTED]

Clinical Summary:

[REDACTED] Wrists/Hands, Fingers of the left hand, [REDACTED] Neck, (R) elbow, left lower arm, Buttocks

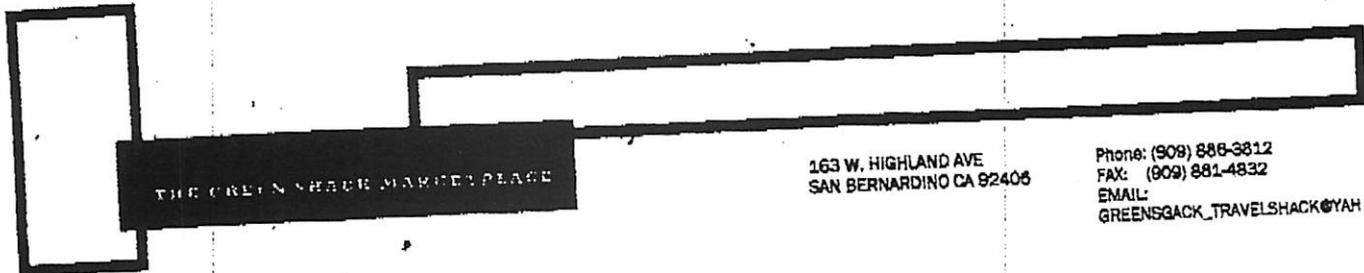
Work Status: Off work per the 1/20/11 PR-2

Work restrictions provided: Yes No

This is a 50 year-old female who was working as a Case Records Analyst under the employ of the California Department of Corrections/California Institute for Men when she became an injured worker after she sustained claimed injury to numerous body areas neck, bilateral shoulders, right elbow, left lower arm, bilateral wrist/hands, fingers of left hand, lower back, and buttocks with date of injury on 7/27/2010. At the time, she slipped and fell onto her buttocks from a wet floor that was being stripped and waxed and claimed injury to all the aforementioned body areas. The jar to the buttocks hurt her lower back and she states she used both hands to brace herself and she fell then toward her left side and noted shoulder pain, elbow pain, and ulnar hand pain. Initial X-rays of the bilateral hands, left shoulder, and lumbar spine were normal. She was initially diagnosed with shoulder sprain, sprain of the lumbar region, and limb pain. Initial treatment included Tramadol/Acetaminophen, Orphenadrine, heating pad, lumbar support, and chiropractic treatments. She was also placed on modified work duties.

Diagnostic Studies:

- 2/8/11: An MRI of the lumbar spine yielded the following impressions per George Elias, M.D.
 - 1) Mild facet arthropathy.
 - 2) Normal alignment with no compression fracture. No marrow edema.
 - 3) There is no disc protrusion or central canal stenosis. There is no neural abutment.
- 2/8/11: An MRI of the thoracic spine yielded the following impressions per George Elias, M.D.
 - 1) [REDACTED]
 - 2) There is no compression fracture or marrow edema.
 - 3) There is no disc protrusion or central canal stenosis.
- 2/8/11: An MRI sacrum/coccyx yielded the following impressions per George Elias, M.D.



THE GREEN SHACK MARKET PLACE

163 W, HIGHLAND AVE
SAN BERNARDINO CA 92406

Phone: (909) 886-3812
FAX: (909) 881-4832
EMAIL: GREENSGACK_TRAVELSHACK@YAH

FAX COVER SHEET

To

Cherese Suedensky

Name:

Organization Name/Dept:

CC:

Phone number:

Fax number: *(916) 795-3918*

From

User

Phone: (909) 886-3812

FAX: (909) 881-4832

EMAIL: GREENSGACK_TRAVELSHACK@YAHOO.COM

Urgent

For Review

Please Comment

Please Reply

Date sent:

Time sent:

Number of pages including cover page:

Message: